Review of compliance

CC Care Ltd Heeley Bank	
Region:	Yorkshire / Humberside
Location address:	Heeley Bank Sheffield South Yorkshire S2 3GL
Type of service:	Care Home with Nursing
Date the review was completed:	May 2011
Overview of the service:	Heeley Bank is a purpose built two storey building in the Heeley area of Sheffield. The home is divided into three units. Each unit had facilities for a designated category of people. There are a total of sixty-four bedrooms, all en-suite consisting of toilet and washbasin.

	There is a large car park to one side of the building and there is a large garden area.

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

What we found overall

We found that Heeley Bank was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out the 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, surveyed people who use services, carried out a visit on 9th March 2011 and observed how people were being cared for, talked to people who use services, talked to staff, checked the provider's records, and looked at records of people who use services.

What people told us

We observed that people who use the service were shown respect and their privacy and dignity was maintained. Staff spoke to people living in the home in a kind and friendly manner and carried out their personal care tasks in a discreet way. People who use the service told us "This is a lovely place to stay", "I am very happy here", "It's a nice home".

We found that people who use the service were able to get up and go to bed when they chose and they were generally able to make their own decisions about how they spent their day and evenings. We also saw evidence that care plans included details on personal preferences and choices of people living in the home to ensure their individual needs and choices are respected.

We observed that generally people us who use the service were provided with support when they needed it to ensure they received a good standard of personal care and support. People who use the service appeared to be well looked after and were wearing clean clothing. There was clear and respectful communication between staff and people who use the service and staff treated them in a kind manner. People said they had regular contact with their GP and other health care professionals. One person said the doctor came every week, and they could request to see them if necessary. Another person said district also nurses visited regularly. People who use the service told us “The staff help me with everything I need help with" and "I press the buzzer when I need help and the staff come as soon as possible". A variety of activities are provided to ensure the social needs of people who use the service can be met and, we saw evidence of trips out, flower arrangements and other events. On the day of our visit we observed a group of people making preparations for an annual Easter Bonnet competition and in the afternoon a large group enjoyed taking part singing and dancing to a musical entertainer. People using the service said “I tend to stay in my room in the morning and then go down to join activities just before or after lunch” whilst others told us” I prefer to relax in my room but there are various activities available”. Recent relative feedback however stated “At the moment there is no chance of xxx going to activities …we feel xxx is missing out and that with no stimulation xxx will deteriorate further”. Staff told us "It would be good if we could get people out more often, we do take people for a walk but they enjoy trips outside the home".

People using the service told us: "The food is very good", "Meals are alright", although one told us "The food is sometimes OK but sometimes not. I'm fussy there's a lot of things I don't like. They make a lot of stews and casseroles, which I don't like". "There's always two choices and if I don't like either they'll get me something else".

People that use the service confirmed they had regular contact with their GP and other health care professionals and their case files contained evidence their needs were being appropriately monitored.

The provider sent us a relative complaint alleging issues of neglect / lack of dignity and rough treatment that was subject to an ongoing investigation by the Local Authority and we saw good evidence of cooperation with them to address this issue appropriately. The latest training statistics indicated 82% of the staff had completed training to ensure they know how to safeguard people using the service from harm.

On the day of our visit the environment was homely and clean. All areas were fresh smelling and pleasant and we saw domestic staff working to keep the home clean. We spoke to three staff who told us they had received training in infection

control and we looked at the staff training matrix and saw that staff had completed this.

Whilst we did not receive any direct comments from people who used the service about the management of their medication, we did observe that management checks were being carried out to ensure they were kept safe from harm in regards to their medication needs.

We observed the building was clean, tidy and free of odours. Bedrooms were relatively spacious and people were allowed to personalise them. Generally the home had a warm welcoming atmosphere and staff interaction with people who lived there was observed as friendly and positive.

we observed staffing levels to be sufficient for meeting the needs of people living in the home and people told us "The staff are always asking me if I'm alright".

We were told by people using the service that "The staff are lovely". and "Everyone is kind". Staff confirmed they were provided witrh training to do their jobs and there was evidence of other courses that were planned.

There was evidence of consultation with people that use the service and their relatives and a suggestions box was on display in reception. We were told that an action plan had been formulated from the comments and suggestions received from a recent survey. We found the service had clear quality monitoring systems in place. They used a range of internal and external information sources, for example, safeguarding recommendations, feedback from contract and commissioning and staff meetings. There was also evidence of internal auditing of the service and we found that issues had been acted upon when needed.

A relative told us "I have raised concerns and they have been acted upon, I just speak to the staff and someone sorts it out". Recent relative comments in the quality assurance records stated “I am so relieved by how my husband is and how welcome we are made”, “Staff are very kind with my mum” however, one stated “Call backs never seem to get through”.

