

Review of compliance

Wellmun Care Limited Two Gates House	
Region:	West Midlands
Location address:	40-44 Two Gates Lane Colley Gate Halesowen West Midlands B63 2LJ
Type of service:	Care home service without nursing
Date of Publication:	September 2011
Overview of the service:	The home is a two storey building which is situated two miles from Halesowen town centre and is within walking distance of local shops. The home provides personal care services for 28 older people with different needs. No nursing care is provided at this home.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Two Gates House was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 22 July 2011, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

During our visit to Two Gates House we spoke to four people who lived at the home two of their relatives, three members of staff, the manager and the provider. People told us that they were well cared for, that the staff were helpful and would respond to their needs. They told us that staff maintained their privacy and dignity. They said they felt safe living at the home and felt should they have any concerns they would be dealt with by the managers. They said they were given their medicines when they needed it. They felt there was enough staff to meet their needs. They told us that the atmosphere in the home was open and pleasant. People made some of the following comments:

"I feel safe living at the home. The managers bends over backwards to help me".

"We have no complaints we are happy living here. If we were unhappy we would complain to the one in charge".

We observed that the home was welcoming, clean and pleasant. We saw that staff interacted well with the people living at the home. We saw a number of people visiting the home and relatives told us they were able to visit at any time. Care plans were in place and these were reviewed regularly. We were not able to determine fully everyone's involvement in their care plans. However everyone we saw appeared to be well cared for. The staff we spoke to understood the needs of the people living in the home. They knew what action to take to ensure that people were kept safe. The provider has made a number of improvements in how the home manages people's medicines. We saw that there was sufficient staff on duty to care for people living in the home at the time.

What we found about the standards we reviewed and how well Two Gates House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People were treated with respect and supported to make choices about how they want their care delivered on a day to day basis.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The health and welfare needs of people living at the home were generally being met. But people cannot be assured that issues relating to their diversity and all aspects of their rights were being given proper consideration.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People were not fully protected from the risk of abuse.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

Safe systems were in place to ensure that people receive their medication as prescribed.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

Staffing levels within the home was sufficient to meet the needs of the people currently living there. People cannot be assured that robust systems were in place to plan for sufficient staff to meet their future health and welfare needs.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The home's quality assurance system was not sufficiently robust to support all aspects of people's care.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us that staff respected their privacy and dignity. That staff normally ask them before they provide care. That they were able to choose what they eat and drink. They told us that there were no formal systems in place for them to be involved in how the home is managed. One person did say that if there is a problem they would discuss it with the provider who would put things right.

"I am involved in the care plan and can say if I am in agreement with it".

"I go to the shop independently".

"Staff always knocks the door before they come in".

"The staff normally ask what we want to do. We can ask them anything, they never refuse".

We observed lunch being served. People were supported to be seated at the dining tables, they were offered a choice of fruit drinks. They told us that someone usually comes around and discuss the menus with them and they were able to choose their meals.

Other evidence

Staff spoken to knew that they needed to support people to maintain their independence. They knew how to maintain people's privacy and dignity and were able to give good examples on how they ensured this. They also said they involved people in making decisions about their care by talking to them about how they want their care delivered. Staff told us:

"If people refuse care we explain to them and offer alternatives and sometimes try again later on during the day".

"We ensure toilet doors are always shut. If they need to talk to us we will do so in private. We knock the door when entering their rooms. We offer help and support, but give them choice to do the things they can do for themselves".

"We involve people by showing them kindness and caring. Anything they ask for and need shouldn't be a problem. It's important we know each individual and know how they want to be cared for, this maybe different for everyone. We don't force the residents to do anything they don't want to do. They have a choice".

"We always knock the doors before we enter and don't just walk into their rooms. This is their home and you wouldn't just walk into people's homes without knocking".

We asked the manager to tell us what process was in place for involving people in the management of the home. We were told that residents meetings took place, the record we saw showed an ad hoc system was in place for involving people in the home's management. This means that formal systems for involving people in the management of the home was not sufficiently robust.

