Review of compliance

Mr & Mrs M J Muir-Smith Broadacres	
Region:	East
Location address:	Hall Road Barton Turf Norwich Norfolk NR12 8AR
Type of service:	Care home service without nursing
Date of Publication:	February 2012
Overview of the service:	Broadacres is owned and operated by Mr. and Mrs. Muir-Smith. It is the only home they own. The home is registered to provide accommodation for a maximum of 28 people who need nursing or personal care. It is not allowed to provide direct nursing care to people because the building or staffing is not suitable.

	There is a registered manager in post.

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

Our current overall judgement

Broadacres 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 10 February 2012, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People expressed a high degree of satisfaction with Broadacres. One person said, "I think it is splendid here. The help is always there when you need it." "I don't have any concerns at the moment. I don't think you could get a better place if you need care."

Another person told us that, if they had any 'niggles' they would raise these straight away. They told us they could not remember the last time they needed to raise anything. They said that the staff were good and kind and, "They help me if I don't feel so well."

What we found about the standards we reviewed and how well Broadacres 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 is compliant with this outcome.

People are treated with respect and are able to make decisions about their care and treatment.

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

The provider is compliant with this outcome but, to maintain this, we have suggested some

improvements are made.

People receive safe care and support that meets their needs and takes into account their preferences. Staff understand how to minimise risks to people when they are delivering care. However, improvements could be made to underpinning guidance and consistent dating of records where amendments are made, so that there is no misunderstanding about people's current needs.

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

The provider is compliant with this outcome.

There are arrangements in place to help protect people from abuse.

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

The provider is compliant with this outcome.

Equipment in use is maintained and tested regularly to ensure it remains safe for people to use. There are arrangements in place to review any risks promptly pending any repairs.

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

The provider is compliant with this outcome.

People have their needs met by competent and well supported staff.

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 is compliant with this outcome.

People benefit from a service where the quality and safety of the care and support they receive is monitored and reviewed regularly.

Actions we have asked the service to take

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

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. 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
People told us that they were always treated with respect, including when they were having support with their personal care.

They told us they were able to make choices about things like bathing and food.

One person said, "I don't think you could get a better place if you need care."

Another person told us that they knew what was in their care plan and had been involved in putting it together. They told us it was in their room. The person said, "I've only looked at it once but I can see it any time I like."

Other evidence
We looked at individual plans of care for three people. Each one had prompts for staff about asking the person's consent before carrying out care such as support with bathing or eating. Where people had been given assistance from the physiotherapist to improve their mobility, their consent was recorded each time they received support.

One person's records showed that they were not able to sign when some parts of their care plan had been developed. However, they had signed some of the later additions

to their plan to show their agreement.

One person had chosen not to have their care plan in their room for them to refer to. Their record showed that they had requested it to be kept in the office because they did not want to look at it.

Where one person had received care from paramedics, their records showed their expressed wish not to be taken to hospital.

Other records showed that people's preferences for medical intervention if they were seriously ill had been discussed with them and recorded what their wishes were.

Our judgement
The provider is compliant with this outcome.

People are treated with respect and are able to make decisions about their care and treatment.

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
People told us that the staff were very good and gave them what support they needed. One person said, "Staff help me more if I don't feel so well." Another told us, "The help is always there when you need it."

Other evidence
People had assessments of their needs and of any risks associated with their care. Risks were documented together with the person's own decisions. Records showed that the implications of people's decisions were discussed with them to ensure they were fully informed about risks and could make an informed choice.

People's risk of developing pressure sores was recorded. In one file seen we saw that the person was assessed as being at high risk and the district nursing team had been contacted to supply pressure relieving equipment.

In one record seen we could see that the person needed extra support with their meals and was at risk of choking. Their care plan was clear about the person's food and what was suitable to minimise this risk. There was an undated entry on the guidance about food showing that the person also had thickened fluids. However, the risk assessment for choking had been amended and the need for thickened drinks had been crossed out. This was also undated so that the care plan was not wholly clear about the person's current needs. Staff confirmed to us that the person had their drinks thickened, so we could see that actions were taken to minimise the risks and promote the person's safety. Although staff were aware of risks, there was no underpinning guidance about

the signs and symptoms of aspiration (inhaling food or drink into the lungs) so everyone would be clear when urgent action was needed.

Accident reports were audited to look for patterns and see whether people were at increased risk of falls. Where this was noted, people were referred to the falls clinic and for a review of their medication so that appropriate support and advice could be given.

Where people were unwell we could see from records that their permission to contact the doctor was sought and that any necessary action was followed up. We could also see from records that they had access to other professionals such as the dietician, physiotherapist, and speech and language therapist. The outcomes of appointments were recorded clearly. The manager informed us that the service also sought advice from the palliative care team when people were nearing the end of their lives so they could be supported properly.

