

# Review of compliance

## Colleycare Limited (t/a B&M Care) St Joseph's Care Home

<b>Region:</b>	East
<b>Location address:</b>	Aylesbury Road Tring Hertfordshire HP23 4DH
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	November 2011
<b>Overview of the service:</b>	St Josephs provides residential care for up to 53 people. This includes care of people who may have dementia.

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

## Our current overall judgement

**St Joseph's Care Home was meeting all the essential standards of quality and safety.**

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 because concerns were identified in relation to:

- Outcome 04 - Care and welfare of people who use services
- Outcome 05 - Meeting nutritional needs
- Outcome 09 - Management of medicines
- Outcome 13 - Staffing
- Outcome 21 - Records

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 7 October 2011, talked to staff and talked to people who use services.

### What people told us

The people who live at St Josephs were very positive about the care they received. They told us that staff look after them very well and that the staff are helpful and cheerful. They told us that they know that sometimes their needs are difficult to meet and said that the staff are always cheerful, patient and kind. The told us that they like living at St Josephs and that it is very easy to talk to the staff should they have a problem.

### What we found about the standards we reviewed and how well St Joseph's Care Home was meeting them

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

The provider is compliant with this outcome because the people who live in the home have their care and welfare needs assessed and met in a manner that promotes their dignity and independence.

#### **Outcome 05: Food and drink should meet people's individual dietary needs**

The provider is compliant with this outcome because the nutritional needs of the people

are identified met and monitored.

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

The provider is compliant with this outcome because medication is handled safely and securely. All medication is administered as directed on the prescription and in a manner that promotes the health, independence and welfare of people

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

The provider is compliant with this outcome because there are sufficient numbers of suitably trained, skilled and experienced staff to meet people's needs.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

The provider is compliant with the outcomes as people can be sure that their records are stored appropriately.

**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 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

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

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

The people we spoke with told us that leaving their own home was difficult but that they like living at St Josephs where they were made to feel welcome. We were told that staff are patient, kind and caring.

##### Other evidence

The provider declared that they were compliant with this outcome when they applied to transfer their registration under the Health and Social Care Act 2008, in September 2010. At registration, based on the information available to us, we assessed this outcome as compliant.

We visited St Josephs on 07 October 2011 in response to concerns raised by a whistle blower. During this visit we did not identify any areas of concern in relation to the care and welfare of the people who live at St Josephs.

We observed staff providing care in a manner that created an atmosphere of belonging and caring for the people who live in the home. We noted that staff completed their tasks in a person centred manner focusing on the person's individual needs rather than just completing the task. By doing this the staff ensured the person felt supported and cared for. This is important because it recognises the individuality of the person and promoted their dignity.

In the area of the home where people with advanced dementia are cared for we observed staff work at a pace that ensured a calm atmosphere and they respond to the

people in a manner that reassured them. An example of this was when a person said it was time for them to go 'home' the staff distracted them and engaged them in an activity without upsetting them in any way.

We observed the evening meal and noted that the staff greeted the person and told them what they were serving and they ensured the person was happy with the food offered. The staff offered assistance in a discreet manner when it was necessary.

Care plans were comprehensive and staff confirmed that the directions in the care plans on the care of the person were very clear and accurate. They told us that the care plans assisted them in ensuring the person got their needs identified and met. We were told that the care plans were reviewed and updated monthly to ensure they reflected the person health care needs. We noted that risk assessments were carried out on all aspects of the person's life these included a skin care assessment, a mental health assessment, dental and oral care, the ability to communicate and nutritional assessments.

### **Our judgement**

The provider is compliant with this outcome because the people who live in the home have their care and welfare needs assessed and met in a manner that promotes their dignity and independence.

## Outcome 05: Meeting nutritional needs

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are supported to have adequate nutrition and hydration.

### What we found

#### Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

#### Our findings

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

The people we spoke with told us that they enjoy the food at St Josephs. They told us that they are involved in the menu planning in the home and that they meet with the chef and discuss the menu on a regular basis.