Our judgement

People were treated with respect and supported to make choices about how they want their care delivered on a day to day basis.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People we spoke to told us that they were happy living in the home. That they were well cared for and treated well by the staff. Some people were able to tell us that their care plans were reviewed regularly. They told us that their relatives are able to visit any time. They told us their rooms were lovely and kept clean. People said:

"They look after me well".

"I like to read and do colouring books. I go to the local football matches on the ring and ride. There are board games. Someone comes in every six weeks to play the organ and we do bingo. I like living here".

"The care plan is updated every month and if we agree with it we sign it".

"The staff are very helpful and there are no restrictions on visitors. They will ask you if you want a drink and they will bring it".

"My relative is well cared for, she is always in clean clothes. Her room is lovely and clean and her bed changed regularly".

On the day we visited we observed that the home was clean and fresh. There are two large lounges/ dining rooms. Which are well furnished and had a pleasant atmosphere. The home seemed opened and very welcoming. There were bowls of fruits and sweets

available in both lounges. A number of people were in the lounge area. They were clean well dressed and in clothes appropriate to their age and gender. Good interactions were observed between staff and people living in the home. We observed lunch being served and people seemed to enjoy their meal. We saw a member of staff helping a person to put their hearing aid in. They talked to the person and explained what they were doing. We saw the provider reassuring someone who seemed confused.

We observed an activity planner on the wall in the corridor this showed activities such as arts and crafts, bingo, board games, sing along, reminiscence and nail pampering. One person told us that they played the organ and enjoyed doing this. Another person told us that someone comes in to play the piano and a religious service takes place once a month. Surveys completed and analysed by the provider showed that improvements were needed in activities. We spoke to a member of staff who said they were researching appropriate activities for people with dementia and that the provider was providing the resources to improve activities within the home.

Other evidence

We looked at the records of two people who live at the home. These contained evidence of needs assessments completed upon admission to the home. These assessments were not sufficiently detailed and did not include diversity issues relating to people's needs. Care plans were seen on the records we looked at, these were being reviewed monthly. Whilst these were detailed in contents we could not see how people's capacity to consent to the care plans was established for everyone. The two records we looked at showed that people's relatives had consented to the care on their behalf. This is of significant as a number of people in the home have dementia care needs and therefore indicates that not everyone was involved in agreeing how they wanted their care to be provided.

Before the visit we received recent information that one person's care plan which was kept in their room was out of date and that the person's relative was not aware of the care plan. We discussed this with the manager who told us that procedures in the home had been reviewed to ensure that this did not occur again. The care plans we saw during the visit were current.

The records looked at showed that risk assessments were completed for the care provision. These included general risks, moving and handling, nutrition, and pressure area care. We saw records which indicated that people were weighed monthly and records of hospital visits and other professional visits were being kept along with a record of the care provided daily.

The staff we spoke to knew and understood the needs of the people living in the home. They told us they had received training to help them to care for people living in the home. Staff said:

"We read the care plans and make sure we are aware of the residents needs and if their needs changes we report it to senior management. The care plans are clear. If someone becomes ill we call the doctor and get them to hospital if needed".

"The care plans are up to date, clear and easy to understand".

"We weigh people monthly at the beginning of each month. If we are concerned about people's weight we weigh them weekly and get the nutritionist and doctor involved".

"We keep a daily record of the care provided, and have a book for recording doctors and other professional visits".

"If someone develops a pressure area we report it to the manager, who gets the district nurses to come in. Pressure cushions and pressure mattresses are provided if needed".

Our judgement

The health and welfare needs of people living at the home were generally being met. But people cannot be assured that issues relating to their diversity and all aspects of their rights were being given proper consideration.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People and their relatives that we spoke to said they felt safe living in the home. Someone told us that they were previously concerned about the safety of their relative due to the needs of someone who previously lived at the home. But they said they now felt that the home would not admit anyone else with that level of need. People said:

"I feel my aunt is safe living in the home".

I feel safe living at the home and with the staff. I have no complaints and I am quite comfortable".

