

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Mount Avenue

1 Mount Avenue, Hemsworth, Pontefract, WF9
4QE

Tel: 01977616809

Date of Inspection: 30 April 2014

Date of Publication: May
2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Safety and suitability of premises	✗	Action needed
Assessing and monitoring the quality of service provision	✗	Action needed
Records	✗	Action needed

Details about this location

Registered Provider	Mrs Christine Gatley
Overview of the service	The Mount Avenue Care Home is a small home in Hemsworth accommodating three service users with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 April 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with commissioners of services.

What people told us and what we found

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

This is a summary of what we found -

Is the service safe?

At our last inspection in November 2013 we found staff and care records were inadequate. Records were not held securely. We also found the provider had not taken appropriate steps to provide care in an environment that was adequately maintained.

At this inspection, we saw improvements had been made in relation to fire safety and that a portable appliance testing (PAT) test had been carried out to ensure electrical devices were safe. We saw the boxes of papers had been removed from the lounge and hallway, which made the home less cluttered. However, there was no evidence that the provider had carried out a risk assessment regarding the legionella risk and the management of this. We found window restrictors were not in place on the first floor. The windows opened fully which meant there was a danger people could fall from a height. We found the home remained in need of redecoration.

There was now a staff training matrix in place, which made it clear when refresher training was due. Staff supervisions had begun to be recorded. The minutes for recent staff and resident meetings were now recorded. We found although there had been an improvement in record keeping, the care records were not fully up to date and still contained out of date information. Therefore there was a risk that people's needs may not be met.

Is the service effective?

People told us they were happy with the care provided and their needs had been met. It was clear from our observations and from speaking with staff that they had a good understanding of the people's care and support needs.

Staff told us they worked well with other providers to ensure the best possible care was given to the people who used the service. Staff confirmed people had access to relevant healthcare professionals in a timely manner. The two people we spoke with told us they were able to access healthcare professionals when required.

Is the service caring?

We saw staff interacted with people in a polite and respectful way. We observed people were able to choose what activities they wanted to do. For example, knitting, reading and watching TV. We spoke with two people who told us they were happy living at the home. Both people told us staff understood their needs. One person told us: "I love it here. This is my home." Another person said: "It's lovely living here. The staff help me."

Is the service responsive?

We spoke with the manager who informed us there were arrangements in place for people to access other services, including: GP, dentist, optician, physiotherapist and the Community Learning Disability Team (CLDT). The manager said these services were accessed through the GP or the CLDT. We saw written evidence which confirmed people had access to healthcare professionals.

Is the service well-led?

At our last inspection in November 2013 we found there was no robust system in place to effectively identify, assess and manage risks to the health, safety and welfare of people who used the service and others. At this inspection we found limited improvement had been made and this area still remained a risk.

We saw feedback questionnaires had recently been completed by people who used the service and staff. These were in the process of being analysed by the manager. We saw the feedback was mostly positive. However, people's views had not been considered regarding what areas of their home should be given priority in the redecoration plan.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 27 June 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with the manager and one member of staff who all had a good knowledge of the people they cared for. The staff we spoke with told us what would indicate to them that a person's needs had changed and what steps they would take to ensure that a person's needs continued to be met.

We spoke with two people who told us they were happy living at the home. Both people told us that staff understood their needs. One person told us: "I love it here. This is my home." Another person said: "It's lovely living here. The staff help me."

We saw staff interacted with people in a polite and respectful way. We observed people were able to choose what activities they wanted to do. For example, knitting, reading and watching TV.

The two care records we looked at contained an easy to read 'VIP hospital passport' which made it clear what people's needs were if they required hospital treatment. However, the provider may find it useful to note that these documents were undated and it was not clear whether they had been kept under review. This meant there was a risk that people may take their 'VIP hospital passport' to hospital containing out of date information.

We saw there had been improvements made to the care records. However, we still found issues regarding care plans being reviewed and kept up to date. This matter is addressed under the heading 'records' later in the report.

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

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

We spoke with the manager who informed us there were arrangements in place for people to access other services, including: GP, dentist, optician, physiotherapist and the Community Learning Disability Team (CLDT). The manager said these services were accessed through the GP or the CLDT. We saw written evidence which confirmed people had access to healthcare professionals.

Staff told us they worked well with other providers to ensure the best possible care was given to the people who used the service. Staff confirmed people had access to relevant healthcare professionals in a timely manner. The two people we spoke with told us they were able to access healthcare professionals when required.

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

Our judgement

The provider was not meeting this standard.

People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

At our last inspection in November 2013 we made a compliance action in this outcome area because we found a number of issues which had a minor impact on people who used the service.

At this follow up inspection we found the provider had made improvements.

We saw the boxes of papers had been removed from the lounge and hallway, which made the home less cluttered. The utility room had also been de-cluttered. The accessibility to the stairs had been improved by removing the stair lift and reducing the number of items on the coat rack.

We looked at two people's rooms and found they had furniture to put their ornaments on. The commode, which belonged to a person who no longer lived in the home, had now been removed from the person's room.

We saw evidence that an up to date current portable appliance testing (PAT) test had been carried out to ensure that electrical devices were safe.

The Fire Safety Inspector visited the home in December 2013 and noted there was a large step to the front door which led directly onto the pavement. They considered that placing an additional step would create a trip hazard outside on the public footpath. They advised that an additional hand rail to the right hand side would allow any persons leaving these premises by the front door, two hand holds. We found there was only one hand rail at the front of the house and a risk assessment had not been carried out in relation to mitigating the risk when people accessed the house via the street.