What we found about the standards we reviewed and how well Heeley Bank was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Whilst the service generally involves people and their carers in the planning, treatment and support they receive, clearer management arrangements for agency staff would enable people using the service to be better supported and ensure their wishes are respected.

- We had a minor concern but overall, we found that Heeley Bank was meeting this essential standard although to maintain this, we have suggested that some improvements are made.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

People who use the service and their relatives are consulted and are generally involved in making decisions about their support, to ensure their rights are respected and taken into account.

- Overall, we found that Heeley Bank was meeting this essential standard

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

Whilst people who used the service were generally experiencing appropriate levels of care and support, specialist dementia training for those providing one to one care and the development of further activities would enable their needs and wishes to be better met.

- We had a moderate concern but overall, we found that Heeley Bank was meeting this essential standard although to maintain this we have suggested that some improvements are made.

Outcome 5: Food and drink should meet people's individual dietary needs

People using the service were being provided with a healthy and balanced diet to ensure their nutritional needs are adequately met.

- Overall, we found that Heeley Bank was meeting this essential standard

Outcome 6: People should get safe and coordinated care when they move between different services

People using the service receive safe and effectively coordinated care and treatment because the service supports them to access other health and social care services appropriately.

- Overall, we found that Heeley Bank was meeting this essential standard

Outcome 7: People should be protected from abuse and staff should respect their human rights

People who used the service were protected from the risk of abuse and their human rights respected and upheld by staff who are provided with training to ensure they know how to safeguard them from potential harm.

- Overall, we found that Heeley Bank was meeting this essential standard

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

Action is taken to ensure people who used the service are protected because standards of cleanliness and hygiene are appropriately maintained.

- Overall, we found that Heeley Bank was meeting this essential standard

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

Training is provided to ensure staff know how to safely administer medicines to people who used the service and action is taken to ensure policies and procedures are appropriately followed, so they are kept safe from harm.

- Overall, we found that Heeley Bank was meeting this essential standard

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

Appropriate checks of the building and environment were carried out to ensure people who used the services are provided with a comfortable and safe environment.

- Overall, we found that Heeley Bank was meeting this essential standard

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

People who used the service had access to a range of equipment to maximise their independence which was suitable and safe to meet their needs.

- Overall, we found that Heeley Bank was meeting this essential standard

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Effective recruitment and selection of procedures were in place to ensure staff were safe to work with people who used the service.

- Overall, we found that Heeley Bank was meeting this essential standard

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

Appropriate staffing levels were available to ensure the health and welfare needs of people who use services can be safely met.

- Overall, we found that Heeley Bank was meeting this essential standard

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

Whilst people using the service are supported by staff who are generally well trained to ensure they can do their jobs and safely meet their needs, a programme of individual supervision for staff would enable them to better supported.

- We had a minor concern but overall, we found that Heeley Bank was meeting this essential standard although to maintain this, we have suggested that some improvements are made.

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

Appropriate administration systems and procedures were in place to ensure the quality of the service and that risks to people who used the service were managed safely.

- Overall, we found that Heeley Bank was meeting this essential standard

Outcome 17: People should have their complaints listened to and acted on properly

Appropriate procedures were in place to ensure the concerns or complaints of people who used the service are taken seriously and acted upon in a timely manner.

- Overall, we found that Heeley Bank was meeting this essential standard

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

Personalised records for people who used the service were generally well completed and they were being securely stored to ensure their confidentiality was respected.

- Overall, we found that Heeley Bank was meeting this essential standard

Action 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.

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 1:
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 1: Respecting and involving people who use services

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Our findings

What people who use the service experienced and told us
We observed that people who use the service were shown respect and their privacy and dignity was maintained. Staff spoke to people living in the home in a kind and friendly manner and carried out their personal care tasks in a discreet way.

People who use the service told us “This is a lovely place to stay”, “I am very happy here”, “It’s a nice home”.

Other evidence
We last inspected this service under the previous regulatory system on 8th January 2009, when we found that the National Minimum Standards which are linked to this outcome were assessed as met and that people experienced good outcomes.

The provider declared the service was compliant with this standard in their transitional application for registration under the Health and Social Care Act 2008 for this outcome area.

Since our last visit to the service however, the provider had passed some relative concerns to the Local Authority as a safeguarding concern, following allegations concerning the treatment of some people who use the service. There was evidence the provider had cooperated very well with the Local Authority to address the issues identified and that very thorough action plans had been subsequently developed.

As part of our assessment, we asked for information about how the service was compliant with this outcome. We were sent a “Provider Compliance Assessment” containing clear and thorough information about this; together with action plans to address areas identified to ensure the service remains in compliance and a satisfactory timescale for achieving this.

We were told "A full explanation, rationale is discussed with residents regarding their care, treatment, and care plans are devised, consent is gained before any activity is carried out, risks are assessed taking into account resident’s choice and ensuring safety".

