

Review of compliance

Avery Health Limited Claremont Parkway	
Region:	East Midlands
Location address:	Holdenby Kettering Northamptonshire NN15 6XE
Type of service:	Care home service with nursing
Date of Publication:	May 2012
Overview of the service:	Claremont Parkway is located in Kettering and is registered for the following regulated activities for up to 66 people:- Accommodation for persons who require nursing and or personal care, Treatment of disease, disorder or injury, and Diagnostic and screening procedures.

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

Our current overall judgement

Claremont Parkway was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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 13 December 2011, checked the provider's records, 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 with dementia or limited communication are not always able to tell us what it is like living in a care home. Because of this, we carried out a structured observation for an hour in one of the communal rooms. This helped us gain insight into the experiences of people living in the home. We saw that people were treated with respect and involved in making choices about food and personal needs. People we spoke with said they felt safe living at the home.

What we found about the standards we reviewed and how well Claremont Parkway 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

People were treated with dignity and respect and were involved in making decisions about their care, treatment and support.

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

People experienced care, treatment and support that met their needs.

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

human rights

People using the service were protected from the risk of abuse.

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

People were cared for by staff who were 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

Systems were being put in place to identify, assess and manage risks to people using the service.

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 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. 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.

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 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

We spoke with four people who used the service and asked questions in relation to their care, treatment and support.

People said they were involved in making decisions about their care, treatment and support. They also said their privacy, dignity and independence were respected. Their views and experiences were taken into account in the way the service was provided and delivered.

One person who had recently been admitted to the home said that they had been made welcome. They wondered why they had not made the decision to move to the care home earlier. We viewed their care plan, which had been put in place soon after admission. This showed that the individual had been fully consulted over their needs.

Patients said they had a "good rapport" with staff, and were happy that their views were taken into consideration.

The following comments were received from people who used the service:

"I am treated with respect by staff and have privacy".

"I know everything that is in my care plan, and I can keep my own copy"

Other evidence

We looked at the care plans of four people who used the service, which contained detailed information to inform staff on the physical and emotional needs of the individual. There was evidence of regular reviews taking place.

Within the care plans we found evidence that the views of individuals were included. The plans were written in a personal way appropriate to each person. It was evident in observation, that nursing and care staff ensured the rights of people who used the service. We saw staff enabling people to make choices about their care.

During our observations at lunchtime we saw care staff asking people what they would like to eat and whether they had had sufficient. Staff members were also seen to ask discreetly about personal care needs and they ensured people's privacy at all times. We noted that on one occasion a member of staff used language more suited for communicating with a young person. This was not a recurring issue. At the care workers request we discussed the use of appropriate language. We also raised the issue with the manager for future training purposes.

Our judgement

People were treated with dignity and respect and were involved in making decisions about their care, treatment and support.

Outcome 04:

Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We spoke with four people about the care they received at the home and also with a family friend. People told us that they were provided with good opportunities to discuss their ongoing care and treatment. One person said "I am aware that I have a care plan. I do have input into this and nurses listen to my views about it".

One person told us they were concerned about the time it takes staff to respond to call bells at night. Through observation we saw care workers responding to people's needs, supporting people with their mobility around the home and ensuring that their personal requests were met.

Other evidence

As part of this review we analysed information that we had received from the provider and other health and social care professionals. We looked at a sample of four care plans, which were detailed and provided evidence that people who used the service were fully assessed on admission. Care plans were found to be personalised and each had supporting risk assessments. Risk areas covered were manual handling, nutrition, falls, pressure area care, medication, use of bed rails and continence management needs. We noted that most care plans were reviewed routinely. Two care plans that we looked at had reviews intermittently.

Our judgement

People experienced care, treatment and support that met their needs.

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

Everyone that we spoke with during the review visit said that they felt safe living at Claremont Parkway.

Other evidence

Over the past eight months there had been ten safeguarding referrals to the local authority. Some had been substantiated in part, others had not been substantiated. Protection and action plans relating to all the substantiated safeguarding issues had been implemented to ensure the safety of people that used the service.

There were safeguarding and whistle blowing policies in place and staff told us they were fully aware of these procedures. We were told at the review that all incidents were assessed and reported to the local authority safeguarding team and the Care Quality Commission. We had been notified of some of the incidents by the local authority safeguarding team. During our visit we reiterated the importance of the Care Quality Commission being informed of all safeguarding incidents and the outcomes of investigations.

All staff working for Avery Care underwent full employment checks prior to staff commencing their employment. This included criminal record bureau clearance, employment references and visa approval where required.

Our judgement

People using the service were protected from the risk of abuse.

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 compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

All people that we spoke with that used the service were complimentary of the care and support they received from all staff.

Other evidence

We talked with managers, nurses and care workers who worked in the home. They told us that all new staff received full induction training in relation to the post they were employed to do. This included all the information and guidance they needed to be able to work safely and effectively. Staff we spoke with confirmed that this happened. A new member of staff confirmed that they had met with the manager throughout their induction.

The induction covered a range of topics relating to health and safety, policies on safeguarding, key procedures, accident/incident reporting, infection control and individual risk assessments. All the policies mentioned in the induction were held in the manager's office for staff to refer to.

We observed care and nursing practice throughout the visit which demonstrated good knowledge and understanding of care procedures. Each staff group had regular meetings to discuss issues of concern relating to care practice. Staff also received ongoing supervision and support on a regular basis and additional support when required. There had been a lack of supervision sessions due to management vacancies. The level of supervisions for care workers had now resumed and were being monitored.

Training statistics supplied at the visit indicated that of the care staff 75% of the nine senior post holders had completed National Vocational Qualifications (NVQ) at level 2 and 3. A further 15% of care assistants had achieved a NVQ at level 2 making an overall 37.5% of all care staff attaining the recognised level of basic qualification. All nurses employed at the home had recognised nursing qualifications. In- house training records showed that most staff had undertaken training in fire safety, food hygiene, moving and handling, health and safety, infection control and safeguarding. Other key staff had taken courses in the management of pressure ulcers, person centred planning, dementia care, administration and handling of medicines, risk, restraint and capacity and nutrition.

Care workers told us they received supervision on a regular basis. The manager confirmed that although there had been gaps, all nursing staff now received clinical supervision, to ensure that the people's nursing needs were kept under constant review.

Our judgement

People were cared for by staff who were 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

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not speak with people about whether they had understood what system the provider had in place to monitor the quality of the service.

Other evidence

Meetings were held monthly with people who used the service, to discuss issues such as their involvement within the home, health and safety, complaints, and effectiveness of care. The views of people that used the service were also gathered by the use of surveys which were centrally co-ordinated within Avery Care. The data from these surveys was also used to improve the service.

We looked at minutes of recent staff meetings. Each group of staff held their own meeting where they discussed issues pertinent to their area of work. This information was then used by managers to make relevant changes to improve the overall quality of the service provided.

We were given data relating to internal monitoring systems. This showed that for a few months of 2011 monitoring information had been limited. We accepted that this was in part due to management vacancies within the home earlier in the year. We asked for clarification of the data and have now received confirmation that quality monitoring is being put in place. Discussion with the new acting manager has provided assurance that full monitoring of care provision will be effective across the service

Our judgement

Systems were being put in place to identify, assess and manage risks to people using the service.

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 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	Why we have concerns: Systems were being put in place to identify, assess and manage risks to people using the service.	
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	Why we have concerns: Systems were being put in place to identify, assess and manage risks to people using the service.	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	Why we have concerns: Systems were being put in place to identify, assess and manage risks to people using 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 to us within 14 days of the date that the final review of compliance report is sent to them.

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 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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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