Review of compliance

Mr S and Mrs S Odedra Ashleigh Court Rest Home	
Region:	West Midlands
Location address:	20 Fountain Road Edgbaston Birmingham West Midlands B17 8NL
Type of service:	Care home without nursing
Date the review was completed:	19 01 2011
Overview of the service:	Ashleigh Court provides care and accommodation for 17 older persons. Nursing care is not provided. The home is located in a residential street that leads onto the Hagley Road at the point that borders on the edges of the Edgbaston and Ladywood areas of Birmingham. Hagley Road is an arterial road into Birmingham and to Stourbridge and Kidderminster in the opposite

	direction. It is therefore well served by bus routes. The home consists of a large Victorian building. There is limited parking space at the front of the property but the road is reasonably quiet and some on road parking can be accessed. The home has both single and shared rooms situated over three floors, most of which have en suite facilities. There is a passenger lift that permits access to all floors. Most of the en-suites would have difficulty accommodating the needs of a wheelchair user. Access to the front of the premises and from the building into the rear garden are via steps. The home has two sitting rooms, one of which overlooks the rear gardens. There are assisted bathing or showering facilities on each floor.

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

What we found overall

We found that Ashleigh Court Rest Home was not meeting one or more essential standards. Improvements are needed.

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, carried out a visit on 19 January 2011, 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.

As part of the planned review we asked the provider to send us their provider compliance assessment for six outcome groups. This is a self-assessment tool used by the provider to monitor their compliance with the essential outcomes of safety and quality.

What people told us

Some people were not able to voice their opinions due to their mental health needs.

We spoke with a person using the service who told us that he was satisfied with the care that he received.

During lunchtime we asked a person about the standard of the meals provided. He told us that there were always choices but if he was not feeling well that soup and

bread would be offered. He told us that choices for breakfast included porridge, egg and bacon or that something else could be requested.

The person who showed us his bedroom commented that the standard of hygiene was good and that he had his own en-suite shower to use when he wanted to.

We were told by the Registered Manager that quarterly audits of medications were carried out by the Primary Care Trust.

During the visit we were told by an external contractor that a new call system was being installed and was due for completion the following day. He confirmed that as well as bedrooms it was being fitted in all communal rooms and bathrooms. This will ensure that people can summon assistance when they need to.

What we found about the standards we reviewed and how well Ashleigh Court Rest Home 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

People were involved in making decisions and choices about the care and support they needed to maintain their health needs. Staff were promoting peoples' privacy, dignity and independence.

- Overall, we found that Ashleigh Court Rest Home was meeting this essential standard.

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

Arrangements were in place for obtaining consent of people for the care and treatment that they received.

- Overall, we found that Ashleigh Court Rest Home was meeting this essential standard.

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

People received appropriate care and treatment but the care files failed to demonstrate that staff had sufficient information and guidance to promote peoples health and personal care.

- Overall, we found that improvements are needed for this essential standard.

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

People were offered and provided with a varied and nutritious diet. The meals prepared ensured that peoples' cultural and dietary preferences were catered for.

- Overall, we found that Ashleigh Court Rest Home was meeting this essential standard.

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

People receive appropriate and co-ordinated care and support by the service and external professionals.

- Overall, we found that Ashleigh Court Rest Home was meeting this essential standard.

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

Procedures were in place to ensure that people were protected from harm or abuse.

- Overall, we found that Ashleigh Court Rest Home was meeting this essential standard.

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

The systems in place provided people with a clean environment for them to live in.

- Overall, we found that Ashleigh Court Rest Home was meeting this essential standard.

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

We are confident that during daytime hours that people receive all of their prescribed medications. Delays may be encountered at night, when people request 'as required' medications to relieve a headache or pain.

- Overall, we found that Ashleigh Court Rest Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

People live in a safe, comfortable and well maintained home.

- Overall, we found that Ashleigh Court Rest Home was meeting this essential standard.

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

The equipment provided meets the assessed needs of the people using the service.

