

# Review of compliance

## B & M Investments Limited (t/a B&M Care) Chesham Bois Manor

<b>Region:</b>	South East
<b>Location address:</b>	Amersham Road Chesham Buckinghamshire HP5 1NE
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	December 2011
<b>Overview of the service:</b>	<p>Chesham Bois Manor is a care home which is owned by B&amp;M Investments Limited.</p> <p>It provides care for up to 48 people who are elderly, physically, and mentally frail.</p> <p>All bedrooms apart from three have en suite facilities.</p> <p>The home is situated in Chesham. Public transport and shops are easily accessible.</p>

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

## Our current overall judgement

**Chesham Bois Manor was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

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, checked the provider's records, observed how people were being cared for and talked to staff.

### What people told us

People told us that staff respected their privacy and dignity. Personal care was provided in the privacy of their bedroom and they were provided with choices.

People said that they could not remember if they had an assessment prior to being admitted into the home.

People told us that the GP visited the home weekly or as and when required. They said that staff supported them with their daily medication.

People said that they were enabled to participate in activities of their choice.

People told us that they felt safe living in the home and were aware of how to raise a concern.

They described staff as excellent and kind. They said that staff spoke to them in a calm and polite manner and treated them fairly and equally.

### What we found about the standards we reviewed and how well Chesham Bois Manor 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**

Staff ensured that people were involved in planning their care and treatment. Their privacy and dignity were respected and promoted.

Overall, we found that Chesham Bois Manor was meeting this essential standard.

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

Admission to the home was personal to people's assessed needs. However, the system in place to monitor and review people's care needs was not consistently followed. This could put people at risk of receiving inappropriate care.

Overall, we found that Chesham Bois Manor was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

People felt safe living in the home. Staff had been provided with training to make them aware of people's rights and to respond appropriately to allegations or suspicions of abuse.

Overall, we found that Chesham Bois Manor was meeting this essential standard.

#### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

Staff received training to assist them in understanding and meeting the needs of the people living in the home.

Overall, we found that Chesham Bois Manor was meeting this essential standard.

#### **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 system in place to monitor the quality of care that people received was not followed consistently. This meant that people could be at risk of receiving inappropriate care.

Overall, we found that Chesham Bois Manor was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

#### **Actions we have asked the service to take**

We have asked the provider to send us a report within 14 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. When we propose to take enforcement action, our decision 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. For example, personal care was provided in the privacy of their bedroom. They were able to choose what clothes they wished to wear and when to rise and retire within reason.

##### Other evidence

Staff spoken to on the day of the visit said that people were consulted about their care and treatment. Examples given were people were encouraged to be involved in the monthly review of their care plan. People were able to choose where to have their meals and provided with assistance with eating and drinking.

Staff told us that people's independence was promoted and they were encouraged to be involved in the local community. For example, people were encouraged to do as much as possible for themselves. Outings to the local garden centres were regularly arranged. A person using the service was attending a social club.

The manager told us that a church service was held in the home fortnightly. Also people who wished to were enabled to attend church service regularly in the community escorted by family members or volunteers.

The manager said that a resident's forum meeting was recently held. The outcome of the forum resulted in changes to the food menu and the activity programme.

During our visit we observed staff speaking to people quietly about private matters. Staff were observed providing choices to people at lunch time. We observed staff addressing people who used services in a respectful manner. Staff explained to them what was about to happen next. For example, after lunch some people were given the option to go out on an outing to a garden centre.

**Our judgement**

Staff ensured that people were involved in planning their care and treatment. Their privacy and dignity were respected and promoted.

Overall, we found that Chesham Bois Manor was meeting this essential standard.

## 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 told us they could not remember if they had an assessment prior to being admitted into the home. However, one person told us that they could remember their GP recommending the home to them and their family.

People said that the GP visited the home weekly or as and when required. They said that staff supported them with their daily medication.

People told us that the staff enabled them to participate in activities of their choice. The majority of the people spoken with said that they enjoyed the music to movement exercises and the quizzes.

##### Other evidence

A relative of a person using the service told us that the home was recommended to them. They said that they were aware that their family member had a care plan.

However, they were not always consulted and involved in the monthly review of the care plan. Overall, they were happy with the care the home was providing to their relative.

We spoke to a health care professional during our visit. They told us that the home's environment was well maintained and the care provided was satisfactory.

The manager told us that before people came to live in the home they would have a pre-admission assessment carried out to enable staff to decide if they can meet their care needs. A comprehensive needs assessment would be carried out. Information

obtained from the needs assessment was used to inform the care plan.

Staff spoken with were aware of the home's admission process. They said that people were encouraged to visit the home with family members and spend some time before making a decision.

The manager said whenever there was a new admission to the home a senior carer was allocated to the person to assist in the development of the care plan. The person would be observed and information about their preferences, likes and dislikes was obtained. Wherever possible family members were asked to provide information to assist in the development of the care plan.

The manager told us that care plans and risk assessments were evaluated monthly. We looked at three care plans which all identified the care and support people required. We saw there were generic risk assessments in place relating to moving and handling, falls, tissue viability and nutrition. The tissue viability risk assessment sheet for an individual reflected that the person had sustained a pressure sore. However, the pressure sore had been healed but this was not reflected on the risk assessment sheet. We noted that the care plan evaluation sheet did not reflect the outcome of some risk assessments undertaken.