The Provider Compliance Assessment told us “Care plans are formulated on admission in collaboration of the resident, family or friends” but that a recent care file review audit had highlighted not all reviews were up to date. We were told this was due to not having a stable nursing and senior care team, but that a full recruitment drive had addressed this since December 2010 and “The staff team are now taking the care plans forward”.

The acting manager told us she has an open door policy and there was evidence of a positive approach to receiving complaints, with a comments and suggestions box on display in the reception and of relative meetings. The acting manager told us she was hoping to develop these further due to “Very poor attendance” and a recent relative survey suggested some improvements to the service. We were told “We now have a stable staff team allocated to each unit and (the) named nurse key worker system has been implemented".

The Provider Compliance Assessment told us there are two members of staff who are “Dignity Champions” to ensure that the dignity of people living in the home is promoted and we observed a notice board with information about this on display. The training records contained evidence that over 50% of the staff team had completed a module relating to” Customer Care”.

On the day of our visit we observed staff supporting people using the service in a friendly and sensitive manner; but we had a minor concern about the management arrangements for agency staff providing specialist one to one care, however we were told this had been commissioned externally and therefore not in direct control of the service. The acting manager indicated they would follow this up, although improvement action is made to ensure appropriate staff support is provided so the wishes and choices of people who use the service can be better respected.

We have not received any other information to suggest this service is not compliant with this outcome.

Our judgement

Whilst the service generally involves people and their carers in the planning, treatment and support they receive, clearer management arrangements for agency staff would enable people using the service to be better supported and ensure their wishes are respected.

Outcome 2:
Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:
- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with outcome 2: Consent to care and treatment

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Our findings

What people who use the service experienced and told us

We found that people who use the service were able to get up and go to bed when they chose and they were generally able to make their own decisions about how they spent their day and evenings. We also saw evidence that care plans included details on personal preferences and choices of people living in the home to ensure their individual needs and choices are respected.

Other evidence

We last inspected this service under the previous regulatory system on 8th January 2009 when we found that the National Minimum Standards which are linked to this outcome were assessed as met and that people experienced good outcomes.

The provider declared the service was compliant with this standard in their transitional application for registration under the Health and Social Care Act 2008 for this outcome area.

The acting manager told us however, that "Care plans could be clearer in terms of

types of decisions that require people who use the service to be consulted, and where this would be difficult, who should be involved in the decision-making" but we saw evidence from our site visit of on going work and action plans to address these identified shortfalls and ensure the service remains in compliance.

On the day of our visit we found that people who use the service were able to get up and go to bed when they chose and they were generally able to make their own decisions about how they spent their day and evenings. We also saw evidence that care plans included details on personal preferences and choices of people living in the home.

The Provider Compliance Assessment told us “Where a person, who uses the service (does) not have capacity to make a decision then a best interest decision would be made in consultation with other professionals or relatives involved in care”. The acting manager told us that she had plans for further training to ensure staff have an appropriate understanding of the Mental capacity Act and was in the process of obtaining this.

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

People who use the service and their relatives are consulted and are generally involved in making decisions about their support, to ensure their rights are respected and taken into account.

Outcome 4:
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 moderate concerns with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We observed that generally people us who use the service were provided with support when they needed it to ensure they received a good standard of personal care and support. People who use the service appeared to be well looked after and were wearing clean clothing. There was clear and respectful communication between staff and people who use the service and staff treated them in a kind manner.

People said they had regular contact with their GP and other health care professionals. When one person said the doctor came every week, and they could request to see them if necessary. Another person said that district also nurses visited regularly.

People who use the service told us “The staff help me with everything I need help with" and "I press the buzzer when I need help and the staff come as soon as possible".

A variety of activities are provided to ensure the social needs of people who use the service can be met and, we saw evidence of trips out, flower arrangements and

other events. On the day of our visit we observed a group of people making preparations for an annual Easter Bonnet competition and in the afternoon a large group enjoyed taking part singing and dancing to a musical entertainer.

People using the service said “I tend to stay in my room in the morning and then go down to join activities just before or after lunch” whilst others told us” I prefer to relax in my room but there are various activities available”.

Recent relative feedback however stated “At the moment there is no chance of xxx going to activities …we feel xxx is missing out and that with no stimulation xxx will deteriorate further”.

Staff told us "It would be good if we could get people out more often, we do take people for a walk but they enjoy trips outside the home".

Other evidence

The provider declared the service was compliant with this standard in their transitional application for registration under the Health and Social Care Act 2008 for this outcome area.

We last inspected this service under the previous regulatory system on 8th January 2009, when we found that the National Minimum Standards which are linked to this outcome were assessed as generally met and that people experienced good outcomes.

Since our last visit the Local Authority had identified some concerns however, relating to poor documentation in care plans belonging to people that use the service. We saw evidence of good work to address these, with a number of action plans in place which were being closely monitored to ensure the safety and welfare of people living in the home.

