

Review of compliance

Rushcliffe Care Limited Partridge Care Centre	
Region:	East
Location address:	Partridge Road Harlow Essex CM18 6TD
Type of service:	Care home service with nursing
Date of Publication:	January 2012
Overview of the service:	Partridge Care Centre is registered to provide accommodation for up to 117 people who require nursing or personal care. The Kingfisher and Mallard suites specialise in the care of the elderly, including people living with dementia. The Eider and Teal suites offer specialist nursing care for adults requiring specialised neurological support.

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

Our current overall judgement

Partridge Care Centre 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 because concerns were identified in relation to:

- Outcome 02 - Consent to care and treatment
- Outcome 04 - Care and welfare of people who use services
- Outcome 08 - Cleanliness and infection control
- Outcome 09 - Management of medicines
- Outcome 11 - Safety, availability and suitability of equipment
- Outcome 12 - Requirements relating to workers
- Outcome 13 - Staffing
- Outcome 14 - Supporting staff
- Outcome 16 - Assessing and monitoring the quality of service provision
- Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 8 December 2011, 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 whom we spoke told us that they were happy living at Partridge Care Centre and they found the staff to be nice and caring. Comments included "The staff are marvellous, they cannot do enough for you" and "I think the staff are very good here and I am well looked after and cared for." Another person told us "The staff leave me to it as I prefer my own company. Staff respect this and when I do need support they are there." Relatives of people living in the home made positive comments about the improvements they had noted over the last few months. These included the increased numbers of permanent staff employed resulting in the reduced usage of agency staff, the environment and the general atmosphere at the home.

What we found about the standards we reviewed and how well Partridge Care Centre was meeting them

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

We have a minor concern with this outcome. People living in the home are provided with some choices in their day to day lives but staff may need to communicate this more to promote good outcomes.

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

We have minor concerns with this outcome. People living in Partridge Care Centre receive support for their health needs. However, more attention needs to be given to supporting people as individuals, encouraging people to maximise their independence and ensuring that daily practice is centred on the needs of the people living in the home.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The provider is compliant with this outcome. People live in a home where cleaning standards, infection control practices and odour management are well managed.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider is compliant with this outcome. People can be assured that their medicines are handled safely, securely and that they are given them as prescribed. But improvements are needed to ensure guidance for staff on the use of some medicines is more detailed.

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

We have minor concerns with this outcome. People living in Partridge Care Centre have access to equipment in sufficient supply to meet their needs. However, improvements need to continue to be made to make the bathing facilities more warm and welcoming. Peoples safety and well being needs to be protected by sluice facilities being locked when not in use.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

We have minor concerns with this outcome. People using the service can be assured that suitable recruitment procedures are in place for new staff. However more attention needs to be paid to ensuring that reference replies are appropriately monitored.

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. There are sufficient numbers of staff with the right skills and competencies to meet the needs of people using the service.

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 using the service are cared for by a staff team who are properly trained, supervised and appraised.

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 robust monitoring of the quality of the service provided and assessments of risk. People living at the home and their relatives and advocates are encouraged to be involved in this process.

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

We have moderate concerns with this outcome. Improvements are needed to ensure records made when medicines are given to people accurately record the time they were given and guidance for staff on the use of some medicines is more detailed. A personalised record is available for people who use the service. However people who use the service cannot be assured that some of their records are complete, accurate or up to date.

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 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

People with whom we spoke were unsure about the choices available with regard to some aspects of their daily routine and felt that they were being encouraged to get up early rather than being given a choice. They did feel that staff had a caring approach and were good at helping them maintain their dignity.

Other evidence

At our previous visit to Partridge Care Centre on 10 October 2011, we had minor concerns with this outcome. We found that improvements were needed to ensure that records clearly identified people who lacked capacity and the arrangements that had been made to support them with decisions about their daily life and treatment.

An action plan developed by the owner in response to our concerns was forwarded to us by the manager of the home. This told us of the steps being taken to address the identified shortfalls such as internal and external audits and regular reviews of care plans and risk assessments. It was not clear from the manager's action plan what outcomes were to be expected from these processes or what timescales were anticipated for Mental Capacity Act training to be delivered to all staff.