We noted that each person had a falls monitoring sheet to record when people had sustained a fall and a medical continuity sheet to record when people had been seen by health care professionals such as the GP, dentist and chiropodist. We noted these forms were not consistently maintained. For example, a person using the service had sustained a fall recently and was seen by the GP. The falls monitoring sheet and the medical continuity sheet had not been updated to reflect what action had been taken and the outcome of the GP's visit.

The manager told us that the home employed two activity coordinators. National theme days such as St Patrick's day, St George's day, St David's day and St Andrews day were celebrated. This was to acknowledge people's diverse background. During our visit people were engaged in various activities such as quizzes and music to movement. After lunch some people were provided with drinks of their choice and nibbles. Others had the opportunity to go out on an outing to a garden centre.

### **Our judgement**

Admission to the home was personal to people's assessed needs. However, the system in place to monitor and review people's care needs was not consistently followed. This could put people at risk of receiving inappropriate care.

Overall, we found that Chesham Bois Manor was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

## 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

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People told us that they felt safe living in the home. They said that they would speak to the manager if they had to raise a concern.

##### Other evidence

The manager told us that the home's safeguarding policy was in line with the local multi-agency safeguarding policy.

She said that the home does not use restraint and safeguarding was taken seriously.

Staff told us that they had been provided with safeguarding of vulnerable adult training at induction which was updated regularly. The home's training record that we looked at reflected that staff had received training.

The staff we spoke with during our visit told us that they had never known of any incident of abuse in the home and expressed confidence in the manager's ability to manage all incidents of concerns about abuse.

Staff said that they recently received training regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The training records seen reflected this.

##### Our judgement

People felt safe living in the home. Staff had been provided with training to make them aware of people's rights and to respond appropriately to allegations or suspicions of abuse.

Overall, we found that Chesham Bois Manor was meeting this essential standard.

## Outcome 14: Supporting staff

### 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 competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

People said that staff respected their privacy and dignity and knocked on their bedroom doors and waited for a reply before entering.

One person said that staff were excellent and spoke to them in a calm and polite manner. They said that staff were trained appropriately to meet their needs and treated them fairly and equally.

A second person told us that staff were kind and enabled them to maintain their independence.

##### Other evidence

Staff told us that the training opportunities provided by the home were good. They were provided with regular updated training to keep their knowledge and skills up to date.

We looked at the training record which reflected that staff had been provided with updated training in the following topics: Fire safety awareness, health and safety, first aid, safeguarding of vulnerable adult, moving and handling and infection control.

We noted that staff had been provided with additional training such as end of life care, medication awareness, dementia awareness, Mental Capacity Act 2005 and deprivation of liberty safeguarding (DOLS). Some staff had achieved national vocational qualification (NVQ) at level 2 and 3 and others were working towards achieving it.

The manager said that all new staff had been provided with induction training. On the day of our visit training on nutrition had taken place in the home which was facilitated by an outside trainer.

Staff told us that they did not receive regular ongoing supervision. Some staff said that they had been appraised.

In discussion with the manager she confirmed that the organisation had reviewed the frequency of supervision to twice yearly. She said that general staff meetings were held twice yearly and departmental meetings yearly. We saw the minutes of the general staff meeting that was held in January 2011 and the senior staff meeting that was held in July 2011.

**Our judgement**

Staff received training to assist them in understanding and meeting the needs of the people living in the home.

Overall, we found that Chesham Bois Manor was meeting this essential standard.

## 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

We received no direct comments from people using the service on this outcome area.

##### Other evidence

We were shown examples of medication audits that were carried out monthly. We noted that there were no action plans in place to verify what action had been taken when shortfalls had been identified.

The manager told us that it was an organisational expectation that the care plans were audited monthly. We noted that the practice to audit the care plans monthly had not been taking place. We observed through case tracking that the system in place for recording and evaluating risks relating to people's safety, health and welfare were not consistently followed. This meant that people could be put at risk of receiving inappropriate care.

The manager said that annual satisfaction surveys were sent out to people and their relatives in January 2011. There were no actions required from the outcome of the recent survey that had been carried out.

The manager told us that monthly provider visits were carried out. We saw that written reports for these visits were available up to July 2011. We noted that some identified actions in relation to medication and care plan audits remained outstanding.

##### Our judgement

The system in place to monitor the quality of care that people received was not followed

consistently. This meant that people could be at risk of receiving inappropriate care.

Overall, we found that Chesham Bois Manor was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

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
	<p><b>Why we have concerns:</b> Admission to the home was personal to people's assessed needs. However, the system in place to monitor and review people's care needs was not consistently followed. This could put people at risk of receiving inappropriate care.</p>	
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
	<p><b>Why we have concerns:</b> The system in place to monitor the quality of care that people received was not followed consistently. This meant that people could be at risk of receiving inappropriate care.</p>	

The provider must send CQC a report about how they are going to maintain 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 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement 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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