One of the case files we inspected contained very clear information about how they liked their support to be provided, with person centred care plans and assessments about the management of a variety known risks. There was evidence that care plans were being generally updated and appropriately reviewed, although a recent internal inspection by the provider highlighted a need to develop these further and we saw evidence of on going work on these.

People who use the service were observed to generally receive appropriate support when required to ensure their personal care needs were met. However whilst the training records showed that 46% of the permanent staff had received dementia awareness training, we had a minor concern there was no evidence that agency staff providing specialist one to one support had received this and an improvement action is made about this.

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People who use the service told us “The staff help me with everything I need help with" and "I press the buzzer when I need help and the staff come as soon as

possible".

People who use the service were observed to look well cared for and wearing clean clothes and there was clear and respectful communication between staff and themselves to ensure that their needs and wishes were met. People told us they had regular contact with their GP and other health care professionals and one person told us the doctor came every week, and they could request to see them if needed, whist another told us that district nurses also visited regularly.

The service has two part time activity coordinators to ensure that the social needs of people who use the service can be met and we saw evidence of a variety of activities provided, including trips out, flower arrangements and other events. On the day of our visit we observed a group of people making preparations for an annual Easter Bonnet competition and in the afternoon a large group enjoyed taking part singing and dancing to a musical entertainer.

A recent internal inspection by the provider however, highlighted a need to develop more activities in the home and we were told specialist training had now been booked for the activity coordinators.

People using the service said “I tend to stay in my room in the morning and then go down to join activities just before or after lunch” whilst others told us” I prefer to relax in my room but there are various activities available”.

Recent relative feedback stated “At the moment there is no chance of xxx going to activities …we feel xxx is missing out and that with no stimulation xxx will deteriorate further”.

Staff told us "It would be good if we could get people out more often, we do take people for a walk but they enjoy trips outside the home".

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

Whilst people who used the service were generally experiencing appropriate levels of care and support, specialist dementia training for those providing one to one care and the development of further activities would enable their needs and wishes to be better met.

Outcome 5:
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 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

People using the service told us:

"The food is very good"

"Meals are alright"

"The food is sometimes OK but sometimes not. I'm fussy there's a lot of things I don't like. They make a lot of stews and casseroles, which I don't like". "There's always two choices and if I don't like either they'll get me something else".

Other evidence

The provider declared the service was compliant with this standard in their transitional application for registration under the Health and Social Care Act 2008 for this outcome area.

When we last inspected this service under the previous regulatory system on 8th January 2009, we found that the National Minimum Standards which are linked to this outcome were assessed as met and that people who used the service experienced good outcomes.

Since our last visit however, the Local Authority had identified some concerns relating to the need for appropriate recording in the care plans belonging to people

who use the service who are nutritionally compromised. An action plan was in place to address this issue and we were told that care plans were was now being “Monitored as part of home manager daily walk round” and Key worker and named nurse (system) which was “Now up and running”. Those case files belonging to people that use the service that we inspected contained evidence of a range of specialist nutritional risk assessments and regular monitoring of aspects of these.

People who use the service said they generally enjoyed the food that was served, although we received some mixed comments about this.

People told us that "The food is very good", “Meals are alright” and that "The food is sometimes OK but sometimes not…. I'm fussy, there's a lot of things I don't like. They make a lot of stews and casseroles, which I don't like".

"There's always two choices and if I don't like either they'll get me something else".

Menus contained evidence that a range of healthy and nutritionally balanced food was provided and people told us they could have a cooked breakfast and that the main meal of the day was served at tea

Whilst observing people at lunch in the dementia unit, we found that people were left sitting at the table for a long time before being served their meal. Some people became anxious and one person said, "It's getting on my nerves sitting here". Some people were seen trying to drink from empty glasses and the manager later told us that lunch had been late. We suggested that people could be given a drink when they are sat at the table, so they could enjoy this while lunch arrived. We also noticed staff asked people if they wanted pizza or sandwiches, but saw that some were asked many times and unable to answer this. We therefore suggested people are shown the choices available to help them decide their personal preference. One person was observed tipping their chair back on its legs, but we alerted the nurse and manager to this due to health and safety concerns.

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

People using the service were being provided with a healthy and balanced diet to ensure their nutritional needs are adequately met.

Outcome 6:

Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us

People that use the service confirmed they had regular contact with their GP and other health care professionals and their case files contained evidence their needs were being appropriately monitored.

Other evidence

The provider declared the service was compliant with this standard in their transitional application for registration under the Health and Social Care Act 2008 for this outcome area.

We last inspected this service under the previous regulatory system on 8th January 2009 and found that the National Minimum Standards most closely mapped to this outcome were assessed as met and that people using the service experience good outcomes.

Policies and procedures were in place to ensure the needs of people using the service are properly protected and since our last visit; the home has cooperated very well with the Local Authority in relation to some safeguarding concerns that had

been raised.