- Overall, we found that Ashleigh Court Rest Home was meeting this essential standard.

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

The recruitment process ensured that all relevant checks had been carried out to ensure that people who use the service were being protected from harm.

- Overall, we found that Ashleigh Court Rest Home 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

Staff were being rostered in sufficient numbers to meet peoples needs. Delays in provision of staff training must to be addressed to ensure that they possess the skills and knowledge to provide appropriate care for people who use the service.

- Overall, we found that improvements are needed for this essential standard.

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

Staff receive formal supervision to ensure that they promote peoples health and safety.

- Overall, we found that Ashleigh Court Rest Home was meeting this essential standard.

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

Efforts had been made to assess peoples satisfaction with the service but more work is needed by the service to demonstrate that it is constantly striving to make improvements for the benefit of the people who use the service.

- Overall, we found that Ashleigh Court Rest Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

There were systems in place to ensure that complaints would be dealt with appropriately.

- Overall, we found that Ashleigh Court Rest Home was meeting this essential standard.

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

This outcome has been assessed under outcome 4, therefore no judgement has been made in respect of this outcome.

Action we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Other information

There were no outstanding improvements, compliance or enforcement actions in respect of this service. This is the first review since of this location under the Health and Social care act 2008.

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

.

Our findings

What people who use the service experienced and told us

We were shown a bedroom by the person who occupied it. He told us that he was very happy with the room and that the bed was comfortable and warm. He showed us his coat and told us that he wears it when he wants to go out. He told us that he was happy with the service and the care provided by staff.

On the day of the visit we observed staff being courteous and helpful towards the people who reside in the home, interactions were positive. We saw a careworker reassuring a person who had become upset.

During lunchtime, we saw a person enter the lounge and sit down in an armchair. A careworker walked into the room and asked the person if he would prefer to have his meal served in the lounge. The meal was taken to the person on a tray and placed on a table because the person said he wanted to watch television whilst

eating.

After lunch it became evident that people sat in the same armchair known as 'their chair'. We observed a careworker politely negotiating with a person who had sat in someone's chair.

We observed a careworker knocking on a person's bedroom door before entering with a cup of tea.

Other evidence

The service declared compliance with this outcome on 13 August 2010 as part of the transitional registration application. The Care Quality Commission's intelligence suggested that there is no high level of concern to indicate non-compliance.

There was a system in place to capture the views of people living in the home and other people who were important to them. Satisfaction surveys had been given to the people who use the services and/or their representative.

One of the care files seen included details of people's preferred daily routine. This provides careworkers with information to assist them in meeting peoples' preferred lifestyles. The second file contained very little information about the person's preferred routine. We noted some inapprorpraite recordings, which does not protect peoples' dignity. This was brought to the attention of Carol Ward, Registered Manager. She agreed to cahnge the wording.

During the visit we noted that a contractor was installing a new call system. This involved him needing to enter peoples' bedrooms. We observed him knocking before entering bedrooms.

Judgement

People were involved in making decisions and choices about the care and support they needed to maintain their health needs. Staff were promoting peoples' privacy, dignity and independence.

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

.

Our findings

What people who use the service experienced and told us

During the visit, no-one told us of any concerns about lack of information or consent to care and treatment. Some people had limited communication skills.

When we talked to individual staff they displayed good knowledge of peoples' preferences and the type and depth of encouragement that people needed for them to give consent for asssitance in meeting personal care needs.

Other evidence

The service declared compliance with this outcome on 13 August 2010 as part of the transitional registration application. The Care Quality Commission's intelligence suggested that there is no high level of concern to indicate non-compliance.

Due to mental health problems, some people who live at the home were not able to discuss their care and health needs. There was evidence within care files that the asssistance of relatives, or their represenatives had been used to ensure that

people received appropriate health care. The assessment and advice of external health professionals was being requested to assist in decision making about meeting peoples' needs.