At our visit of 08 December 2011 we found that where required staff had completed Mental Capacity Act assessments to support decisions made on the person's behalf.

People living in the home had the choice about where they spent their time during the day. Daily records, completed by the care staff, showed that they were flexible with people's care and that they respected people's choices in their daily routines. Staff with whom we spoke said that when they came on duty in the mornings the number of people up and dressed varied as it depended who wanted to get up. They said that the staff team knew people's preferences and who liked to get up early and they were clear that people living in the home had a choice about when they got up, washed and dressed. We saw that people got up at different times and at 9am some people were still asleep with the curtains closed. People were having breakfast as and when they were ready and were offered choice by staff as to what was available to eat.

In general staff relations with people who used the service were kind and caring in their approach, however not all members of care staff were seen to listen effectively and to respond appropriately when spoken to by people who use the service. For example a member of staff was seen on one unit to attempt to remove two people's breakfast bowls before they had finished eating their cereal. The rationale for this was that the member of staff had made each of them some toast. Neither person was asked if they had finished their breakfast; however one person made it very clear to the member of staff that they did not wish for their bowl of cereal to be removed and kept hold of it. The other person's breakfast was removed without the person's wishes being taken into account.

Not all people who use the service were routinely offered a choice of drinks at breakfast or at lunchtime. We saw on one unit that people were not routinely provided with drinks between mealtimes. People with whom we spoke told us, that they were unaware as to why this decision had been made but felt able to request a drink as and when required. We are concerned that not all people living on this unit are able to self advocate and/or verbally request a drink when thirsty.

We found that the menu for the day and the weekly activity programme were displayed on a board within each dining room but not in an appropriate 'user friendly' format. This means that some people who use the service may find the information recorded confusing, difficult to make sense of and unable to make an informed choice. We asked six people on one unit and three people on another unit if they knew what was available for lunch and/or tea. Three people within one unit were able to read the menu and others were unable to tell us what was available.

Our judgement

We have a minor concern with this outcome. People living in the home are provided with some choices in their day to day lives but staff may need to communicate this more to promote good outcomes.

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

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People with whom we spoke, told us, that they were happy living at Partridge Care Centre and they found the staff to be nice and caring. Comments included "The staff are marvellous, they cannot do enough for you", "I think the staff are very good here and I am well looked after and cared for." Another person told us "The staff leave me to it as I prefer my own company. Staff respect this and when I do need support they are there."

Minutes from a relatives/residents meeting held on the day of our visit to the home on 08 December 2011 included positive feedback from relatives about the care and support people were receiving at Partridge Care Centre. One person commented positively on the exercise classes, they said they were a huge hit with their relative and that they were speaking about the classes long after they were over. Another relative said that they really looked forward to coming to the home as the residents were always doing something in the evening like watching movies. There were also positive comments made about improvements made in the laundry service and the quality of the catering provision.

Other evidence

At our previous visit to Partridge Care Centre on 10 October 2011, we had moderate concerns with this outcome. We found that improvements were needed to ensure people living in the home experienced positive interactions and received consistent care from the staff team. We also found that care plans did not always include the most up to date information to instruct staff on how to support individuals. We noted that advance care planning to address people's end of life wishes had not always been

completed and that there was a strong generic aspect to the care plans we reviewed with little person centred information to enable staff to deliver consistent care to meet people's individual needs.

At our visit of 08 December 2011 we directly observed care within the home, so as to help us determine what it is like for people living at Partridge Care Centre. We found that some people with mental health needs and challenging behaviour had been moved from one unit to another. Whilst it was positive to see that the staff that they were familiar with went with them, they no longer had continuous input from a registered mental nurse (RMN). An RMN from another unit within the home was responsible for overseeing the mental health needs of these people. There was no system in place for that person to be part of their formal care reviews. The manager told us that there were plans to recruit a registered mental nurse to this unit.