People that use the service confirmed they had regular contact with their GP and other health care professionals and their case files contained evidence their needs were being appropriately monitored.

Notifications sent to us about significant incidents within the home indicate appropriate action had been taken to involve external agencies when needed and case files contained evidence of liaison with a range of Health and Social Service professionals.

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

People using the service receive safe and effectively coordinated care and treatment because the service supports them to access other health and social care services appropriately.

Outcome 7:
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 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

The provider sent us a relative complaint alleging issues of neglect / lack of dignity and rough treatment that was subject to an ongoing investigation by the Local Authority and we saw good evidence of cooperation with them to address this issue appropriately. The latest training statistics indicated 82% of the staff had completed training to ensure they know how to safeguard people using the service from harm.

Other evidence

We last inspected this service under the previous regulatory system on 8th January 2009 when we found that the National Minimum Standards linked to this outcome were assessed as met and that people using the service experience good outcomes.

The provider declared the service was compliant with this standard in their transitional application for registration under the Health and Social Care Act 2008 for

this outcome area.

Since that time however, the provider sent us a relative complaint alleging issues of neglect / lack of dignity and rough treatment that was subject to an ongoing investigation by the Local Authority and we saw good evidence of cooperation with them to address this issue appropriately.

The provider had taken action to suspend staff implicated in the allegation appropriately and we were told about meetings to ensure staff knew about their responsibilities to safeguard people from home and that an “Open door culture” where staff can feel comfortable to raise concerns and about “Whistle blowing” can be raised. The latest training statistics indicated 82% of the staff had completed training to ensure they know how to safeguard people using the service from harm.

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

People who used the service were protected from the risk of abuse and their human rights respected and upheld by staff who are provided with training to ensure they know how to safeguard them from potential harm.

Outcome 8:
Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

The provider is compliant with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

On the day of our visit the environment was homely and clean. All areas were fresh smelling and pleasant and we saw domestic staff working to keep the home clean. We spoke to three staff who told us they had received training in infection control and we looked at the staff training matrix and saw that staff had completed this.

Other evidence

We last inspected this service under the previous regulatory system on 8th January 2009 when we found that the National Minimum Standards linked to this outcome were assessed as met and that people using the service experience good outcomes.

The provider declared the service was compliant with this standard in their transitional application for registration under the Health and Social Care Act 2008 for this outcome area.

Since that time the Local Authority had identified issues as part of an ongoing safeguarding investigation relating to the control of infection. We saw evidence the service had cooperated well with the Local Authority to resolve these issues and an action plan to address these had been developed by provider.

We were told that the laundry area and treatment rooms had been deep cleaned and that cleaning trolleys are now disinfected together with appropriate recording about these.

On the day of our visit the environment at Heeley Bank was homely and clean. All areas of the home were fresh smelling and pleasant and we saw domestic staff working to keep the home clean. We spoke to three staff who told us they had received training in infection control and we looked at the staff training matrix and saw that staff had completed this.

Hand hygiene signs were displayed around the home and we saw staff wearing protective gloves and aprons when carrying out personal care tasks and serving meals. Staff had access to all infection control policies and procedures and we were told these were discussed in supervision and appraisal.

One relative told us “My only issue with the home is that (my mother's) room is often untidy and food debris is left on the carpet".

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

Action is taken to ensure people who used the service are protected because standards of cleanliness and hygiene are appropriately maintained.

Outcome 9:
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 9: Management of medicines

Our findings

What people who use the service experienced and told us

Whilst we did not receive any direct comments from people who used the service about the management of their medication, we did observe that management checks were being carried out to ensure they were kept safe from harm in regards to their medication needs.

Other evidence

We last inspected this service under the previous regulatory system on 8th January 2009 when we found that the National Minimum Standards linked to this outcome were assessed as met and that people using the service experience good outcomes.

The provider declared the service was compliant with this standard in their transitional application for registration under the Health and Social Care Act 2008 for this outcome area.

Since that time some concerns had been found as part of a recent safeguarding

investigation however, about medication procedures which had not been followed correctly. We saw evidence of good cooperation with the Local Authority in these respects and we were told the acting manager had now introduced more thorough checks to ensure any identified discrepancies can be followed up in a timely manner. We were told by the Local Authority that following a series of visits by them that "The new system is definitely working".

As part of our assessment, we asked the provider for further information about how they comply with this outcome and details about this were submitted in the form of a Provider Compliance Assessment. The details provided were thorough and clear, together with an action plan for those areas requiring minor attention to be implemented by May 2011. We were told "Medication is administrated by a trained member of staff. Either a qualified nurse or a Senior care assistant. When administering medication staff follow the 4 R's: Right Person, Right Time, Right medication, Right dose". An audit of the medication supplies was recently carried out by an independent pharmacy and w were told that "Monthly medication audits are now carried out by the acting manager, including observation of medication administration". We were told policies are available to ensure staff know how to administer medication safely to people living in the home and that clear systems are in place for the recording of medication provided.