We observed that people were moving around the home freely and interactions observed with staff were positive. No one seemed distressed.

We spoke to staff who told us that the safeguarding policy was kept in the staff office, and was accessible to them. They were aware of the home's whistleblowing policy and the need for them to report any concerns to their managers. Staff told us they received the necessary training to help them to identify and prevent abuse taking place. The staff we spoke to knew the signs of abuse and what action to take to safeguard people. They said restraint was never used in the home. One staff member told us:

"If we fail to give medicines or even make residents wait for the toilet this could be classed as abuse".

Staff told us they had not received mental capacity or deprivation of liberty training. The lack of training in these areas means that some staff may not be fully informed about decisions that may cross the line into abusive situations. This is of particular significance given the needs of the people cared for by this home.

Other evidence

The manager told us that no safeguarding referral has been made since we last visited the home. The provider also told us that the home had been subjected to significant monitoring by the local authority through the local safeguarding process, but this had now been completed. We were shown a letter from the local authority confirming this.

Before the visit we contacted the local authority commissioning team to ascertain if they had any current concerns about the home. The information they sent us did not indicate that there were any safeguarding concerns outstanding.

Our judgement

People were not fully protected from the risk of abuse.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

People living in the home that we spoke to said they were given their medicines by staff when they needed them. No one at the home self medicates. This aspect of people's independence was not explored in their needs assessment or care plan. This means that the home did not encourage independence in this way. People said:

"The doctor visits if I am poorly and if I need medicines they are given to me".

"Staff give me my medicines. They never miss a dose. If I go to the match I have them when I come back. They always make sure the tablets are given four hours apart".

During the visit we observed that there were two medicine trolleys located in each lounge. These were secured to the wall. The senior on duty told us that the keys were always kept by the person in charge. Controlled drugs were kept in the staff office, in a locked cupboard within a cupboard which is secured to the wall. This medication is given and checked by two staff. These were checked at each handover shifts. There is a controlled records book which records the amount of tablets received and used. This again is checked by two members of staff. There was a new fridge for storage of eye drops and ointments. Temperature checks were being done twice daily.

We looked at a sample of medication administration records for two people, these showed no gaps in recordings. Indicating that medicines were given as prescribed.

Other evidence

Before our visit the provider's quality risk profile indicated there was moderate risk with medication.

Information from the provider states that: Two Gates House has detailed procedures covering all aspects of medication management including the receipt, storage, administration and disposal of medications. These policies are reviewed annually and also on an ad hoc basis whenever a change in policy is required. The policies take account of the latest professional guidance including the safe handling of medicines in social care and the royal pharmaceutical society.

The provider said they had received a recent audit visit by the primary care trust pharmacist. They said that all staff who administers medication undertake training in the safe handling and administration of medication with the local authority. Additionally they provide in house training and accredited distance learning for the handling and administration of medicines. Staff will then shadow an experienced member of staff on a medication round where they are assessed for competency before they give medication themselves.

The provider said they ensured strict procedures for ordering medication. All orders are available to view electronically; this enables easy comparison of requests with prescriptions ensuring accuracy in prescribing so people receive the correct medication. Any changes in people's medications are submitted to the pharmacy in a timely fashion.

The provider told us that care plans have been developed for people who require medication as needed. These give staff instructions on when these medications are to be given.

The provider told us that unscheduled medication audits were done monthly. This included checking the records of people who use the service to ensure that medicines were recorded on their medication administration records. Checking medication received and stocks available. We saw a copy of the audits which had been done for May and June 2011. The provider previously notified us of a shortfall in control medication, which was identified from their own audit. The appropriate action was taken to review procedures and notify the relevant authorities.

Before the visit we received information from district nurses indicating that dressings were not always available for people who needed pressure area care. We spoke to the provider who said that usually the district nurses provided their own dressings, but if they did leave a prescription the home would always make sure the dressings were available.

A concern was also raised with us about medication records not being provided when people living in the home were admitted to hospital. The person raising the concern indicated that this was because the records were locked away and not accessible to staff. We saw that care plans contained details of a list of medication for each person and the manager told us that when people were admitted to hospital this list is taken with them. The care plans were kept in the staff office, which was accessible to the staff on duty.