Our judgement
The provider is compliant with this outcome but, to maintain this, we have suggested some improvements are made.

People receive safe care and support that meets their needs and takes into account their preferences. Staff understand how to minimise risks to people when they are delivering care. However, improvements could be made to underpinning guidance and consistent dating of records where amendments are made, so that there is no misunderstanding about people's current 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
People told us they were very satisfied with the way staff treated them. They told us they were comfortable with going to senior staff including the manager and deputy manager, if they had any issues.

Other evidence
Training records showed that staff had access to training in recognising and responding to suspected abuse. Staff with whom we spoke confirmed this and were clear about the kinds of things they needed to report.

Minutes of residents' meetings seen showed that people had opportunities to raise any concerns that they may have.

Our judgement
The provider is compliant with this outcome.

There are arrangements in place to help protect people from abuse.

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
During our visit on 10 February 2012, we did not speak with people directly about the safety of the equipment they used.

Other evidence
We saw maintenance and testing records for equipment in use at the home.

These showed that there were appropriate checks on hoists and mobility aids in use. The management team had amended risk assessments relating to the use of the lift, pending repairs. The local environmental health department had been made aware of arrangements and were satisfied with these.

Staff confirmed they felt there was sufficient equipment to aid people properly with their mobility.

Wiring and gas appliances were tested in accordance with regulations. The home had a generator because there could sometimes be problems with the power supply in the local area. This was also serviced and tested to ensure it remained safe to use.

Fire detection systems, fire fighting equipment, and emergency lighting systems were also checked regularly.

Our judgement

The provider is compliant with this outcome.

Equipment in use is maintained and tested regularly to ensure it remains safe for people to use. There are arrangements in place to review any risks promptly pending any repairs.

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
During our visit on 10 February 2012, we did not speak with people directly about how they felt staff were trained and supported.

Other evidence
We saw training records indicating the progress that new staff were making with their induction. This included questionnaires for staff to complete to ensure they understood the information they had been given.

Staff told us they felt there were good opportunities for training. This included opportunities for obtaining qualifications in care and that a supplement to staff salaries was paid for those who completed such courses.

We saw records indicating that staff had regular support from members of the management team and that additional support was offered if this was needed.

Staff commented that they felt colleagues were supportive and that there was always an experienced member of staff to go to if they were unsure of anything.

Staff felt that 'handover' meetings (held when shifts changed,) provided them with good information about any changes in people's health or support needs.

Our judgement
The provider is compliant with this outcome.

People have their needs met by competent and well supported staff.

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 with whom we spoke confirmed that there were residents meetings and that the way the home was run could be discussed. They were confident in raising issues with the manager or deputy if they had any concerns but expressed a high degree of satisfaction with the quality of the home and the care they received.

Other evidence
We were shown a range of checks that the management team completed to ensure the home continued to run safely.

Medication audits took place so that any issues could be addressed promptly.

There were monthly reviews of accidents and incidents in the home to see if remedial action was necessary or whether there were concerns for individuals and their welfare. In one case this had resulted in a referral for falls and a medication review to ensure the person was supported safely.

Minutes from residents meetings confirmed that people had opportunities to talk about the way the service was being run. Where issues arose from these meetings we could see that a member of the management team followed them up with individuals. In addition to these meetings we could see from records in care plans that staff met monthly with each person to ask if they had any issues or concerns they wanted to raise. We could see that if they did raise issues these were referred to a senior member of staff for action.

There were records showing that the manager audited care plans every two months to ensure they were accurate and that there was nothing missing that could adversely affect people's care or safety. Records within care plans showed that risks associated with the rights of people to make decisions were clearly discussed with them and their right to make informed choices about risk was supported.

A patient safety alert issued nationally, regarding the use of bed rails to prevent people falling from bed, had been acted upon. The manager was able to give us a clear account of how these were checked for suitability and safety and of the circumstances in which it would be unsafe to use them.

Staff showed us individual sheets they completed, for the tasks allocated to them during their shift. They handed these in to senior staff at the end of the shift so that their accountability for tasks could be monitored and ensure they were completed properly.

Complaints were recorded clearly, with their investigation and outcome, as were less serious concerns and grumbles, so that issues could be addressed promptly and any developing patterns could be addressed.

Our judgement
The provider is compliant with this outcome.

People benefit from a service where the quality and safety of the care and support they receive is monitored and reviewed regularly.

Action
we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: People receive safe care and support that meets their needs and takes into account their preferences. Staff understand how to minimise risks to people when they are delivering care. However, improvements could be made to underpinning guidance and consistent dating of records where amendments are made, so that there is no misunderstanding about people's current needs.	

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 28 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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