We made a random check of the medication records and supplies and found these to be accurately and safely maintained. The acting manager told us a new system had been recently introduced and that all medication was now counted and recorded on MAR sheet daily.

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

Training is provided to ensure staff know how to safely administer medicines to people who used the service and action is taken to ensure policies and procedures are appropriately followed, so they are kept safe from harm.

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Outcome 10:
Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

We observed the building was clean, tidy and free of odours. Bedrooms were relatively spacious and people were allowed to personalise them. Generally the home had a warm welcoming atmosphere and staff interaction with people who lived there was observed as friendly and positive.

Other evidence

We last inspected this service under the previous regulatory system on 8th January 2009 when we found that the National Minimum Standards linked to this outcome were assessed as met and that people using the service experience good outcomes.

The provider declared the service was compliant with this standard in their transitional application for registration under the Health and Social Care Act 2008 for this outcome area.

Since that time the Local Authority had identified issues as part of an ongoing safeguarding investigation relating to the up keep of the building. We saw evidence however, the service had cooperated well with the Local Authority to resolve these

issues and that action plans to address these had been developed by provider.

We observed the building was clean, tidy and free of odours. Bedrooms were relatively spacious and people were allowed to personalise them. Generally the home had a warm welcoming atmosphere and staff interaction with people who lived there was observed as friendly and positive.

We were told that none of the bedrooms needed immediate decoration, but that this would be carried out as individual rooms become vacant. The acting manager told us that water jugs were currently being used to wash people hair as the some issues had been identified with the shower heads by Yorkshire Water, but that replacement ones were currently on order.

The maintenance records confirmed appropriate checks were in place for the building and up to date certificates were seen for the servicing of utilities.

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement
Appropriate checks of the building and environment were carried out to ensure people who used the services are provided with a comfortable and safe environment.

Outcome 11:
Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

We did not receive any direct comments from people about this outcome.

Other evidence

We last inspected this service under the previous regulatory system on 8th January 2009 when we found that the National Minimum Standards most closely linked to this outcome were assessed as met and that people using the service experience good outcomes.

The provider declared the service was compliant with this standard in their transitional application for registration under the Health and Social Care Act 2008 for this outcome area.

Since that time however, the Local Authority had identified concerns about the maintenance and availability of equipment for monitoring changes in people's weight, but we were told appropriate action had since been taken with regards

these. We asked the provider for further information about how they comply with this outcome and details for this were submitted in the form of a Provider Compliance Assessment together with an action plan for those areas needing minor attention to ensure the home remains in compliance.

The Provider Compliance Assessment told us that “Various forms of equipment (were) available” to meet people’s needs, including a variety of specialised equipment and that “Faults regarding equipment are reported, and (a) relevant service engineer contracted for repairs. Equipment such as hoist, weighing scales, assisted baths are routinely serviced by company appointed service engineers and certificates and job sheets are kept on records”

As part of our site visit we looked at a range of the maintenance records and there was evidence of appropriate action, including recent servicing of hoists and specialist baths as well as an invoice for new scales recently obtained.

Staff confirmed they received appropriate training to do their jobs and the training records indicated 82% of the staff team had received moving and handling training and we were told about a plan to achieve 85% and above for this.

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

People who used the service had access to a range of equipment to maximise their independence which was suitable and safe to meet their needs.

Outcome 12:
Requirements relating to workers

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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We did not receive any direct comments from people about this outcome.

Other evidence

Since the last time we visited the service however, a safeguarding investigation had revealed that recruitment procedures had not been fully followed in relation to a member of staff who had been employed in the past

The provider has a corporate human resources department that supports the service and there are recruitment policies and procedures are available to ensure that staff are safe to work with people who used the service.

Staff who we spoke to confirmed their recruitment process had included Criminal Records Bureau checks and references followed up and the files of four of the most recently employed members of staff contained evidence the above procedures had been appropriately followed.

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement
Effective recruitment and selection of procedures were in place to ensure staff were safe to work with people who used the service.

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

Whist this outcome did not constitute part of the site visit, we observed staffing levels to be sufficient for meeting the needs of people living in the home and people told us "The staff are always asking me if I'm alright".

Other evidence

We last inspected this service under the previous regulatory system on 8th January 2009 when we found that the National Minimum Standards linked to this outcome were assessed as met and that people using the service experience good outcomes.

The provider declared the service was compliant with this standard in their transitional application for registration under the Health and Social Care Act 2008 for this outcome area.

Since that time some concerns however, had been raised by the Local Authority as part of an ongoing safeguarding investigation, that were associated with staffing

issues and the departure of a number of staff.