We were shown some questionnaires dated June 2010 that had been completed by people who live in the home or their relatives/representatives. They did not contain any negative comments regarding consent for care and treatment.

A care file that was reviewed had been signed by the person who was residing at the home.

Judgement
Arrangements were in place for obtaining consent of people for the care and treatment that they received.

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

The provider is compliant with outcome 4: Care and welfare of people who use services

.

Our findings

What people who use the service experienced and told us

We spoke with one person who said he was satisfied with the care that he receives.

Many people in the home had limited communication ability because of their mental health condition and care needs.

We observed careworkers interactions with people during our visit and noted that these were caring. They displayed an understanding of peoples' needs and how they were feeling. We interviewed two staff and asked them questions about the people who we pathway tracked. The careworkers demonstrated knowledge of most of peoples' health needs but not all, they were very knowledgeable about personal care needs.

We were told by Carol Ward that if possible, the pre-admission assessments of people were carried out at the home. This was to enable people to view the home and to assist them in making a decision about moving into the home. We were informed that the Social Worker and family were consulted to assist with the assessment. Also, that a report from the GP would be requested but that it may

take a number of weeks for it to arrive.

Other evidence

The service declared compliance with this outcome on 13 August 2010 as part of the transitional registration application. This concerned the service being registered within the new Health and Social Care Act 2008, which came into being 1 October 2010. The Care Standards Act 2000 is longer valid.

Before we visited the home we requested a provider compliance assessment. This was sent to us by the date requested but it failed to demonstrate how the home complies with this outcome.

The documentation concerning the person who had been admitted the day before our visit, did not evidence some dicussions that Carol Ward said she had held because they had not always been recorded. We asked Carol Ward where she stores such information, she said, "In here", we saw her tap her head. The lack of recordings made it difficult to identify where information had been obtained from or to confirm that liaison with external professionals had taken place. We were not supplied with an assessment, which should have been carried out by a social worker before the person moved into the home.

For the latest admission we were given separate pieces of paper with recordings on them, one was entitled 'daily report', but there was no evidence that the homes' pre-admission tool had been used. This method indicated a fragmented system and questions when the pre-admission tool was to be completed.

We were given a short term care plan by Carol Ward. It made no reference to the fact that the person was suffering from diabetes, which needed to be monitored. The 'daily report' advised that the person would insist on having sugar in his coffee. This information had not been transferred to the short term care plan or instructions recorded about how staff should respond to such requests.

We reviewed the home's pre-admission assessement tool and noted that it did not include a section for recording peoples mental health disorders or needs. This is considered to be an essential part of the pre-admission assesment to enable a decision to be made as to whether the home could meet the person's needs. We advised Carol Ward about this at the end of the visit.

We reviewed the care file of a person who had been admitted four months previously. It did not contain a pre-admission assessment. We asked Carol Ward if it was anywhere else in the home. Carol Ward told us that one had been completed but by the end of the visit at 4:10pm she had not found it.

The file contained some gaps where information about needs had not been transferred into the correct parts of the file. The section headed, 'Physical Health and Hygiene referred to diabetes but there was no information about how it should be monitored. The risk assessment regarding ability to weight bear makes

reference to arthritis but this information was not included in 'Physical health and Hygiene'. Althouh we were told by Carol Ward that the person was on a weight reducing diet, the nutritional assessment had not been reviewed to reflect this or the diatry needs of diabetes. Also there was no recording of a target weight to enable staff to monitor the weight loss and ensure that the target was not exceeded. The form entitled, 'Behavioural Assessment' was not completed at all, even though other documentation advised that the person may be verbally brusque or shout. The risk assessment dated 19 October 2010 did not include information about the walking frame that the person uses or the type of assistance needed during bathing.

We reviewed the care file of another person and noted that a pre-admission assessment had been carried out. There was information concerning the family history and the circumstances leading to the admission to the home. The section of the care file about 'Routines/activities' only mentioned breakfast, lunch and medication times but made no reference to the person's wishes about how they wish to be supported with their personal care. The care plans did not include dates, so it was not possible to identify when they should be reviewed.