Care management plans were in place for people's mental health needs and they outlined any challenging behaviour that may present and in some cases the triggers that prompted this behaviour. It was also clear what de-escalation techniques would be used and care management plans gave guidance to staff on communication as well.

Where people had a high incidence of falls records showed that staff were trying to reduce risks through the use of equipment and appropriate assessments. Staff were also proactive in getting re-assessments of care packages where people may need a higher level of staff support. People had up to date falls risk assessments in place. However we found that on occasions, when reviewing the assessment, staff had not recorded when somebody had fallen in the previous month which may have increased the level of risk associated with caring for that person.

On the nursing unit, we found that the incidence of wounds was low and that there were no pressure ulcers acquired whilst living in the home. Where nurses were caring for people with wounds the records were variable. There was a detailed initial record and assessment and subsequent records of when the wound had healed. In between, there were a lack of records showing ongoing progress/assessment and clear management of the dressings/approach being used. The manager told us that an ongoing assessment tool was in place but this was not in use.

Where staff had ongoing concerns, people were referred to nurse specialists, such as the tissue viability nurse, for advice. We found that there was specialist equipment available for the prevention of pressure ulcers and staff with whom we spoke said that the provider purchased whatever was needed. They also confirmed that the provider would purchase equipment such as wheelchairs for named people.

Records showed that that the social activities provided were primarily group led and care management plans showed little assessment of people's individual social care needs. Appropriate person centred support could improve or maintain people's independence, skills and feelings of self worth. Activities programmes were displayed on each unit and again these indicated group activities. In many cases the same activities were listed for each unit despite the differing needs of the people living on the different units. We saw that people were given the choice of attending a carol service on the morning of our visit. Staff provided alternative activities if people chose not to join the carol service such as games and jigsaws. People had access to daily papers and staff actively discussed the news with them. On one unit we saw staff busy making

Christmas decorations with people living in the home. People living with dementia had access to a range of items, including dolls and puzzles to engage them. The home subscribed to a daily reminiscence newsletter which was positive but we did not see these freely available around the home.

Our judgement

We have minor concerns with this outcome. People living in Partridge Care Centre receive support for their health needs. However, more attention needs to be given to supporting people as individuals, encouraging people to maximise their independence and ensuring that daily practice is centred on the needs of the people living in the home.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

We did not speak with people using the service about the cleanliness of the home. Relatives of people living in the home said they had noted improvements in the cleanliness of the home.

Other evidence

At our previous visit to Partridge Care Centre on 10 October 2011, we had minor concerns with this outcome. We found that daily practice needed to improve so that people lived in a clean and pleasant environment.

An action plan developed in response to our concerns was forwarded to us by the manager of the home. This told us of the steps being taken to address the identified shortfalls. At our visit of 08 December 2011 we took a tour of the home to confirm that the improvements had been embedded into daily practice and were being sustained.

We spent time in communal areas throughout the home and found these to be clean and fresh with no malodours present.

The recruitment drive that had taken place in the home had resulted in five new domestic staff being employed to strengthen the team.

Training records showed that staff team were provided with training in the control of infection to provide them with the skills and knowledge to keep people safe from the spread of infection and to keep the environment clean and fresh.

Our judgement

The provider is compliant with this outcome. People live in a home where cleaning standards, infection control practices and odour management are well managed.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

People we spoke with said they were happy with the arrangements that the home makes for their medicines.

Other evidence

Medicines were stored securely for the protection of people who use the service. The temperature of the rooms used to store medicines were monitored and recorded regularly and were within acceptable limits. The temperatures of the fridges used to store medicines requiring cold storage were also monitored and recorded regularly and were within acceptable limits. The cupboards used to store controlled drugs had been fixed to the wall in the way required by the regulations.