There was evidence the service had cooperated well with the Local Authority in these matters and we were told a recruitment drive had resulted in four trained nurses and eight carers being recruited to ensure there were sufficient numbers available to meet the needs of people living in the home. We asked the provider for further information about how they comply with this outcome and details for this were submitted in the form of a Provider Compliance Assessment together with an appropriate action plan for those areas needing minor attention to ensure the home remains in compliance.

The Provider Compliance Assessment told us that the service is supported by the providers Human Resources Department and that “Clear policy and procedures” are available for this. We were told “We have completed a full recruit(ment) of staff in December 2010 and now have a full compliment of staff at Heeley bank. We have a good skill mix of qualified nurses some with lots of experience down to a new adaptation nurse”.

On the day of our visit we observed sufficient staff were available to meet the needs of people living in the home and were told current staffing hours were above normal levels, due to a recent voluntary placement suspension and that supernumerary hours were being used to enhance the management of each unit.

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

Appropriate staffing levels were available to ensure the health and welfare needs of people who use services can be safely met.

Outcome 14:
Supporting workers

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

There are minor concerns with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
Whist this outcome did not constitute part of the site visit we were told by people using the service that "The staff are lovely". and "Everyone is kind". Staff confirmed they were provided witrh training to do their jobs and there was evidence of other courses that were planned.

Other evidence
The provider declared the service was compliant with this standard in their transitional application for registration under the Health and Social Care Act 2008 for this outcome area.

However, since that time staff training concerns had been raised by the Local Authority as part of a safeguarding investigation. As part of our assessment we therefore asked for information about how the service was compliant with this outcome and we were sent this in a Provider Compliance Assessment with an action plans to address areas identified to ensure the service remains in compliance.

We were told “New staff undertake the Southern Cross induction, that covers principles of care, role of the worker, safety at work, effective communication,

recognising and responding to abuse and neglect" and that "Mandatory training is provided for all staff employed as well as nutrition and dementia awareness"

We were told staff completing the induction sometimes took longer than the recommended period of 12 weeks, but that plans to address this were provided with a date given for this by 1st April 2011.

A proportion of staff have undertaken NVQ 2 and NVQ 3 and we were told others are working towards their NVQ levels 2 and 3.

Following the recent safeguarding investigation we were told there had been a staff meeting to reiterate the "Open door culture" where staff can feel comfortable to raise concerns and that 89% of the staff received supervision in December about "Whistle blowing"

We were told regular staff meetings and supervisions and appraisals took place but that recent changes within the senior staff team meant the acting manager had not had enough time to carry these out individually for all members of staff. However we were told it was planned to recruit a deputy manager and for new seniors to take on this role. We had a minor concern that staff will continue to need direction and leadership whilst the new staffing arrangements settle down, but we were also told more positively an employee of the month award had been recently implemented to motivate them and that information about this and staff suggestions were included in recent staff wage slips.

People using the service told us "The staff are lovely". and "Everyone is kind".and staff confirmed they had been provided witrh lots of training and that other coursed were planned.

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

Whilst people using the service are supported by staff who are generally well trained to ensure they can do their jobs and safely meet their needs, a programme of individual supervision for staff would enable them to better supported.

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

The provider is compliant with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

There was evidence of consultation with people that use the service and their relatives and a suggestions box was on display in reception. We were told that an action plan had been formulated from the comments and suggestions received from a recent survey.

We found the service had clear quality monitoring systems in place. They used a range of internal and external information sources, for example, safeguarding recommendations, feedback from contract and commissioning and staff meetings. There was also evidence of internal auditing of the service and we found that issues had been acted upon when needed.

Other evidence

We last inspected this service under the previous regulatory system on 8th January 2009 when we found that the National Minimum Standards linked to this outcome were assessed as met and that people using the service experience good

outcomes.

The provider declared the service was compliant with this standard in their transitional application for registration under the Health and Social Care Act 2008 for this outcome area.

The home has an acting manager who is in the process of registering with CQC. The home was being overseen by the area manager and quality audit manager, who are on site several times each week. A condition was applied to the service's transitional registration under the Health and Social Care Act 2008 (HCSA) that the service has a manager registered with the CQC before April 2011 and we were told by the acting manager she had completed her application and supplementary details for this and was waiting for this to be submitted to CQC by her Human Resources Department.

As part of our assessment, we asked for information about how the service was compliant with this outcome. We were sent a "Provider Compliance Assessment" containing clear and thorough information about this; together with action plans to address areas identified to ensure the service remains in compliance together with a timescale for achieving this by April 1st 2011.

The Provider Compliance Assessment told us "Heeley bank has been working with social services and an action plan produced and is being monitored in conjunction with NHS Sheffield and we now have a sustainability plan" which was being "Reviewed on a weekly basis and monitored by the service quality advisor". The home has internal inspections carried out by the provider to check the effectiveness of the way it managed and on the day of our visit an internal inspection was being carried out by a senior manager for the provider company. We were told "Root cause analysis is undertaken from incidents and errors, with lessons learned" and that "This is also the case with any complaints received that have been upheld".

