Review of compliance

Southern Cross OPCO Limited Redworth House	
Region:	North East
Location address:	Byerley Road Shildon Co Durham DL4 1HQ
Type of service:	Care home service with nursing
Date of Publication:	August 2011
Overview of the service:	Redworth House is a registered care home with nursing and it is built on the edge of an industrial estate in Shildon County Durham. The building includes a separate unit for 6 people with learning disabilities and this has its own entrance. The main part of the home provides permanent accomodation with personal care and support for up to 51 people who may have dementia needs.

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

Our current overall judgement

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

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

Why we carried out this review

We carried out this review because concerns were identified in relation to:

Outcome 04 - Care and welfare of people who use services
Outcome 07 - Safeguarding people who use services from abuse
Outcome 09 - Management of medicines
Outcome 13 - Staffing
Outcome 14 - Supporting staff

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 5 July 2011, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

People living in the home and visitors told us that they felt the staff could not do anymore. They felt that overall the care was very good and staff worked well with people. One person said that staff raised their voices but it could not be established if this was due to their hearing difficulties or other reasons. The manager agreed to explore this matter as a priority. The activities co-coordinator was singled out by all the people spoken with as an excellent staff member because she was so warm and friendly. The people spoken with could remember her name, which was significant as most had marked memory loss. However people felt that the home was let down by the noxious odour and some visitors said if they were looking for a home now the smell would put them off choosing this one.

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

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

Overall Redworth House met this outcome but to maintain this staff need make sure they

adopt best practice guidance around meeting the needs of people with dementia.

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

Overall Redworth House met this outcome.The staff and manager were aware of safeguarding procedures and made sure appropriate actions are taken when needed.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

Overall Redworth House had not met this outcome. The carpets and furniture smelt very strongly of urine.

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

Overall Redworth House had not met this outcome. The service did not fully protect people against the risks associated with the unsafe use and management of medicines by making appropriate arrangements for the recording, use and safe keeping of medicines.

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

Overall Redworth House met this outcome.The number of care staff on duty met peoples' needs and the manager could increase staffing levels if peoples' needs changed.

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

Overall Redworth House had not met this outcome. The home was specifically designed to provide care for people who had dementia so all staff need to have at least a basic understanding of how to work well with this group of people.

Actions we have asked the service to take

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

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

Other information

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

Outcome 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
We spoke with all the people who were in the home and 90% of the visitors. People were very complimentary about the care being offered. They felt the staff really went out of their way to make sure people were well looked after. People were very impressed with the activity co-coordinator and said she made them feel like part of a family. People said the manager was excellent and staff were very good.

Other evidence
We found that staff were very attentive to peoples' needs and consistently chatted to all. The staff made sure they let people know what was happening and included them in general conversations. Staff encouraged people to occupy their time in meaningful activity. The activity co-coordinator had been collecting information about peoples' life histories but staff were not using this to assist them when working with people. Understanding where people were in their life history would assist staff to reduce anxiety and challenging behaviour.

The care records were all up to date. Southern Cross format for recording information about peoples' care was used, which primarily used scores to assess peoples' needs. Throughout the week staff are based in different units. Following a recent incident the manager has put in a new system for sharing information about what occurred during the day. Staff felt that, although they could quickly find out what has been happening to people, more improvements could be made. The manager said she would find out from staff what other improvements could be made and improve the system accordingly.

Our judgement
Overall Redworth House met this outcome but to maintain this staff need make sure they adopt best practice guidance around meeting the needs of people with dementia.

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 said they were happy and felt at ease. One person said that at times a member of staff talked loudly. But it could not be established whether they meant staff working with people who had hearing impairments talked loudly or staff were abrupt. The manager said she would investigate this issue and take appropriate action if needed.

Other evidence
We found that the manager had appropriately raised concerns with the local authority safeguarding team when needed. When any alert had been raised the manager also made sure these were fully investigated and any suggested improvements were acted upon.

Our judgement
Overall Redworth House met this outcome.The staff and manager were aware of safeguarding procedures and made sure appropriate actions are taken when needed.

Outcome 08:
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

There are moderate concerns with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
Visitors commented that the home always smelt. Three visitors added that if they were looking for a home now the odour would put them off choosing this one.

Other evidence
We found that communal areas in both units for people with dementia smelt very strongly of urine but this was more evident in the dementia care residential unit. At the time of the inspection one domestic was on duty and they had diligently cleaned all three units. The domestic felt getting cleaning products was not a issue and an adequate housekeeping rota was in place, which made sure all the tasks were completed on a regular basis. Normally there were two domestics on duty but from what we found and what people said the issue of smell had been a problem for some time. We identified factors which appeared to contribute to difficulties with odour. Although appropriate signs were in place to help people with dementia find toilets these were hanging above their eye-line so could not be seen. Also the fabric of the furniture was found to no longer protect the seats and this led to spilled liquids being retained in the cushions.

Our judgement
Overall Redworth House had not met this outcome. The carpets and furniture smelt very strongly of urine.