The care files contained lots of assessements and care forms. The forms used for pre-admission assessments and care planning were generic in nature, for example one form asks about shaving but the person it had been written for was female. They did not promote consistent personalised care. This was compounded by important healthcare needs not being recorded or transferred to the appropriate forms. Staff are not able to fully rely on finding the appropriate information and guidance about peoples' health disorders and personal care needs.

Our judgement
People received appropriate care and treatment but the care files failed to demonstrate that staff had sufficient information and guidance to promote peoples health and personal care.

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

During lunchtime, we asked a person about the meals. He told us that there was always a choice of meals and if he was not feeling well, soup and bread can be provided. He told us that for breakfast that there was a choice of porridge, egg and bacon or that something else could be requested.

We talked to the chef and enquired whether anyone had special diets. He advised that there was one person who had a Muslim diet and another person who had a vegan (no animal or fish products) diet. He told us that there were no problems with providing meals to meet peoples' cultural needs or preferences.

Other evidence

Before we visited the home we requested a provider compliance assessment, we received it by the date requested. It advised that the home has a four week menu planner. That two choices are offered for each meal and further alternatives are also provided. Special diets are recorded in the care plan and are also displayed in the kitchen to ensure that careworkers and the chef were aware of peoples food needs and preferences.

We pathway tracked the people that we reviewed. This process involves exploring all aspects of the individuals' care needs to ensure that they are receiving the healt

and persona care needs to promote their well-being. From the pathway tracking of people it was evident that food charts were being maintained for each person. The recordings included descriptions and amounts that people had consumed during each meal.

The people that we pathway tracked had regular recordings of their weights to enable staff to take appropriate action when weight loss was identified. However, the taget weight of a person who was on a weight reducing diet had not been recorded to enable staff to monitor against it.

Our judgement
People were offered and provided with a varied and nutritious diet. The meals prepared ensured that peoples' cultural and dietary preferences were catered for.

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

We did not talk to people about the assessments and advise that may be provided by professionals. Some people had limited communication abilities due to their mental health.

Carol Ward told us about a weight reducing diet that a district nurse had proposed. She also told us about the monitoring services provided by district nurses in respect of a person who had diabetes.

Other evidence

The files contained evidence of assessments, such as optician reports, visits made a chirpodist, hospital appointments and hospital discharge letters. There was evidence of asessments and reviews having been carried out by Social Workers for some people.

We saw that advice was sought as needed, from a range of health and social care professionals.

We saw that the contact details of relevant health and support agencies were

recorded in people's care files. This means that they could be easily contacted when necessary.

The Care Quality Commission intelligence had been notified when people had been admitted to hospital. This indicated that staff were taking appropriate action when people became ill.

We have not received any information that would suggest people do not have access to external agencies who could contribute to their health and welfare needs.

Our judgement
People receive appropriate and co-ordinated care and support by the service and external professionals.

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

We interviewed two staff during our visit. One careworker told us that he had received training in prevention of abuse the previous year but he did not have a certificate to verify this. The other careworker said that she had received training in prevention of abuse a few months ago and that it was based on a question and answer session.

We did not receive any direct comments from people about safeguarding.

Other evidence

The service declared compliance with this outcome on 13 August 2010 as part of the transitional registration application. The Care Quality Commission's intelligence suggested that there is no high level of concern to indicate non-compliance. It stated that staff were trained in respect of racism, abuse and equality.

Since transitional registration we have not received any safeguarding alerts to suggest that anyone has alleged to have been abused. During the visit we did not observe or find any concerns about peoples' welfare.

We evidenced via pathawy tracking that there was a robust system in place for the safekeeping of peoples' money. From sampling we sound that the amount of money held reflected the amount recorded on the individual transaction record.

Our judgement
Procedures were in place to ensure that people were protected from harm or abuse.

