Review of compliance

Squeaks House Residential Care Home Squeaks House Residential Care Home	
Region:	East
Location address:	Steeple Road Southminster Essex CM0 7BD
Type of service:	Care home service without nursing
Date of Publication:	February 2012
Overview of the service:	Squeaks House provides personal care and accommodation for up to 29 older people, primarily those living with dementia.

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

Our current overall judgement

Squeaks House Residential Care Home was not meeting one or more essential standards. Improvements are needed.

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

Why we carried out this review

We carried out this review to check whether Squeaks House Residential Care Home had made improvements in relation to:

Outcome 01 - Respecting and involving people who use services
Outcome 04 - Care and welfare of people who use services
Outcome 05 - Meeting nutritional needs
Outcome 13 - Staffing
Outcome 14 - Supporting staff
Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 15 November 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

Due to cognitive impairment and disorientation to time and place, there was limited discussion with the people who use the service.
People said that they were quite happy at the home and with the care provided. People also said that they enjoyed the food at the home.

What we found about the standards we reviewed and how well Squeaks House Residential Care 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 is compliant with this outcome. People living in the home can expect to experience choice in their day to day lives and have their preferences taken into account.

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

The provider is compliant with this outcome. People living in the home can expect to have their care needs met but their social care needs may not be met in full and improvements are needed in this area.

Outcome 05: Food and drink should meet people's individual dietary needs

The provider is compliant with this outcome. People living in the home can expect to have their nutritional needs met.

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

The provider is compliant with this outcome. People can expect the management team to supply the right number of staff with the correct skills to meet their needs.

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 living in the home can expect to be cared for by trained staff who are appropriately supervised.

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. The management team have and are putting quality assurance systems in place that help ensure that the home is run in the best interests of the people living there.

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

In a previous review, we suggested that some improvements were made for the following essential standards:

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

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
Due to cognitive impairment and disorientation to time and place, there was limited discussion with the people who use the service.

Other evidence
People living in the home had care management plans in place that had a person centred approach, in that they contains people's choices and preferences regarding their care and daily routines. Where possible, people had also been consulted on where they chose to spend time during the day and where they would like to eat.

Staff were seen to interact with people living in the home in a sensitive and caring way, explaining what was happening and offering choices with regard to meals and routine. Changes have been made to improve dignity in the home, such as using glasses to drink from rather than coloured plastic beakers.

The manager had made an appointment with Age UK, who were coming to visit the home to discuss advocacy arrangements and availability for people living in the home, although local resources in the Essex area were limited.

Our judgement

The provider is compliant with this outcome. People living in the home can expect to experience choice in their day to day lives and have their preferences taken into account.

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
Due to cognitive impairment and disorientation to time and place, there was limited discussion with the people who use the service.
People we spoke with said that they were quite happy at the home and with the care provided.

Other evidence
Since we last visited in June 2011, the new manager had, with the staff team, been undertaking a full, in depth review of the care management for each person living in the home. This was to ensure that the care management for each person was correct. The visiting doctors for the home had also been involved with these reviews.
The format of the care management plans had changed and the manager was steadily working through them, with the staff, ensuring that all the required documentation was in place.

We reviewed two of the newly completed care management plans. We found that all the assessed needs had detailed care plans that contained sufficient information to guide staff. They had a person centred approach in that they contains people's choices and preferences. An overall assessment of need that was updated monthly, clearly identified what level of support and care was needed for each person.

The care management plans were up to date and showed evidence of review and where required short term care management plans were in place to guide staff as to the management of an acute need such as a urinary tract infection. The manager had put a

review system in place for the care management plans and once these were completed by staff the manager would sign them off.
Staff said that they felt that the new care management plan format was very clear and easy to use and far better than what they had in place.

People had a range of risk assessments in place that were up to date and included the risk of pressure ulcers, the use of bed rails and risk of falls etc. Risks were clearly identified and the management was clear. For example, people at risk of pressure ulcers had the preventative equipment being used recorded and detailed what care was to be provided.

Where appropriate mental capacity assessments had been completed and these gave a good overall outline of the issue being assessed and it was clear from the records that the team understood a person's right to refuse care.

Records showed that people had access to their doctor, optician, and chiropodist for example.

We saw that people who had previously stayed in their bedrooms all the time now came out to sit in the lounge and therefore had the opportunity for more social interaction with staff and other visitors to the home and their quality of life had improved.

We saw that staff did interact with the people living in the home but social activities remained basic in that staff just tended to chat rather than initiate anything of substance that may benefit the individual or a group of people. The management team at the home were aware that they needed to work on this aspect of care. The post of activities co-ordinator was vacant and had been advertised.

People living in the home did have access to a reminiscence room and people living with dementia were seen to be interacting with dolls and other items available in the home.
Some people were seen to just sit all morning in the lounge with very little interaction with staff or any social stimulation. Social activities records showed that activities included watching television, sing a long, dolls, music, memory task and hairdresser and these were repeated.

Life histories that were in people's files were informative in that they showed people's past interests, but the evidence was that these were not being taken into account when planning any social care/activities. When we spoke with care staff, they did know the social histories of the people living in the home.
Social care plans remain basic and were the ones that had yet to be updated. The provider was working with the staff team on updating these himself and could show that he had been accessing resources and reading up on the provision of social care in residential care homes.
The manager has ordered an orientation board for the lounge that includes a clock, calendar and what the weather is like.