Systems were in place to record when medicines were received into the home, when they were given to people and when they were disposed of. In general these were in good order, provided an audit trail of medicines used and demonstrated that people received their medicines as prescribed. When medicines were given at different times to those printed on the medication administration record forms, the actual time it was given was not recorded. We saw some people being given their morning medicines as late as 11.15 am and were told that the lunchtime medicines would be given from 1pm. This could result in people receiving medicines too close together. (See outcome 21)

Some people were prescribed medicines on a "when required" basis, for example, for pain relief or to control their challenging behaviour. Guidance had been prepared for

staff to follow and this was kept with the medication records and in the person's care plan. Where people had their medicines crushed and mixed with a drink before taking there was no documentary evidence in the care plan that this had been agreed as an appropriate method of administration by all interested parties. For a person who was prescribed oxygen therapy to aid their breathing the care plan contained insufficient guidance to ensure it was used appropriately to meet the person's needs. The risks of using oxygen had also not been assessed. (See outcome 21)

The management regularly carried out checks on the quality and accuracy of medication records and, although these checks had identified some deficiencies, they were resolved promptly.

Our judgement

The provider is compliant with this outcome. People can be assured that their medicines are handled safely, securely and that they are given them as prescribed. But improvements are needed to ensure guidance for staff on the use of some medicines is more detailed.

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

There are minor concerns with Outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

We did not speak with anyone who uses the service about the safety and availability of equipment.

Other evidence

At our visit of 08 December 2011 we took a tour of the home to confirm that the improvements had been embedded into daily practice and were being sustained.

At our previous visit to Partridge Care Centre in October 2011 we found that sluice facilities in each unit of the home were unlocked. This had the potential to compromise the safety and welfare of the people living on the unit. At our visit of 08 December 2011 we noted that bolts had been fitted to the sluice doors to enable them to be securely closed. However during the course of our visit we saw that the bolts were not routinely used throughout the home.

At our previous visit in October 2011 we found the bathing facilities stark and institutional in appearance. At our visit of 08 December 2011 we found some small improvements in this area however there remained a number of notices on bathroom walls relating to staffing issues such as the laundry systems and colour coding for waste bins. These notices created an institutional feel and did not contribute to providing a warm and welcoming environment for people using services. The manager told us that this was 'work in progress' and we saw general staff meeting minutes of 02 December 2011 showed that décor of the bathrooms had been discussed with the staff

team and requests for ideas had been made.

Our judgement

We have minor concerns with this outcome. People living in Partridge Care Centre have access to equipment in sufficient supply to meet their needs. However, improvements need to continue to be made to make the bathing facilities more warm and welcoming. Peoples safety and well being needs to be protected by sluice facilities being locked when not in use.

Outcome 12: Requirements relating to workers

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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

There are minor concerns with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We did not talk with people living in the home about the recruitment of staff.

Other evidence

At our previous inspection of Partridge Care Centre on 10 March 2011, we found the provider was compliant with this outcome. We found that the people living in Partridge Care Centre were cared for by staff that had been safely recruited.

The service had experienced a large turnover of staff since our visit of 10 March 2011 with many new staff being recruited. At our visit of 08 December 2011 we sampled a random selection of employment records in order to assess recruitment practices.

The management team remained the same as at our previous visit to the home in October 2011. Visitors and staff told us that this was bringing about a sense of stability to the home. There was a trainee manager in post at our visit of 08 December 2011. It was reported that they were spending around six hours per day on units throughout the home getting to know the people living there, their relatives and the staff that cared for them.

There had been a period of instability in the staff team working at Partridge Care Centre. An extensive recruitment campaign had been undertaken resulting in a greatly reduced usage of agency staff members. Records showed that since July 2011 the service had successfully recruited 10 registered nurses and 21 care staff. The manager told us that the service was now fully staffed with permanent nursing staff and they

were continuing to recruit to create a bank of their own staff to cover for sickness and annual leave. The manager told us that there were still some new care staff waiting to start to work at the home to complete the permanent staff team. These staff members were starting to work at the home in a phased manner in order to introduce new people to the service gradually.