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

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Our findings

What people who use the service experienced and told us

Some people had limited communication ablities due to their mental health. The preson who showed us his bedroom commented that the standard of hygiene was good and that he had his own en-suite shower to use when he wanted to.

Other evidence

Each bedroom that we visited contained a cleaning schedule that was being completed on a daily basis.

We walked around some parts of the home. The communal areas were noted to be tidy and hygienic. We observed staff occasionaly tidying up after a person who lived at the home.

The kitchen door was open for most of the visit. We observed the room to be clean with work surfaces kept clean during food preparation.

Throughout the visit the home was noted to be free of malodours.

We have not received any notifications of outbreaks of infections within the home.

Our judgement

The systems in place provided people with a clean environment for them to live in.

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

Carol Ward told us that audits of medications are carried out every three months by the Primary Care Trust (PCT). A careworker explained the system for the management of medications.

We interviewed a careworker and asked who administers medications. He told us that only senior careworkers carry out this task. We asked what would happen for shifts where there was no senior careworker on duty and a person requested paracetamol (panadol) tablets. He said, if working a late shift with no senior on duty that the manager would have to be called.

We asked the same questions of another careworker. She confirmed that seniors administer medications. She also said that if someone asked for paracetamol at night that she would phome a senior or an ambulance. This raises concerns about people being able to receive prescribed medications in a timely manner. We discussed our findings with Carol Ward who told us that a senior or herself would go to the home and administer the medication. This raises concerns about people being able to receive their prescribed medications in a timely manner.

Other evidence

We reviewed the medication process and audited the medications for the people who we pathway tracked. Most medications were dispensed in cassettes. For medications that had been dispensed in boxes the home had a system of auditing and recording the remaining number of tablets after completion of each administration. This is viewed as being good practice. We found that the numbers of tablets remaining for each person were correct.

The three medication administration records (MAR) charts were found to have accuarte recordings to confirm the number of tablets that we counted. Staff had been correctly recording medications, received into the home from the pharmacy. Medications administered had been signed for, to confirm that the process had been carried out in accordance with the prescription.

Our judgement

We are confident that during daytime hours that people receive all of their prescribed medications. Delays may be encountered at night, when people request 'as required' medications to relieve a headache or pain.

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 spoke with a contractor. He told us that he was in the process of installing a new call system, which was due for completion the following day. He advised us, that upon completion of the installation, he would train staff in how to use the system, before leaving the premises. We asked, if the system was to be installed in communal areas. The contractor confirmed that it was being fitted in all communal rooms as well as bathrooms.

We spoke with one person who told us that he was happy with the home and the bedroom that had been allocated to him.

Other evidence

Prior to visiting, we requested a provider compliance assessment, it was received within the requested timescale. It advised that there was external lighting to the front and rear of the property. That a five person shaft lift was available to transport people to the upper floors. The ground floor bathroom was fitted with a medic bath (assisted bathing) and a bathroom with a hoist was situated on the first floor. The service also had an Oxford midi hoist to assist people who have restricted mobility in accessing various seats and their bed within the home.

As part of pathway tracking we visited people's bedrooms whose care files and

healthcare we had reviewed. One person showed us his room and another gave permission for a careworker to show us his room. The rooms were found to be clean and tidy. They included en-suite facilities, one had an en-suite shower The shared bedroom had built-in wardrobes for each person.

The communal areas were noted to be tidy and hygienic. We observed staff occasionaly tidying up after people who used the services.

We saw people moving about freely. They were able to sit in the lounge. It contained sufficient chairs to accommodate all of the people who used the service. We noted that some people chose to sit in the dining area inbetween meal times, staff supported them to do this.

Our judgement
People live in a safe, comfortable and well maintained home.

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 witnessed a person who uses the service talking to a careworker. The careworker was noted to be dligent about ensuring that the walking frame was positioned appropriately to prevent it causing accidents from occuring. The careworker watched the person of the time whilst she walked to a dining chair and provided assistance only when necessary to promote the persons independence. The person thanked the careworker and then they held a conversation about care needs and preferences.