The staff we spoke to confirmed that only staff who have had training were allowed to

administer medication. Staff told us that no one checks if they remain competent to administer medication.

Our judgement

Safe systems were in place to ensure that people receive their medication as prescribed.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

There were 27 people living in the home at the time of our visit.

People living in the home and their relatives that we spoke to said there was usually enough staff around to care for them. People said:

"They are going around all the while, you only have to call them and they are there".

"When I ring the bell I may have to wait a minuet or two as it takes two to move me, but they always respond and I don't feel the time wait is excessive".

"There are usually four staff a cook and a cleaner on duty and the home is always clean and pleasant. I can't fault the home".

"There is enough staff. I don't need a lot of help but if you ask for help it's there for you".

We observed that staff were interacting with people in the lounge areas and would respond to people as needed.

Other evidence

The staff we spoke to all confirmed that the staffing levels were four staff in the mornings as well as a cleaner and a cook, four staff on duty in the afternoons and two at nights. Staff said:

"We are sometimes a little pushed in the afternoons, because the afternoon staff have

to do the teas. But generally there is enough staff and there is always someone on call in an emergency. If staff goes off sick at short notice the shift is usually covered".

Staff told us they received the necessary mandatory training. Some staff said they had done NVQ 2 and 3. So they felt sufficiently skilled to do their job. Staff said that the manager or senior was always on call. They felt the home was generally well managed.

The manager was unable to tell us how the staffing levels were calculated. As there were no systems in place for calculating the dependency level of people. Whilst there were no issues identified with the current staffing levels. The home was unable to demonstrate how they would plan for the changing needs of people.

Our judgement

Staffing levels within the home was sufficient to meet the needs of the people currently living there. People cannot be assured that robust systems were in place to plan for sufficient staff to meet their future health and welfare needs.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People told us that they liked living in the home and felt that they were well cared for. They felt the owners would listen to and act on any concerns that they have.

"They don't usually ask if you are happy, but I think if you had a complaint and told them they would sort it out".

"The home is always clean and pleasant. I can't fault the home".

"They have asked me in the past if I can make any suggestion about improving things such as food and activities. They try very hard, there is always fruit available and people can help themselves. I can visit any time. I let myself in. The home is very open".

"The managers listen to complaints. I have made a complaint before and it was dealt with to my satisfaction. I feel safe living at the home. X and X bends over backwards to help me. They do a survey roughly about every two years".

Other evidence

Information from the provider states that there is a clear management structure in place to support the care. That the management understands their responsibilities and are committed to making improvements. That surveys are sent to people who use the service and their relatives annually. That the information from these surveys are analysed and action plan completed from the result. That regular meetings were being

held with people living in the home and minutes of these were kept. As mentioned in previous sections of this report we did not see clear evidence that these meetings were taking place.

The provider said that the management audits the premises each month and do visual checks daily so as to maintain the home.

We saw the analysis of surveys completed for 2011. This indicated that activities and refurbishment was an area of concerns for people. The provider action plan indicated that further work needs to be done, but did not indicate the timescale for action. So people would not be able to judge if improvements were being completed within realistic timescales.

We saw evidence that the provider was undertaking regular monitoring of medication. We saw that the provider had started to collate information in an organised way to evidence a quality assurance system. However we did not see that all aspects of the service provision was being regularly monitored.

The provider does acknowledge that the quality assurance system was not sufficiently developed to support all aspects of the provision. They have stated that they intend to put in place audit tools and key performance indicators to support their quality assurance system. However no time scale for action has been identified.

Our judgement

The home's quality assurance system was not sufficiently robust to support all aspects of people's care.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: The health and welfare needs of people living at the home were generally being met. But people cannot be assured that issues relating to their diversity and all aspects of their rights were being given proper consideration.	
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	How the regulation is not being met: People were not fully protected from the risk of abuse.	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: The home's quality assurance system was not sufficiently robust to support all aspects of people's care.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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