Review of compliance

S C L Care Limited Woodlands Gate Rest Home	
Region:	West Midlands
Location address:	12 Dingle Road Pedmore Stourbridge West Midlands DY9 0RS
Type of service:	Care home service without nursing
Date of Publication:	May 2012
Overview of the service:	Woodlands Gate Rest Home is a residential home providing care for 20 older adults.

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

Our current overall judgement

Woodlands Gate Rest Home was not meeting one or more essential standards. Action is 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 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 1 May 2012, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

People received a good standard of care in a warm, homely environment. Both people and relatives we spoke to were very complementary about the staff and the care received. Comments included,"it couldn't be any better" and "I can't say enough for the home, I really do like living here." A range of activities are provided such as arm chair exercises, entertainers, library visits and in house singalongs, skittles and reminiscence. The staff are very dedicated and committed to people within the home. They are well trained and supported by the management team.The manager needs to ensure all mandatory training is kept up to date and ensure staff are aware of how to make safeguarding referrals. Improvements need to be made to ensure people receive care plans in a timely fashion following admission to the home. There is a good system of quality monitoring in place to ensure the home is run in the best interests of people living there.

What we found about the standards we reviewed and how well Woodlands Gate Rest Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People's privacy, dignity and independence were respected.

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

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard. People did not always experience care, treatment and support that met their needs and protected their rights

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

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard. People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard. People were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard.

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

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Actions we have asked the service to take

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

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

Other information

Please see previous reports for more information about previous reviews.

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

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

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

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

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People should have a plan of care that identifies their individual needs. They should provide information for staff on how to meet those needs and minimise risks. The records we saw contained details about individual's personal preferences. For example, the name they would prefer to be called, times they like to go to bed, food dislikes and clothes they like to wear. People we spoke to said they can decide what time they get up in the morning and which activities they want to participate in. The home strives to meet people's religious needs. A vicar visits the home every three weeks and talks to people on an individual basis.This demonstrated that the home took into account people's individual preferences when planning care.

The bedrooms were all decorated in an individual manner. They contained people's personal possessions reflecting their taste and interest. This helped to create a homely atmosphere to enhance people's quality of life.

People were given a choice of two menu options for lunch and dinner. The dining room was laid out in a tasteful manner with table cloths and serviettes creating a pleasant environment in which to eat. The food was well presented and people were enjoying their meals. One person we spoke to said, "the food is good, we have a lovely dinner every day." People we spoke to said there was a good choice and variety of food

offered. If people did not like the menu options then the cook would prepare alternatives. People had requested kippers at a residents meeting and this had been added to the menu.This demonstrated that the home listen to peoples requests and acted upon them.

The home held regular residents meetings to gain feedback from people living in the home. People we spoke to all confirmed that they felt listened to and that their requests were met. For example, people had requested to make Christmas cards and this had been added to the activity programme.

We saw that people were all well groomed and dressed in individual styles appropriate for their gender and time of year. One relative we spoke to said, "the staff always put a lot of thought into what people wear."

We observed that the staff were kind and treated people with respect. People we spoke to were very complementary about the staff saying, " the staff couldn't be better, they are very helpful," and "everyone here is very kind to me." A relative we spoke to said, "the staff go over and beyond, they know people well." This demonstrated that people felt well cared for and their needs were being met.

Other evidence
No further evidence

Our judgement
The provider was meeting this standard. People's privacy, dignity and independence were respected.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is non-compliant with Outcome 04: Care and welfare of people who use services. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us
The home had a warm and welcoming atmosphere creating a pleasant environment for people to live in. The rooms were light, airy and spotlessly clean. There were two lounges and a conservatory for people to use which had all been well maintained. There was a garden which is used by people in the summer months. The three relatives we spoke to all commented on how the home always smelt clean and fresh.

The staff we spoke to appeared very dedicated and committed to people within the home. We saw that the staff were cheerful and had a good rapport with both people within the home and each other. A relative that we spoke to said," I am really happy with the care, they are lovely staff - they go out of their way." The three relatives we spoke to said they had always been made to feel welcome within the home and that they felt able to discuss any concerns they had. They told us that the staff were very good at keeping in touch with the family and always informed them of any changes to their relative's health. This demonstrated the home's commitment to both people within the home but also their families.

The staff organised a range of activities for people within the home that were displayed on a notice board. Activities included : memory lane, play your cards right, singalong, jigsaws and skittles. The library visit every six weeks. The home also celebrate special occasions such as Easter, Christmas, the royal wedding and invite relatives to buffet parties. They also invite outside entertainers into the home every two to three months. A man did chair based exercise with people every two weeks. People we spoke to said they enjoyed this and felt there were enough activities offered. These activities should

provide a stimulating environment for people.

We looked at the care records of three people. Two of these were comprehensive and contained individualised risk assessments and plans to minimise these risks. There was evidence that people had regular access to visiting health professionals such as chiropody, optician and the dentist. This ensured that people's health needs were met. There was evidence that they were being reviewed regularly. However, one plan relating to a man that had been there for nearly two months was very basic and did not reflect his current care needs. When he was admitted to the home he had been more independent but now required two people to help him move, assistance with eating, assistance with all personal care and a special mattress to help improve his sore skin. When we spoke to staff they were aware of his individual needs. However, it is important to document current risk assessments and plans of care so that all staff including new or agency staff, have clear guidance on how to meet his individual needs. We also observed that people's towels were becoming quite thin and threadbare. The manager said she planned on purchasing new ones for people.