##### Other evidence

The provider declared that they were compliant with this outcome when they applied to transfer their registration under the Health and Social Care Act 2008, in September 2010. At registration, based on the information available to us, we assessed this outcome as compliant.

On our visit on the 07 October 2011 the care plans we reviewed included clear information about the individual's nutritional needs and the action that should be taken to reduce the risk of poor nutrition or dehydration. For example supplements are available for those people who require them. The information in the care plans is used by staff to identify those individuals who require special diets, for example pureed diets for those people with swallowing difficulties. and those who require assistance with eating and drinking. This ensures that staff assist those who are identified as needing assistance. People are routinely weighted and the weight recorded in their care plan. This ensures any weight loss is identified in a timely manner and action taken to address this.

The people who live in the home are involved in menu planning and had attended a meeting with the catering staff the week prior to the inspection as they felt that there was not enough fresh green vegetables on the menu. The minutes of the meeting reflected this and fresh menus are being drawn up to meet this identified need.

**Our judgement**

The provider is compliant with this outcome because the nutritional needs of the people are identified met and monitored.

## 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

We did not consult the people who live in the home on this matter.

##### Other evidence

The provider declared that they were compliant with this outcome when they applied to transfer their registration under the Health and Social Care Act 2008, in September 2010. At registration, based on the information available to us, we assessed this outcome as complaint

During our visit on 07 October 2011 we saw that medication was stored safely, appropriately and at the recommended temperature. All controlled drugs were noted to be stored and recorded appropriately, to ensure they are only accessed by appropriately trained staff.

The medication records charts we reviewed were all up to date and included a record of the medication that had been administered. We were advised that the records were audited on a regular basis by senior staff and if any anomalies are found action plans are drawn up to address these issues and if necessary training will be provided for staff.

We observed medication being administered and this was done in a manner that promoted the dignity and privacy of the person.

**Our judgement**

The provider is compliant with this outcome because medication is handled safely and securely. All medication is administered as directed on the prescription and in a manner that promotes the health, independence and welfare of people

## 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

The people we spoke to at St Josephs said that they needs were always met by the staff. They said that they do not have to wait too long for staff to attend to them.

##### Other evidence

The provider declared that they were compliant with this outcome when they applied to transfer their registration under the Health and Social Care Act 2008, in September 2010. At registration, based on the information available to us, we assessed this outcome as compliant.

On our visit of the 07 October 20 the staff we spoke with told us that they felt that there was sufficient staff on duty to allow them to spend quality time with people. They also told us that felt their training was sufficient to ensure they could carry out their work efficiently and with care. We looked at the staff rotas for the previous four weeks and they reflected the staffing levels we found at the time of our visit.

Staffing levels are higher in the mornings when people need assistance to get up, wash and dress this continues up until lunch has been served. We observed the evening meal being served and noted there was sufficient staff on duty to ensure those who could not eat independently received assistance to eat from a member of staff in a timely manner.

##### Our judgement

The provider is compliant with this outcome because there are sufficient numbers of

suitably trained, skilled and experienced staff to meet people's needs.

## Outcome 21: Records

### What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

\* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

\* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### What we found

#### Our judgement

The provider is compliant with Outcome 21: Records

#### Our findings

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

We did not consult the people who live at St Josephs on this outcome.

##### Other evidence

The provider declared that they were compliant with this outcome when they applied to transfer their registration under the Health and Social Care Act 2008, in September 2010. At registration, based on the information available to us, we assessed this outcome as compliant.

During our visit on 07 October 2011 we noted how the home was keeping appropriate records on people's care needs. The care plans we reviewed were all appropriately completed and we found that the instruction given to staff on how to care for the person was clearly set out.

Staff records were clear and included all the details of staff recruitment and supervision. Staff rotas drawn up and were stored appropriately. Copies of menus were stored as were copies of minutes of all meetings held with the home and the residents.

We noted that records were stored appropriately in a manner that promoted people's privacy. We noted that staff were clear about the importance of confidentiality in regard to who is able to access the records if required.

#### Our judgement

The provider is compliant with the outcomes as people can be sure that their records are stored appropriately.

# 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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