There was evidence of consultation with people that use the service and their relatives to ensure they are able to influence the service and a suggestions box was on display in reception and were told that an action plan had been formulated from the comments and suggestions form the a recent survey.

On the day of our visit we found that the service had clear quality monitoring systems in place. They used a range of internal and external information sources, for example, safeguarding recommendations, feedback from contract and commissioning and staff meetings. There was also evidence of internal auditing of the home's environment and we found that issues had been acted upon.

The Provider Compliance Assessment told us "The service is aware of some shortfalls. …As a result of this we have action plans in place that are being worked towards. Care plans could be clearer in terms of types of decisions that require people who use services to be consulted, and where this would be difficult, who should be involved in the decision-making. Further work (is) required to fully

developing personal preference plan for all residents".

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

Appropriate administration systems and procedures were in place to ensure the quality of the service and that risks to people who used the service were managed safely.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us

A relative told us "I have raised concerns and they have been acted upon, I just speak to the staff and someone sorts it out". Recent relative comments in the quality assurance records stated “I am so relieved by how my husband is and how welcome we are made”, “Staff are very kind with my mum” however, one stated “Call backs never seem to get through”.

Other evidence

We last inspected this service under the previous regulatory system on 8th January 2009 when we found that the National Minimum Standards linked to this outcome were assessed as met and that people using the service experience good outcomes.

The provider declared the service was compliant with this standard in their transitional application for registration under the Health and Social Care Act 2008 for this outcome area.

Since that time however the provider sent us a relative complaint alleging issues of neglect / lack of dignity and rough treatment that was subject to an ongoing investigation by the Local Authority as a safeguarding concern and we saw strong evidence to address this issue and good cooperation with them to resolve this appropriately.

An appropriate complaints procedure for people who used the service to express their concerns was on display and a record is kept of those made to the service and a report submitted to the provider about these together with actions taken to resolve them.

On the day of our visit a relative told us "I have raised concerns and they have been acted upon, I just speak to the staff and someone sorts it out" whilst other recent relative comments in the quality assurance records stated “I am so relieved by how my husband is and how welcome we are made” “Staff are very kind with my mum” although one stated “Call backs never seem to get through”

We have not received any other information to suggest that this service is not compliant with this outcome

Our judgement
Appropriate procedures were in place to ensure the concerns or complaints of people who used the service are taken seriously and acted upon in a timely manner.

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 saw that people's individual records were being securely stored and that they were generally well completed to ensure their welfare was appropriately maintained.

Other evidence

We last inspected this service under the previous regulatory system on 8th January 2009 when we found that the National Minimum Standards linked to this outcome were assessed as met and that people using the service experience good outcomes.

The provider declared the service was compliant with this standard in their transitional application for registration under the Health and Social Care Act 2008 for this outcome area.

Appropriate measures were observed to ensure the service can monitor the effectiveness of its recording systems, with issues of poor documentation and care planning being addressed to ensure people that use the service are not placed at

risk of harm. We were told an audit of these was to continue and that the next internal audit by the service quality inspector would assess the standard of these. A range of Maintenance records inspected were up to date and appropriately kept and personal records that we checked were securely stored to ensure the confidentiality of people living in the home.

Our judgement
Personalised records for people who used the service were generally well completed and they were being securely stored to ensure their confidentiality was respected.

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. Treatment for disease, disorder or injury. Diagnostic or screening procedures	**Regulation 17**	**1: Respecting and involving people who use services.**
	Why we have concerns: Whilst we observed staff supporting people using the service in a friendly and sensitive manner; we had a minor concern about the management arrangements for agency staff providing some specialist one to one care, as we were told this had been commissioned externally and therefore not in direct control of the service. An improvement action is made about this to ensure appropriate staff support is provided so that the wishes and choices of people who use the service can be better respected.	
Accommodation for persons who require nursing or personal care. Treatment for disease, disorder or injury. Diagnostic or screening procedures	**Regulation 23**	**4: Care and welfare of people who use services.**
	Why we have concerns: Whilst the training records showed that 46% of the permanent staff had received dementia awareness training, we had a moderate concern there was no evidence that agency staff providing specialist one to one support had received this training. An improvement action is made to ensure agency staff have the right skills needed to support people using the service.	

Accommodation for persons who require nursing or personal care. Treatment for disease, disorder or injury. Diagnostic or screening procedures	**Regulation 23**	**14: Supporting Staff.**
	Why we have concerns: Whilst we were told about an employee of the month award to motivate staff and saw evidence of yearly skills appraisals had been recently been implemented. We were told the acting manager had not yet had enough time to carry supervision individually for all members of staff. A programme of regular individual supervision should therefore be implemented to ensure staff are provided with a clear sense of leadership and direction and their career development is enhanced.	

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 within 28 days of this report being received.

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 Adult 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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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