Our judgement
The provider is compliant with this outcome. People living in the home can expect to have their care needs met but their social care needs may not be met in full and improvements are needed in this area.

Outcome 05:
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 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
Due to cognitive impairment and disorientation to time and place, there was limited discussion with the people who use the service. One person we spoke to said that they had enjoyed their dinner and others were seen to be eating well.

Other evidence
We saw that people living in the home had access to condiments during mealtimes and the tables were laid with tablecloths. People had the option of a cooked breakfast and we found that people were eating a range of different breakfasts in relation to their preference. Staff were seen to offer more tea and give people choices in relation to food. Care staff were also seen to help people sensitively with their food.

At lunchtime, staff have developed a good routine whereby they show the people living with dementia what the meal was so they can choose at that time and get served straight away. The staff have improved on this since our last visit so that people were not left waiting for their food after they had chosen. People living with dementia were seen to be expressing choice over the food they were offered. Staff do need to consider increasing portion size with those people who will only eat certain things to help increase their calorie intake.

Since we last visited in June 2011, the manager had reviewed the quality of the food provided and introduced fresh orange juice, more fruit and more access to snacks such as crisps. A new qualified chef was in post and new menus had been devised based upon the preferences of the people living in the home

Where possible people living in the home had completed their own preferences in relation to what they liked to eat and where they liked to eat and this was recorded in their care management plans.

Care plans contained a nutritional assessments but the manager planned to change to a more in depth tool that linked in with those used by visiting dieticians. Records showed that people were being weighed regularly and in some cases weight had increased. Staff we spoke with knew people's weights without having to look them up. Where required those people, where the staff team have concerns with their weight, had been appropriately referred or followed up with their own doctor. New records that had been put in place since our last visit in June 2011 gave the staff a good overall picture of the ongoing weight of the resident. People had records in place that showed what they were eating and drinking, these were completed fully and gave staff a good picture of intake for when they reviewed their care.

Our judgement
The provider is compliant with this outcome. People living in the home can expect to have their nutritional needs met.

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 did not talk to people living in the home about staffing.

Other evidence
Since starting work at the home in October 2011, the manager had implemented a new assessment system for the care needs of people living in the home and this now gives an accurate dependency rating. These will be used to assess the staffing levels in the home.

When we visited only one month had been completed and the manager planned to review the staffing when she had more than one months information. We reviewed some of the dependency assessments and these were reflective of the level of need of people living in the home. The staffing levels, at the time of our visit, were three care staff in the morning and afternoon and two at night. The manager was also on duty and staying over at the home a few nights a week. The provider visited the home regularly and undertook practical work to support the care team. In addition domestic, administrative and kitchen staff were employed. The home had a vacant activities coordinator post that had been advertised.

Our judgement
The provider is compliant with this outcome. People can expect the management team to supply the right number of staff with the correct skills to meet their needs.

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
We did not talk to people living in the home about supporting staff.

Other evidence
The new manager and the provider have been holding regular staff meetings and staff confirmed that they had been able to raise any concerns and discuss changes during these meetings. The minutes of the meetings show that these have been an open forum with staff able to discuss any matter that they wish to raise. The staff spoke very positively about the new manager and the changes in the home and they were keen that the improvements were sustained and built upon.

Staff in the home last had supervision during August and September 2011. The new manager had a plan in place to develop staff supervision which was due to start in November 2011. The new manager had been working with the staff getting to know them and holding meetings before having one to one supervision. Staff confirmed that the new manager had been working closely with them.

Training records showed that staff were generally up to date with all their required training and further training was planned on caring for people living with dementia. This will be a recognised course from the Alzheimer's Disease society. The manager has been reviewing competencies amongst staff and where required has been repeating some training, such as manual handling. Most of the care staff working at the home had National Vocational Qualification in care.

Our judgement

The provider is compliant with this outcome. People living in the home can expect to be cared for by trained staff who are appropriately supervised.

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
We did not talk to people living in the home about quality monitoring.

Other evidence
The manager has developed a new staff questionnaire for feedback on the services and management of the home. This has been completed and was being analysed. The manager and the provider have completed an environmental audit, that included health and safety and an action plan has been developed that they were steadily working through. This included redecoration of rooms and replacement of furniture. Two bedrooms rooms have been completely refurbished and new curtains provided in communal areas.

Due to the dependency levels of the people living in the home, in relation to dementia, it was not been possible to obtain formal feedback. However the manager was setting dates for informal meetings with people living in the home and their relatives so discussion can take place. The manager planned to review the feedback tool in place, at the time of our visit, for the people living in the home, so that it is available for people with the ability to complete.

A new feedback form for relatives, doctors and district nurses has been developed but has yet to be used. This has a more appropriate approach for this user group and is user friendly in that it gives people more scope to score and comment.

The manager has developed and undertaken a full medication audit since we last

visited in June 2011. Some shortfalls were noted in that procedures were not always followed but the manager had put an action plan in place that included a training update and it was also to be discussed at the next staff meeting. The manager planned to repeat these audits on a regular basis as part of the quality assurance for the home.

Accident records were reviewed and found to be completed correctly and followed up and signed off by the manager. Any action taken was clear and appropriate, for example, people were referred to the falls prevention team where need be and discussions with the person's doctor takes place. The manager was now auditing the accidents every month to see if risks can be reduced in any way.

Our judgement
The provider is compliant with this outcome. The management team have and are putting quality assurance systems in place that help ensure that the home is run in the best interests of the people living there.

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 living in the home are not having their social care needs fully met.	

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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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