Other evidence

Before we carried out the visit, we requested a provider compliance assessment, this was sent to us within the requested timescale. It advised that the front door of the home had an alarm setting to alert staff of unauthorised people trying to enter or leave the premises. We were also informed that the fire alarm was tested weekly and the fire equipment was serviced every six months. The shaft lift had been serviced September 2010 and the homes hoist (person lifting equipment) July 2010. It informed that the emergency lighting was checked monthly and that portable appliance testing had been carried out to promote safety for the people who use the

services.

During previous regulatory activity it was found that not everyone living at the home had access to a call sysyem in their bedroom. On the day of the visit we evidenced that a new call system was being installed and would be completed the following day. We were advised by the contractor that it was being fitted to all bedrooms, communal rooms and bathrooms.

We noted that when not in use, mobility aids were moved to a safe place but still within reach for the person to use when required. This reduces the risk of people tripping over them and therefore prevents accidents from occuring.

When installation of the new call system is to be completed (scheduled for the following day of our visit) this would provide people with the means to summon assistance when they needed to.

Our judgement
The equipment provided meets the assessed needs of the people using the service

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

People who use the services did not give us any information about requirements relating to workers.

During verbal feedback at the end of the visit we reported to Carol Ward and Mrs Odedra, Registered Provider and outlined the minor gaps in the recruitment system.

Other evidence

Before we carried out the visit, we requested a provider compliance assessment, this was sent to us within the requested timescale. The information provided us with a list of the procedure and checks carried out but it was not enough information to demonstrate compliance. It also informed that newly appointed staff were supervised during induction.

We reviewed four staff personnel files. The application of a careworker did not include a date to indicated when it was completed. The file of another careworker indicated that he had undergone satisfactory checks before commencing employment. The application form for the third careworker had not ben signed. The file in respect of the fourth careworker appeared to suggest that safe recruitment practices had been carried out.

Our judgement
The recruitment process ensured that all relevant checks had been carried out to ensure that people who use the service were being protected from harm.

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

We asked Carol Ward about the out of hours contact procedure for staff, to enable them to seek advice. She told us that when she was not available that Mrs Odedra would take on the role. Mrs Odedra was present during the discussion and appeared to confirm the arrangements by nodding her head

We talked to Carol Ward of our concerns about the long gap between fire safety training for careworker MG and the lack of moving and handling training for AM. She told us that due to AM's limited understanding of the English language that he would not fully understand the technical terminology that would be used during moving and handling training. Carol Ward explained that AM managed to communicate adequately with the people who use the services. This was confirmed because we had observed his interations with a person in the lounge. However, we stressed that AM should not be assisting people with restricted mobility or using any moving and handling equipment until he was trained to do so. The lack of training was putting both the people who use the services and staff at risk of injuries and therefore must be addressed.

Other evidence

Before we visited the home we asked for a provider compliance assessment to be

sent to us, it arrived within the requested timescale. It informed us that the staffing requirements for the service were, two careworkers between 8am and 9pm, which included a senior and two waking careworkers for nightime between 9pm and 8am. It also advised that if a person was vey ill that extra staff would be rostered to work. It included a list of the training that staff would receive but no indication of when they anticipated completion of them or if refresher courses would be provided to ensure that staff had up to date knowledge and skills.

We looked at the staffing rota for the last four weeks and noted that on some daytime shifts that three careworkers were on duty. We observed staff during the visit. They appeared to be fully occupied but responding to peoples' requests promptly.

We reviewed four staff personnel files in respect of training. The file of MG advised that he had not received fire safety training since July 2009. We raised this concern with Carol Ward who adviseed that he was booked to undertake training 24 January 2011. We could not find evidence that a careworker had received training in moving and handling although he had been employed for 13 months.

Our judgement
Staff were being rostered in sufficient numbers to meet peoples needs. Delays in provision of staff training must to be addressed to ensure that they possess the skills and knowledge to provide appropriate care for people who use the service.