We looked at records to assess if the recruitment process was robust. We found that people submitted written applications and had face to face interviews as part of the recruitment process. We saw that completed and satisfactory criminal records bureau disclosures were received before people started to work at the home. We were provided with evidence to show that registered nurses registrations had been confirmed with the Nursing and Midwifery Council before they were able to start working at the home. We saw that two references were received prior to people starting work however we found that these were not always scrutinised appropriately to ensure the responses from the referees were satisfactory. For example, where a previous employer had indicated that a person's practice was less than satisfactory there was no evidence that any further investigation had been undertaken.

Our judgement

We have minor concerns with this outcome. People using the service can be assured that suitable recruitment procedures are in place for new staff. However more attention needs to be paid to ensuring that reference replies are appropriately monitored.

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

People living in Partridge Care Centre did not share their views about this staffing levels in the home.

A relative of a person living in the home who visited regularly told us that the service provided was much better than previously and said they could not find anything to criticise. They said that the reduced usage of agency staff had had a noticeable positive impact on the people living in Partridge Care Centre.

Other evidence

At our previous visit to Partridge Care Centre on 10 October 2011, we had minor concerns with this outcome. We found that improvements were needed to continue to recruit permanent nursing and care staff members so that people received their care and support from a consistent staff team. We found that there were sufficient numbers of staff available in the home however there was a lack of effective leadership and deployment due to the large numbers of agency staff working there.

An action plan developed in response to our concerns was forwarded to us by the manager. This told us of the steps being taken to address the identified shortfalls.

At our visit of 08 December we spoke with people living in the home and their visitors, staff working in the home and the management team.

A person working at the home told us that things had greatly improved over the past three months. They said there were more staff available to meet people's needs. The

atmosphere was much calmer and there was more interaction between the staff and the people they cared for. This statement concurred with our findings at our visit of 08 December 2011.

We saw there were notice boards on each unit with photographs and names of the staff designated to that unit. Relatives told us they found this comforting so they could become familiar with the staff that were caring for people living in Partridge Care Centre.

The manager was able to share some recent feedback she had received from relatives of people living in Partridge Care Centre. People said they had noticed improvements recently in Mallard One nursing unit with more permanent staff members, they also said they were impressed with certain individuals working on the unit and praised the way the look of the unit had improved. Another family member described the home as being warm, clean and attractively decorated and that there were more staff, more activities and not so many people sitting in the lounge unoccupied.

Minutes from a relatives/residents meeting held on the day of our visit included positive comments such as that there were more permanent staff with less agency usage and that the permanent staff seemed more settled.

Staff rotas showed that a consistent level of staff was provided for each unit. There remained a concern that when people living in the home needed to be accompanied to hospital appointments that units could be short staffed for the duration of the visit. We also saw that the senior staff on the residential units elected to write up the daily records in the office. This means that there were times when staff did not appear to be available in the communal areas of the home.

Our judgement

The provider is compliant with this outcome. There are sufficient numbers of staff with the right skills and competencies to meet the needs of people using the service.

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 speak with anyone who uses the service about how the service supports staff.

Other evidence

At our previous visit to Partridge Care Centre on 10 October 2011, we had minor concerns with this outcome. We found that there had been improvements with the staff training provision however we also found that staff were not receiving regular supervision from line managers to support them in caring for the vulnerable people living in Partridge Care Centre.

At our visit of 08 December 2011 staff with whom we spoke confirmed they were being provided with a great deal of training to support them to care for people safely. Records confirmed that training was provided on a continuous basis to ensure the staff team had the skills they needed to care for people safely.

We found there was a breakdown in communication between the units and the training department with regards to people being on duty when they were also supposed to be attending training. This had led to situations recently where units had been short staffed whilst people attended training sessions.

We found there was a comprehensive induction program in place that was in line with the Skills for Care Common Induction Standards. There was an initial two day induction that took place on the units that people would be working on. This was followed by a two week competency assessment that covered the new staff member's daily practice,

dignity and respect and principles of care. The training manager told us that some people may need a little more than the expected 12 weeks to complete their induction however this was identified during the recruitment process that included a literacy and numeracy assessment.

The manager had undertaken supervision with all designations of staff over the recent period of instability in the home. At our visit of 08 December 2011 we found there was now a clear 'tree' of responsibility for supervision in place. The manager provided supervision for the unit leads and they, in turn, undertook supervisions for the staff on the units. We saw clear records to confirm these arrangements and staff with whom we spoke said they received regular supervision and felt they received much better support now.

Our judgement

The provider is compliant with this outcome. People using the service are cared for by a staff team who are properly trained, supervised and appraised.

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 speak with anyone who used the service about how the provider assessed and monitored the quality of the service they delivered.

Other evidence

At our previous visit to Partridge Care Centre on 14 September 2011, to assess improvements that the provider had made following the service of a warning notice about assessing and monitoring the quality of the service provision, we found the provider was compliant with this outcome.

We reviewed this outcome at our visit of 08 December 2011 to ensure that the improvements made by the provider, towards keeping the people who lived in Partridge Care Centre safe from harm, had been sustained.

We were provided with copies of monthly audits of the quality of service for August, September and October 2011 that had been undertaken by a representative of the owner. The audits covered such areas as management issues, health and safety, staff training, safeguarding matters, recruitment and agency costs. These audits did not include any reference to the people using the service, how the improvements made had impacted on the quality of service they received or how any concerns they may have had influenced the program of improvements in the home.

We saw that daily auditing and monitoring took place within all the units of the home undertaken by the local management team. These audits covered areas such as

infection control, care planning, staffing levels and people's dignity and respect. We saw that these audits were being effective in that improvements were put in place to rectify shortfalls identified through this process. This was achieved via staff supervision and competency assessments.

The local management team regularly carried out checks on the quality and accuracy of medication records and, although these checks had identified some deficiencies, they were resolved promptly.

People living in the home and their relatives and advocates were invited to attend regular meetings to enable them to share their views on the care and the support they received. We saw minutes of a meeting that took place on the day of our site visit to the home. The meeting was not well attended with seven members of Partridge Care Centre management and staff team and eight residents/relatives present. People had positive comments to make about the way people are cared for and supported at Partridge Care Centre. One person said that improvement in the home was evident and that they were happy and wished it to continue. The meeting minutes indicated that a quality assurance questionnaire would be distributed amongst the people living at the home and their relatives imminently so that the management team would have a clear view of the progress that had been made towards meeting people's needs in a way they would wish.

Our judgement

The provider is compliant with this outcome. People benefit from robust monitoring of the quality of the service provided and assessments of risk. People living at the home and their relatives and advocates are encouraged to be involved in this process.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

There are moderate concerns with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We did not speak with anyone who uses the service about record keeping at this visit to partridge Care Centre.

Other evidence

At our previous inspection visit of 10 October 2011 we found that care plans did not always include the most up to date information to instruct staff how to support individuals. We noted that advance care planning to address people's end of life wishes had not always been completed and that there was a strong generic aspect to the care plans we viewed with little person centred information to enable staff to deliver consistent care to meet people's individual needs.

At our visit of 08 December 2011 we found that people living in the home generally had all the care management plans in place that they needed and they were up to date. These were sufficiently detailed in order to guide staff on the current care management and level of support people needed. However, the plans were not user friendly for staff and were often repetitive meaning that staff may have to search to find the most up to date approach for each person. We found that they did not always reflect the current status of the person, for example, staff told us that one person walked unaided whilst the care management plan said that they walked with an aid.

The care management plans had a person centred approach, showing that the staff

were aware of people's preferences. This was supported by a 'getting to know you form' which when completed gave a good overall picture of the person as an individual. The care management plans relating to people's personal care needs were the least person centred in that they lacked detail about preferences.

People living in the home had a range of risk assessments in place that linked to care management plans, where required. These were kept up to date and overall the reviews were detailed and updates were added where required. People who were at an identified risk of wandering from the home, did not always have an assessment in place for this area of risk. We also found that the staff were using two different types of nutritional assessment (a malnutrition tool and a nutrition tool) and this could potentially cause confusion as to the level of nutritional risk people were experiencing.

The care plan for one person made reference to them being at high risk of developing pressure sores as a result of their poor mobility. An instruction within their care plan detailed that they should be turned regularly so as to reduce the development of pressure sores. The care plan provided no information as to how frequently this should be undertaken. The 'individual needs chart' which we were told was used each day to record evidence of care and support by staff to people who use the service, provided no evidence from 01 November to 08 December 2011 inclusive, that they were having their body repositioned at fixed time intervals.

The same person's care plan made reference to them being uncooperative and resistant to care when personal care support were to be provided by staff. The care plan provided little evidence as to how they were uncooperative and the actions to be taken by staff during those times so as to ensure the person's health and wellbeing.

The care plan for one person recorded them as being prone to falls when mobilising. A risk assessment had been completed identifying the risk, likelihood of the risk occurring and level of harm to the person. Records showed that over a period of six weeks they had experienced three falls. However neither the risk assessment or care plan had been updated to reflect the change in need.

The care plan and risk assessment for another person told us that they could demonstrate challenging behaviour towards others on occasions. Their medication profile told us that specific medication had been prescribed on an 'as and when required' basis so as to reduce their anxiety and aggression. Neither the care plan, risk assessment or medication profile, provided specific information as to the circumstances that the medication should be administered. It was of concern that a significant number of recorded incidents where medication had been administered, provided no evidence as to the specific nature of the person's agitation and/or aggression at these times and staff's interventions. In addition there was little information recorded to detail the outcome of each incident.

Of five care files viewed, all made reference to people who live at the home, having varying levels of dementia. None of the care files had a care plan relating to the person's dementia and how this impacts on their ability to undertake activities of daily living.

When medicines were given at different times to those printed on the medication administration record forms, the actual time it was given was not recorded. We saw

some people being given their morning medicines as late as 11.15 am and were told that the lunchtime medicines would be given from 1pm. This could result in people receiving medicines too close together.

Some people were prescribed medicines on a "when required" basis, for example, for pain relief or to control their challenging behaviour. Guidance had been prepared for staff to follow and this was kept with the medication records and in the person's care plan. Where people had their medicines crushed and mixed with a drink before taking there was no documentary evidence in the care plan that this had been agreed as an appropriate method of administration by all interested parties. For a person who was prescribed oxygen therapy to aid their breathing the care plan contained insufficient guidance to ensure it was used appropriately to meet the person's needs. The risks of using oxygen had also not been assessed.

Our judgement

We have moderate concerns with this outcome. Improvements are needed to ensure records made when medicines are given to people accurately record the time they were given and guidance for staff on the use of some medicines is more detailed. A personalised record is available for people who use the service. However people who use the service cannot be assured that some of their records are complete, accurate or up to date.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	<p>How the regulation is not being met: We have a minor concern with this outcome. People living in the home are provided with some choices in their day to day lives but staff may need to communicate this more to promote good outcomes.</p>	
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
	<p>How the regulation is not being met: We have minor concerns with this outcome. People living in Partridge Care Centre receive support for their health needs. However, more attention needs to be given to supporting people as individuals, encouraging people to maximise their independence and ensuring that daily practice is centred around the needs of the people living in the home.</p>	
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 11: Safety, availability and suitability of equipment
	<p>How the regulation is not being met: We have minor concerns with this outcome. People living in Partridge Care Centre have</p>	

	access to equipment in sufficient supply to meet their needs. However, improvements need to continue to be made to make the bathing facilities more warm and welcoming. Peoples' safety and well being needs to be protected by sluice facilities being locked when not in use.	
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<p>How the regulation is not being met:</p> <p>We have minor concerns with this outcome. People using the service can be assured that suitable recruitment procedures are in place for new staff. However more attention needs to be paid to ensuring that reference replies are appropriately monitored.</p>	
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>How the regulation is not being met:</p> <p>We have moderate concerns with this outcome. Improvements are needed to ensure records made when medicines are given to people accurately record the time they were given and guidance for staff on the use of some medicines is more detailed. A personalised record is available for people who use the service. However people who use the service cannot be assured that some of their records are complete, accurate or up to date.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

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