The Fire Safety Inspector found there was a full evacuation procedure in place and the manager was aware of evacuation regime. We saw evidence that weekly fire alarm tests were carried out and a fire drill had been completed in November 2013. People had their own personal evacuation plans in place regarding how they would be evacuated in the

event of a fire.

An independent health and safety company carried out an audit in October 2013 and found the legionella risk to be minimal due to a new combi boiler being installed and the water tank had been removed. However, there was no evidence that the provider had carried out a risk assessment regarding the legionella risk and the management of this, including water temperature checks.

We found window restrictors were not in place on the first floor. The windows opened fully which meant there was a danger people could fall from a height. There was no evidence this risk had been considered by the manager. This issue was raised immediately with the manager.

We were informed a clinical waste collection was in place. However, the manager was unable to provide a waste transfer note to demonstrate this waste was disposed of safely.

A formal house cleaning schedule was introduced on the day of our inspection to ensure the home remained safe and clean.

We found the home remained in need of redecoration. We saw redecoration work had begun on the hallway. However, due to cracks found on the walls, the services of a structural engineer had been engaged which had delayed the renovation. It was unclear as to why, in the meantime, the redecoration of people's rooms had not commenced. We spoke with two people who told us they had chosen a colour scheme and wallpaper for their rooms. However, the timescale for the redecoration of people's rooms had not been discussed or agreed with them. The manager provided us with a redecoration plan. This plan had not been discussed or agreed with the people who lived at the home. Their views had not been considered as to which part of the home they wished to receive priority in the redecoration plan. We also considered the redecoration timescales in relation to the people's rooms, two months for each bedroom, was not reasonable. We have asked the manager to review this.

Overall we found, the provider had not taken appropriate steps to provide care in an environment that was adequately maintained.

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

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people received. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

At our last inspection in November 2013 we made a compliance action in this outcome area because we found a number of issues which had a moderate impact on people who used the service.

At this follow up inspection we found the provider had made improvements.

There was evidence in one of the care records we looked at that reviews had been carried out on the person's care plans and risk assessments. However, when changes were identified this was not reflected in the care plan. This matter is addressed under the heading 'records' later in the report.

Feedback questionnaires had recently been completed by people who used the service and staff. These were in the process of being analysed by the manager. We saw the feedback was mostly positive. However, people's views had not been considered regarding what areas of their home should be given priority in the redecoration plan.

There was no robust system in place to effectively identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

We saw a spot check audit had been carried out in April 2014 by the manager. The manager confirmed this was the only audit that had been completed since the last inspection. The audit did not cover areas such as care records, which meant there was a risk they would not reflect people's current needs. We found there was no cleaning schedule in place which meant there was a risk that the home would not be kept clean and tidy. A cleaning schedule was introduced on the day of our visit.

We found there was no formal system in place to review the decoration and upkeep of the

home. The manager informed us medication audits were carried out but not documented. We found accident and incidents were documented. However, there was no evidence to show these were audited by the manager to identify any patterns or trends to ensure any issues were identified at an early stage.

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

At our last inspection in November 2013 we made a compliance action in this outcome area because we found a number of issues which had a moderate impact on people who used the service.

At this follow up inspection we found the provider had made improvements.

There was a staff training matrix in place, which made it clear when refresher training was due. We saw staff supervisions had begun to be recorded. We also saw the minutes for recent staff and resident meetings were now recorded.

We found although there had been an improvement in record keeping in relation to staff training, supervisions and meetings; the care records still contained out of date information.

In the two care records we looked at, we saw work had begun on creating person centred plans to include a clear reflection of people's dreams and wishes. There were clear records of people's health checks and health related appointments and a record of professionals involved in people's care. People had easy to read 'VIP hospital passports' but these were undated. This meant it was not clear whether the information was kept up to date and when it required reviewing.

People's personal records were not accurate and fit for purpose. Although the care records were easier to navigate round, we saw out of date information remained in the care records. There was evidence in one of the care records we looked at to show reviews had been carried out. However, when changes were identified this was not reflected in the relevant care plan. For example, this person required a frame when walking outside or a wheelchair if finding walking difficult, but this had not been transferred to the care plan. The manager told us this person had deteriorated since moving into the home in 1991. However, we saw that care plans created in 1991 remained in place and were still being used. This meant there was a risk that people may not receive the appropriate care or support. The manager told us they would fully review and create new care plans.

At the previous inspection, we found records were not held securely and were left on the cupboard in the hallway. At this inspection we saw a new lockable cupboard had been purchased. However, we checked to see whether this cupboard was secure and found it was unlocked. This meant people's records were not kept securely. Due to the redecoration of the hallway we found this cupboard had been stored in a person's bedroom. The person told us they did not object to this. However, this was not an appropriate storage solution. We requested this cupboard was moved out of the person's bedroom.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises
	How the regulation was not being met: The provider did not have suitable arrangements in place to ensure that people who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises by means of adequate maintenance. (Regulation 15(1)(c)).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
	How the regulation was not being met: The provider did not have an effective system in place to regularly assess and monitor the quality of service that people received. The provider did not have an effective system in place to identify, assess and manage risks relating to the health, welfare and safety of service users and others. (Regulation 10(1)(a) & (b)).
Regulated activity	Regulation
Accommodation for	Regulation 20 HSCA 2008 (Regulated Activities) Regulations

This section is primarily information for the provider

persons who require nursing or personal care	2010
	Records How the regulation was not being met: An accurate record of each person who used the service, which included appropriate information and documents in relation to their care, was not maintained. This meant that people who used the service were not protected against the risks of unsafe or inappropriate care and treatment. Records were not kept securely. (Regulation 20(1)(a) and (2)(a)).

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 by 27 June 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - 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.

Moderate impact - 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.

Major impact - 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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