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

The provider is compliant with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
We discussed our findings with Carol Ward, she acknowledged that staff supervisions needed some attention. We suggested a more consistent approach to the timing of them.

Other evidence
We asked for a provider compliance assessment to be sent to us, we received it within the requested timescale. It stated that regular supervisions were carried out and that an annual appraisal was carried out by the provider. This was not enough information to demonstrate compliance.

We reviewed four staff the staff personnel files. We noted that on occasions the home uses questionnaires or may ask staff to write a care plan as part of the supervisory process. This is viewed as being good practice but they will need to be dated to ensure a clear audit trail of supervisions was being maintained. There was evidence of regular supervisions of three careworkers but the fourth file confirmed that the latest supervision 2 August 2010.

Our judgement
Staff receive formal supervision ensuring that they promote peoples' health and safety.

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

People using the services did not give us any information about assessing and monitoring the quality of the service provision.

We asked Carol Ward if there was a formal quality assurance programme, she said, "No but some systems are in place". We were told that service user meetings were held every three or four months and staff meetings every four or five months and that both were minuted. We were also advised that quarterly audits of medications were carried out by the Primary Healthcare Trust (PCT). We asked how staff practices were being monitored and was told that this was through the supervisory process. We asked how people who use the service who were unable to communicate were able to raise concerns, Carol Ward said, "Watch for indications".

Other evidence

We were shown a few questionnaires dated June 2010 that had been completed by people who use the services or their relatives/representatives. They did not contain any negative comments. We were shown only one staff questionnaire, the

responses were positive.

There did not appear to be a comprehensive evaluation of the information provided to us or suggestion of the inclusion of opinions and recommendations from other professionals to ensure that ongoing improvements were being made for the benefit of the people who use the service. This outcome requires further input to enable the service to demonstrate that there is a process in place to ensure that ongoing improvemnts are being made on a continuous basis.

Our judgement
Efforts had been made to assess peoples' satisfaction with the service but more work is needed by the service to demonstrate that it is constantly striving to make improvements for the benefit of the people who use the service.

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

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Our findings

What people who use the service experienced and told us

We did not speak to anyone about this outcome.

Other evidence

The service declared compliance with this outcome on 13 August 2010, as part of the transitional registration application. It stated that staff were encouraged to reprt problems to management and the the complaints procedure was available in an easy read format for the benefit of people who use the services. Also that complaints received would be investigated and where necessary acted on.

Since transitional registration we have received no information to suggest that compliance had not been achieved.

Our judgement

There were systems in place to ensure that complaints would be dealt with appropriately.

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 talked with Carol Ward about the gaps, and on occasions failure to record health care needs in the appropriate section of care files in respect of outcome four, care and welfare of people who use services.

Other evidence

The elements concerning gaps in care records have been discussed under outcome four.

Our judgement

This outcome has been assessed under outcome 4, therefore have assessed this outcome as being compliant.

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	**9**	4 Care and welfare of people who uses services
	Why we have concerns: People received appropriate care and treatment but the care files failed to demonstrate that staff had sufficient information and guidance to promote peoples health and personal care.	
Accommodation for persons who require nursing or personal care	**13**	9 Management of medicines
	Why we have concerns: We are confident that during daytime hours that people receive all of their prescribed medications. Delays may be encountered at night, when people request 'as required' medications to relieve a headache or pain.	
Accommodation for persons who require nursing or personal care	**22**	13 Staffing
	Why we have concerns: Staff were being rostered in sufficient numbers to meet peoples needs. Delays in provision of staff training must to be addressed to ensure that they possess the skills and knowledge to provide appropriate care for people who use the service.	

Accommodation for persons who require nursing or personal care	**10**	16 Assessing and monitoring the quality of service provision
	Why we have concerns: Efforts had been made to assess peoples' satisfaction with the service but more work is needed by the service to demonstrate that it is constantly striving to make improvements for the benefit of the people who use the service.	

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 14 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

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