Other evidence
No further evidence.

Our judgement
The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard. People did not always experience care, treatment and support that met their needs and protected their rights

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 non-compliant with Outcome 07: Safeguarding people who use services from abuse. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us
We saw training records that demonstrated that all the staff had received training in the protection of vulnerable adults. Staff we spoke to were unclear if this had also covered the Mental Capacity Act and Deprivation of Liberties. The staff we spoke to were clear about recognising safeguarding incidents and felt confident to report poor practice to the management. However, they were unclear of the reporting mechanisms to the local safeguarding teams at the council. This poses a risk to people as potential incidents may go unreported and therefore may not be investigated appropriately.

There was a clear system in place to manage people's personal money. Records were kept of income and expenditure that are signed by two members of staff. These records were then audited by the manager on a monthly basis. This should ensure that people's finances are properly safeguarded.

People that we spoke to said they felt safe living in the home. Staff had all been trained in dementia care which incorporated dealing with difficult to manage behaviour. The care plans that we saw also contained guidance on how to deal with individual's challenging behaviour. This should help to safeguard both people and staff within the home.

Other evidence
No further evidence.

Our judgement
The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard. People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14:
Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is non-compliant with Outcome 14: Supporting staff. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us
The staff we spoke to said that all new staff had an induction programme when they commenced working. They were supernumerary that is extra to the numbers for the first week or so to enable them to become familiar with policies and procedures and to get to know people living within the home. New staff were supervised during their induction. This should ensure that new staff feel supported as they become accustomed to their new role.

We saw training records that demonstrated that staff were receiving their mandatory training in key areas such as fire, first aid, manual handling. However, staff required updates in other areas, including infection control and health and safety. Staff had received more specialist training to meet the needs of people within the home. For example all staff had training on dementia care and some staff on palliative care and diabetes. Staff we spoke to said they were encouraged and supported to progress their training, for example by advancing their NVQ courses. It is important to that all mandatory training is kept up to date to ensure staff have the right skills to meet the individual needs of people within the home.

We saw evidence that staff receive supervisions every two months. The manager told us that she had an open door policy and encourages her staff to express their concerns at any time. Staff meetings took place every three months and minutes of the meetings were available to staff who are unable to attend. The staff we spoke to said they are able to add items to the agenda of staff meetings as required. Staff told us they felt supported by the management and felt that any concerns they had would be dealt with appropriately.

Other evidence
No further evidence.

Our judgement
The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard. People were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

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
The home had a good system of quality monitoring in place. Daily checks were performed on medicine charts, fridge temperatures and laundry and kitchen cleanliness.The manager did weekly checks on controlled drugs, fire alarms, water testing, stock rotation of food and cleaning materials and personal protective equipment. Monthly checks were done on people's weights, infection control, falls analysis, residents personal money residents care plans and ongoing assessments and accidents and complaints. These monitoring systems should ensure that the home is run in the best interests of people living there.

The home performed regular surveys to relatives, residents and visiting professionals and an annual questionnaire to assess the quality of service it delivers. There was evidence that the home had responded to suggestions made in the report. The 2011 quality report contained many positive comments. One visiting professional said," all the staff promote the dignity of patients and help the community nurse." We spoke to a district nurse who visits the home on a daily basis. They said they had no concerns with the home and that they were good at referring people who had sore skin to prevent further problems.

The home ran regular residents meetings to gain feedback from people living within the home. This demonstrated that the home actively seeks feedback and acted upon it to improve the quality of service it delivers.

Other evidence

No further evidence.

Our judgement
The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Action
we have asked the provider to take

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
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
	How the regulation is not being met: The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard. The provider needs to ensure all care plans are kept up to date to ensure staff have clear guidance to meet people' s individual needs.	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard. The provider needs to ensure all care plans are kept up to date to ensure staff have clear guidance to meet people' s individual needs.	
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	How the regulation is not being met: The provider was not meeting this standard. We judged that this had a minor impact on	

	people using the service and action was needed for this essential standard. The provider must ensure that staff are trained in the Mental Capacity Act and Deprivation of Liberties and be informed of the reporting process for safeguarding referrals to ensure people are safeguarded if an incident of abuse occurred.	
Diagnostic and screening procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	How the regulation is not being met: The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard. The provider must ensure that staff are trained in the Mental Capacity Act and Deprivation of Liberties and be informed of the reporting process for safeguarding referrals to ensure people are safeguarded if an incident of abuse occurred.	
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: The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard. People were cared for by staff who were not supported to deliver care and treatment 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: The provider was not meeting this standard. We judged that this had a minor impact on	

	people using the service and action was needed for this essential standard. People were cared for by staff who were not supported to deliver care and treatment 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 the date that the final review of compliance report is sent to them.

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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
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