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

There are moderate concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
Staff looked after and administered peoples' medicines. Many of the people who used the service were unable to talk to us directly about their medicines. We therefore looked at their records about medication, talked to staff and observed their practice.

Other evidence
The pharmacist inspector visited the home and looked at medicine records, medicine supplies, relevant sections of care plans and watched medicines being given.

It was found that people did not always have their medicines at the times they needed them or administered to them in a safe way.

We looked in detail at the medicines and administration records for 14 people. We found that for some medicines to be taken 'when required' information was not available in care plans to assist staff to decide when it was appropriate to offer treatment.

Medicine records were not always accurate or fully completed. For example, there were gaps on the administration records of some creams and it was not possible to confirm if these had been applied as prescribed. We saw that some analgesic patches had been incorrectly recorded on the administration record and in the controlled drug register. When we informed the manager she immediately checked and confirmed that the medication had been applied correctly as prescribed.

We saw that some handwritten entries on medicine administration records had not been fully completed and checked by a second person to confirm that they were accurate and complete.

All medicines were stored securely and at the appropriate temperature. However, when we observed administration practices being given the medicines trolley was left unlocked and unattended in the corridor whilst medicines were being given out.

Medicines were given appropriately and in a person centred way taking account of people's choices and preferences.

Our judgement
Overall Redworth House had not met this outcome. The service did not fully protect people against the risks associated with the unsafe use and management of medicines by making appropriate arrangements for the recording, use and safe keeping of medicines.

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
People told us that most of the time staff were at hand to give people the help they needed. They did add that at peak times during the evening this was not always the case, but added staff were did assist other people at these times. People found that staff responded to their requests as soon as possible.

Other evidence
The home worked as three units and staffing levels were set for each unit. At the time of the unannounced inspection the manager was the nurse in charge and there were 3 carers working with her. On the residential unit there a senior carer and 3 carers were on duty and in there were 2 staff in Stephenson Unit 2. Staff told us that they were able to assist staff on other units when needed. Our observations found staff were always available assist people and there was enough staff on duty to accompany people to their hospital appointments.

The home did use agency nurses and measures had been put in place to make sure these staff knew the correct information about people. The manager said she had scope to change working hours so additional cover could be provided to support people at different peak times or if their needs changed.

Our judgement
Overall Redworth House met this outcome.The number of care staff on duty met peoples' needs and the manager could increase staffing levels if peoples' needs changed.

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

There are moderate concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
People and visitors said the staff were very good and really worked hard to make sure people were looked after properly.

Other evidence
Although training in dementia care was planned none of the staff spoken with had received this. 90% of these staff had not received any form of dementia care training and although very willing to learn their practices were not in line with expected practice. The manager had identified this as an issue and taken action to schedule training earlier than planned.

One of the staff members needed to complete customer care training and revisit the principles of person-centred care practices. However we found that the other staff had received this type of training and were extremely respectful towards all visitors and the people using the service.

Our judgement
Overall Redworth House had not met this outcome. The home was specifically designed to provide care for people who had dementia so all staff need to have at least a basic understanding of how to work well with this group of people.

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
	Why we have concerns: Staff were not using good practice guidance about dementia care or ensuring life histories were used to plan care approaches.	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: Staff were not using good practice guidance about dementia care or ensuring life histories were used to plan care approaches.	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: Staff were not using good practice guidance about dementia care or ensuring life histories were used to plan care approaches.	

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.

Compliance actions

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

Regulated activity	Regulation	Outcome
Diagnostic and screening procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	How the regulation is not being met: The provider did not ensure that the appropriate standards of cleanliness and hygiene were maintained	
Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	How the regulation is not being met: The provider did not ensure that the appropriate standards of cleanliness and hygiene were maintained	
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	How the regulation is not being met: The provider did not ensure that the appropriate standards of cleanliness and hygiene were maintained	
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	How the regulation is not being met: The service did not fully protect people against the risks associated with the unsafe	

	use and management of medicines by making appropriate arrangements for the recording, use and safe keeping of medicines.	
Diagnostic and screening procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	How the regulation is not being met: The service did not fully protect people against the risks associated with the unsafe use and management of medicines by making appropriate arrangements for the recording, use and safe keeping of medicines.	
Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	How the regulation is not being met: The service did not fully protect people against the risks associated with the unsafe use and management of medicines by making appropriate arrangements for the recording, use and safe keeping of medicines.	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	How the regulation is not being met: Staff had not received appropriate training to enable them to deliver care and treatment to service users safely and to an appropriate standard.	
Diagnostic and screening procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff

	How the regulation is not being met: Staff had not received appropriate training to enable them to deliver care and treatment to service users safely and to an appropriate standard.	
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	How the regulation is not being met: Staff had not received appropriate training to enable them to deliver care and treatment to service users safely and to an appropriate standard.	

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

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

The provider's report should be sent to us within 14 days of this report being received.

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

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

What is a review of compliance?

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

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

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

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

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

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

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

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

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA