

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:	September 2012
Overview of the service:	<p>Partridge Care Centre is registered to provide accommodation for up to 117 people who require nursing or personal care.</p> <p>On the day of our inspection, there were 55 people using the service. People were living either in one of the two Kingfisher suites or one of the two units Mallard suites. All other suites were unoccupied. The Kingfisher suites</p>

	specialise in care for the elderly and the Mallard suites care for people living with dementia or those who have general nursing requirements.
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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. Action is 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 as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 7 August 2012, carried out a visit on 8 August 2012, 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

During our inspection on the 7 and 8 August 2012, we spoke with five people who used the service and five relatives.

One relative that we spoke with said that the care had, "Improved a lot. It was bad." They said that they now felt safe in the knowledge that their relative is being cared for at the service. They said, "There were too many temporaries and agencies. [My relative] likes consistency of people as they know [their] ways. Now we see the same faces."

A person who used the service said, "I've got Alzheimer's. I get a bit forgetful. They remind me what day it is and say, 'Your family's coming today'. They went on to explain that they don't see many new members of staff but that when there are, they were introduced to them.

Later in our inspection, we spoke with this person's relative. They said that their relative was treated "with the utmost dignity and respect." They said, "Things have got better. There's more awareness. [My relative] is an independent person." The person who used the service then interjected, "They don't just let you sit there. They don't force you to do anything; they encourage you."

The people in the second Mallard Suite were living with dementia and therefore not everyone was able to tell us about their experiences. To help us to understand the experiences people have we used our Short Observational Framework for Inspection (SOFI) tool. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time, the type of support they get and

whether they have positive experiences. We spent 40 minutes observing at lunchtime and found that overall people had positive experiences. The staff supporting the people knew what support they needed and they respected their wishes if they wanted to manage on their own. We saw staff interacting well with the people, showing them the different meal options that were available and offering people encouragement to eat their meals.

What we found about the standards we reviewed and how well Partridge Care Centre 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 was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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

The provider was meeting this standard. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

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

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

The provider was meeting this standard. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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

The provider was not meeting this standard. Appropriate checks were not undertaken before staff began work.

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

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

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 was not meeting this standard. The provider did not have an effective system to regularly assess and monitor the quality of service that people receive. There was not an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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

The provider was not meeting this standard. Records were not kept securely.

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. We will check to make sure that this action has been taken.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

One person using the service said, "The staff are very patient and respectful. They never make you feel silly, and they could, like when you ask questions that you have already asked them before, but you had forgotten." They also told us, "Staff always knock at the door and respect my privacy".

A relative of a person who used the service said that their relative was treated "with the utmost dignity and respect." They said, "Things have got better. There's more awareness. [My relative] is an independent person." The person who used the service then interjected, "They don't just let you sit there. They don't force you to do anything; they encourage you."

We asked the relative whether they felt involved in their relative's care. They said that during a relatives' meeting they had suggested forming a group for relatives so that they could feedback their views to the management of the service. They said that they had since seen letters that the management have sent to relatives with this suggestion. They went on to explain how they had noticed that their relative's bed was not being made. They informed the staff and the matter was rectified immediately.

Two relatives that we spoke with said that they had been invited by staff at the home to

discuss their relative's care plan, thus ensuring that they were involved in their relatives' care and treatment.

Other evidence

In our report of September 2011, we found that the provider was not meeting this standard. This was because there were communal boxes of underwear which were distributed amongst people living at the service. During our inspection of the 7 and 8 August 2012, we found that this practice had ceased. We did see that there was a box of men's socks and ladies' pop-socks which had not been claimed. Staff told us that these were only used if a person living at the service was in need of these items at short-notice.

During lunchtime, we observed the lunch being served in the second Mallard suite. On the whole we saw staff respecting the dignity and independence of people who used the service. We observed four people who were being supported by staff to eat their lunch. We saw that people were assisted with the meal at a pace set by them and that they were not rushed. Staff treated the people with respect, offering them subtle encouragement and praise. People were supported to eat independently and then assisted if required. There was one member of staff who did not engage with the person that they were assisting. This person seemed agitated and unsettled as they looked around the room but the member of staff did not offer any calming words or reassurance.

We saw that appropriate information was provided to people when they were making their meal choices. People were either asked what meal they would prefer or the food was brought out to them so that they could see what was available. This meant that people were enabled to make choices as the options were presented in a way that met their needs.

We saw people could express their views about what they wanted to eat. One person was eating independently and was being encouraged to eat their meal. When the person had eaten enough, they were offered a choice of deserts but wanted both, which were provided.

During our inspection, we looked at six care plans. We saw that people were clearly involved as the care plan contained information about personal preferences and how people liked to be cared for. These also included information about people's personalities. For example, one of the care plans we viewed said the person was of a, 'Strong character, sociable, speaks [their] own mind'. We saw that care was delivered to take account of people's sex and sexuality. Care plans dealt with whether people wished to follow a particular beauty regime and how they liked to be dressed.

Care and treatment was provided with due regard to people's religious persuasion and cultural background. In all of the care plans we viewed there was information about whether people followed a particular religion. If so, information was provided as to how this was reflected in their care and treatment. For example, in one care plan we viewed we saw that a person's religion and cultural background meant that they followed a particular diet and required to be dressed a certain way. When we saw the person, we saw that they were dressed accordingly. Further, the care plan gave some translations of key words into the person's first language. This meant that the person was assisted to express their views.

Our judgement

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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

Three people that we spoke with confirmed they felt they made decisions about the care and support they received. They told us that staff respected their wishes to manage as much of their own care needs as they could and that staff asked for their agreement before providing support.

One person said, "I have a key and come and go to my room or activities as I please. I can be independent and do what I can for myself. I lived alone for years, I don't like fuss, I like to do things my way and they let me get on with it, but they are there when I need them."

Other evidence

In our report dated March 2011, we found that improvements were required in relation to this standard. This was because further development was required to ensure that visual menu cards were available to help people make choices during mealtimes. We had also found that there were some inappropriate terms used to describe people who lived at the service and the care they required.

In our inspection of 7 and 8 August 2012, we saw that there were clear pictures of what drinks were available throughout the day. There were whiteboards used to detail what food was being served at mealtimes.

Training records showed that Dignity in Care awareness training had been attended by staff during the week of our inspection. Staff evidenced their awareness as we heard them ensuring the agreement of the person who used the service before carrying out care. For example, we overheard one member of staff asking a person, "Would you like to stay in the wheelchair or watch the telly? I'm just going to be over there. That's your cup of tea. It's probably very cold now. Can I make you another one?"

We saw that people either signed to agree with their care plans or if the person did not have mental capacity, that Mental Capacity Assessments were carried out to ensure that the care was carried out in their best interests. We saw that people signed consent forms in their care plans for their photographs to be taken. We noted that people were able to refuse treatment if they wished and that this was documented in care records.

Our judgement

The provider was meeting this standard. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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

As some of the people living at the service were unable to communicate with us verbally, we observed their care and treatment. We saw that people were assisted to mobilise when required and that suitable care was given when people were experiencing heightened moods.

People told us that they received good care and support.

One person we spoke with told us they felt well cared for at the home and their right to maintain their independence was respected. They said they had recently had "a couple of falls that were not really falls at all", explaining that they had just gotten up too quickly and then become dizzy before sliding to the floor. They added, "They made a fuss and want me to use the buzzer to call for help, but I want to carry on doing what I can for myself, and they do let me."

Another person said, "I feel very satisfied and very well cared for here. I would not want to live with my [relatives] and am quite happy and comfortable here. Anything you want; you can ask the [staff]. I have a choice of meals and drinks and plenty of them, there are activities, I like to sit in bed and read and can do that, I am quite content."

Relatives of a person living at the service explained how their relative had felt unsettled when they were living in a different unit at the home. They explained that a care worker had told them that they thought their relative would be happier in a different unit and that their relative had subsequently moved. They explained how their relative was much

happier and settled since being moved. In relocating the person, the service had ensured their welfare.

People that we spoke with told us what activities that they liked to do, such as painting or gardening and we saw that this was reflected in their care plans. A relative said that their relative "always seems to be doing activities. I always see pictures. Sometimes I come in and [they are] away doing something."

Another relative told us, "[My relative] likes the activities: exercises, sing-a-longs, coffee mornings."

Other evidence

In the care plans, we saw that there was a thorough assessment of people's needs. The initial assessment considered people's medical needs, behaviour, communication and social and religious requirements.

There were pertinent risk assessments on the files which dealt with the risks that were relevant to the individual concerned and dealt with how these risks were going to be managed. Risk assessments considered equipment used, continence, skin integrity, personal hygiene, falls and nutrition, for example. The risks were related to a care plan to ensure that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We saw that, on the whole, risk assessments were reviewed and updated in accordance within the timescale required. We did see in some of the care plans that there was a month whereby reviews had not been carried out, but we saw that the reviews had been carried out regularly in previous months and the subsequent month so that the risk to the person was minimised. The Registered Manager explained to us that this had been a particularly difficult month at the service and was not, therefore, usual practice.

The reviews of the risk assessments were meaningful and reflected changes in the person's needs. Where there was a significant change, we saw that new care plans were put in place. For example, we saw that one care plan for mobility was re-written in February 2012 as the person's mobility had decreased. This ensured that there was up to date and relevant information available to meet the person's ongoing needs.

We had received notifications prior to our inspection indicating there had been a significant number of falls at the service. We saw that people at risk of falls had been placed on more frequent observations and that there were sensor mats put in place as appropriate to alert staff of when the particular person was getting out of bed. We also saw that furniture had been positioned to minimise the risk of falling during transfers.

We asked staff at the service what they would do if they knew someone was at risk of falls. They discussed the use of a falls risk assessment and care plan and the use of additional equipment such as bed rails. This helped to ensure that people's health and safety needs were met.

We saw that people's activity needs were met at the service. During our inspection we saw a pool competition and memory games. When people at the service said that they did not want to partake in a game, the activities co-ordinator sat with them and had a

small group chat, which people enjoyed.

We also saw the activity programme for July 2012 up to 20th August 2012. This detailed daily activities held at the service which had an Olympic theme. This included various competitions such as darts, singing and quizzes.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

A relative told us that they feel safe that their relative is being cared for at the service. They explained, "It takes away that worry at night that [they] are going to have a fall. [My relative] is being looked after by the carers in a professional way."

When we asked a person who used the service if they felt safe, they replied, "Yes. I feel as though I'm being looked after. I lived on my own and I didn't like it much."

Another person said, "I feel the staff are very patient. No one is ever rude. They are friendly and so I feel safe here, very safe, and not everyone ends up as lucky as that."

Other evidence

Records showed that there had been a high number of safeguarding referrals made to the local authority safeguarding team in the months prior to our inspection. A high proportion of these related to falls and unobserved injuries. We found that there had been a change to reporting procedures at the service which meant that more incidents were being raised as safeguarding concerns. This showed that the provider responded appropriately to the possibility of abuse.

We saw that the provider had undertaken an analysis of the safeguarding incidents that had been raised at the service. This looked at possible reasons for the rise in safeguarding referrals and gave actions for the provider to look into. To date, there was no information available as to whether this action had been completed or followed up. This analysis showed that the provider has systems in place to prevent abuse before it

occurred.

Training records showed that only a minority of staff had received training in safeguarding vulnerable adults. These showed that out of 90 staff, only 35 had received this training. The provider may wish to note that, in order to ensure that staff understand the aspects of the safeguarding process that is relevant to them, this training should be attended by all relevant staff at the service.

Despite the inconsistent training in safeguarding vulnerable adults, staff that we spoke with understood what the different types of abuse were. They were aware of what they would do if they witnessed an incident of abuse, demonstrating that staff understood the signs of abuse and would raise this with the right person if those signs were noticed.

On the whole, staff knew where to find the safeguarding policies and procedures although one member of staff on induction was unsure of this.

Our judgement

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

We asked a person who used the service if they get their medication on time. They said, "I get it every day. They say, 'Don't forget you haven't had your tablets.'"

Another person confirmed they received their medication on time and told us this was done in the way they preferred. They said, "Yes, they are very good. They bring it to me every morning, they give me all the tablets in one pot as that's how I like to do it, not all this one at a time business, and that's it."

Everybody that we spoke with confirmed that they had not had any problems in receiving their medication.

Other evidence

Prior to our inspection of the 7 and 8 August 2012, we had received information from the adult safeguarding authorities informing us that there had been an increased number of safeguarding incidents raised relating to medication errors at the service. We were informed by the Registered Manager that these concerns were due to the errors of a particular member of staff, who had since left the service. This account corroborated with the dates of the information that we had received.

There were suitable arrangements in place at the service to obtain medication. We were informed that medication was ordered by a senior carer or nurse at the service and that prescriptions were checked. We saw documents which demonstrated that

advice was sought from a person's GP when medication was discontinued or when a person persistently refused their medication.

We checked that the medications in the blister packs correlated with the Medication Administration Records (MAR sheets). The MAR sheets were updated when medication was not administered or lost and the reasons for this. When people were prescribed medication on an 'as required' basis, we saw that there was information detailing when this had been administered. This confirmed that there were appropriate arrangements in place for the recording and safely administering medications.

In our report of April 2012, we noted that when people received medicated patches, that the positioning of these had not been recorded. This was advised by our pharmacist inspector as it can cause the person discomfort if the location of the patch is not changed. During our inspection we noted that the situation of the patch was documented. This enabled the site of the patch to be alternated and therefore, the discomfort to the person to be minimised.

We saw people received their medication in a safe way and that this was completed with regard to people's dignity and personal choice. We saw that staff informed people individually that it was time for their medication and asked them if they were ready to take it. Staff stayed with the person whilst they took their medication to ensure that this had been taken. Staff also quietly explained to one person that, as they were taking a big tablet, they would need to chew. They told another person that the particular tablet was for their Parkinson's disease.

In our report of April 2012, we noted that people may have received their medications too close together as the time the medication was administered was not recorded. We saw that this was still the case. During our inspection, we observed a person receiving their morning medication at 10:52am. We spoke with the member of staff who had administered the medication. They confirmed that they did not write down the time the medication had been administered, but said that they were working all day so would ensure that the lunchtime medication would not be given too early. However, we pointed out to them that this would be an issue if they were taken unexpectedly ill, for example and the covering member of staff would not be aware of the timings.

The Registered Manager advised us that they had trialed a system of recording the medications, but this had proved difficult. They agreed with the concerns that had been raised and said that they would be looking into this issue further.

Medications were stored in locked trolleys in a locked clinical room. Controlled drugs were kept in a cupboard within the clinical room. Temperatures were taken of the clinical room twice a day to ensure that medications were not spoilt. There were appropriate systems in place for the safekeeping of medications.

With regard to disposing of medications, we saw that these were appropriately recorded in a returns box, safely stored awaiting collection and then signed out when collected. This ensured that there were systems in place to ensure the safe destruction of medications.

Our judgement

The provider was meeting this standard. People were protected against the risks

associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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

The provider is non-compliant with Outcome 12: Requirements relating to workers. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

One person said that they didn't see many new staff but when they did, they were introduced to them.

Another person who used the service told us that new staff mostly knew what to do when they started. They said, "It takes them a while to get to know the routines but the others are there to help them and they soon get in on it." Another person said, "They train them up when they start."

A relative said that new staff seemed experienced and that they had "been trained."

Another relative commented that they've "not noticed new people recently. They seem to know what they're doing."

Other evidence

The three staff files we looked at showed that staff had a range of identity and other checks undertaken before they commenced employment. These checks included Criminal Records Bureau (CRB) checks and photographic and address identification. References were taken and verified before a post was offered.

Staff that we spoke with confirmed they had received an induction. One member of staff told us that their induction was useful. They said that they had a mentor and that they were given the provider's policies and procedures. A new member of staff that we spoke with said that they were currently on induction. They said that they had been

shadowing a team leader and getting to know the people who lived at the service. They said that they were in the process of receiving training that had been deemed as mandatory by the provider. The induction provided evidence that people had the skills and experience necessary of the work to be performed.

However, all in all three files we viewed there was no full employment history detailed in the application form or any other documentation. In two employee's files, there were gaps in employment, whereas another did not contain a full and complete employment history. There was no written explanation of the gaps in employment. This meant that the provider could not be certain that the person being employed was of good character.

Our judgement

The provider was not meeting this standard. Appropriate checks were not undertaken before staff began work.

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

A relative said, "There seems to be enough staff. They're always around."

When we asked another relative if they felt that there were sufficient staff at the service, they replied, "Couldn't find anyone before but now there's people about."

A person who used the service said that there were, "Enough staff. I feel that I'm being looked after."

Other evidence

We saw that there was a dependency tool in people's care plans to decide the amount of assistance required for certain aspects of their care. However, the Registered Manager did not use this information to decide overall staffing levels at the service.

At the time of our inspection, the service was not accepting new admissions. This and the low occupancy of the service meant that there was a sufficient needs and risk analysis of the staffing needs of the service as the assessment of staffing needs was carried out on a weekly basis by a senior manager at the service. These were then emailed to the provider.

During our SOFI observations, we saw that there were sufficient numbers of staff at the service to assist people during the mealtime. Further, during our inspection on the whole, we found that there was an adequate number of staff to meet people's care needs.

We asked a member of staff if they thought that the staffing levels were sufficient. They told us, "Most of the time it's OK if the carers are working properly." Another staff member said, "It's just about OK. In an ideal world, you always want more staff. It's quite comfortable for me."

Our judgement

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

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 non-compliant with Outcome 16: Assessing and monitoring the quality of service provision. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

Relatives confirmed that they were invited to attend relatives' meetings. One person explained that they did not attend but that they were sent the minutes of the meeting.

We asked a person whether there were resident's meetings held at the service. They said, "I've not noticed. If I had a problem I'd go to the one in charge."

One person said about the service, "I am very happy here, it's the best by far that I have been in. I can talk to the staff, they are lovely. If there were any issues, trust me, I'd be the first to complain about it."

Other evidence

The Registered Manager and the owner's representative provided us with a range of documents they relied upon to evidence the systems used to gather people's views and to assess the safety and quality of the service.

An audit completed in June 2012 looked at accidents of people who lived at the service during the months of April and May 2012. This considered when and where accidents had taken place and set actions to minimise the risk, particularly in relation to falls. However, there was only one example of this audit and therefore, it was not regular enough to manage the risks to the safety of people who used the service.

A health and safety audit stated that it was to be completed every three months. We

saw one dated 9 June 2012. The audit concluded that not all accidents at the service were reviewed by the care manager. There was no follow up action recorded on the analysis to state whether the care manager had been instructed to review accidents or what subsequent action had been taken to remedy the issue. This was of particular concern as there had been numerous reported incidents of people falling at the service. The provider did not manage risks relating to people's health, safety and welfare as there was no follow up action in relation to the concerns found.

The previous audit for health and safety was on a dissimilar form which set different criteria. This was completed on the 14 July 2011, some 11 months previously and not at the three monthly intervals as stated above. These audits were not carried out regularly or consistently to enable the risks to be managed.

We looked at audits that had been carried out at the service to assess the care provided. We saw that these were in no logical order and were not carried out on a regular basis. There were eight different documents used for this purpose which all set different criteria and objectives of the process. This audit also contained documents that had been prepared by other organisations. The inconsistency of the documents, objectives and dates for review meant that there was not an effective operation of systems to regularly identify, assess and manage risks to the health and safety of people who used the service.

We saw posters advertising monthly relatives' meetings. We saw relatives' meeting minutes for July and May 2012. These showed that regard had been given to the comments made by the relatives of people who used the service. We saw that there was a suggestion to form a "Friends of Partridge Care Centre (PCC)" amongst the relatives and a relative had confirmed to us that this was underway.

We did not see any evidence of meetings taking place for people who used the service. This may have meant that the provider did not have regard to the complaints and comments made by people who used the service as there was no forum for them to provide these.

We were shown the feedback for the most recent quality assurance survey. This was sent to people who lived at the service and their relatives in March 2012. We saw that there was a process of analysing the feedback, although this was not useful in the circumstances as the analysis informed us that only one person had responded to the survey. However, we found further replies dated March 2012 in an unrelated audit file that had not been accounted for in the analysis.

We were not provided with the results of the previous quality assurance survey. The lack of responses available for analysis meant that there were not effective systems in place to regularly assess and monitor the quality of the services provided.

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 receive. There was not an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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

The provider is non-compliant with Outcome 21: Records. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

We did not speak to people who used the service about record keeping at Partridge Care Centre.

Other evidence

In our report in April 2012, we found that there were minor concerns with this outcome. This was because there was inconsistent information on people's files relating to dietary needs, preferences or length of time between observations.

In our inspection on 7 and 8 August 2012, we found that people's records were consistent throughout and that there was no contradictory information on the files regarding people's care. We cross referenced documents, such as key information at the front of the files with people's care plans to ensure that the records accurately reflected people's needs.

We found that the care records provided an accurate record in respect of each person who used the service. We saw that care plans were updated following a change in circumstances.

On two occasions during our inspection we found that the doors to offices where people's care plans were stored were not locked. On another occasion, we found that people's daily records had been left unsupervised in a communal lounge. After we had

perused these documents, a member of staff entered the lounge and put these documents in a locked cupboard. The provider did not ensure that records were kept securely.

Our judgement

The provider was not meeting this standard. Records were not kept securely.

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 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	How the regulation is not being met: Appropriate checks were not undertaken before staff began work.	
Diagnostic and screening procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	How the regulation is not being met: Appropriate checks were not undertaken before staff began work.	
Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	How the regulation is not being met: Appropriate checks were not undertaken before staff began work.	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met:	

	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 receive. There was not an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.	
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: 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 receive. There was not an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: 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 receive. There was not an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.	
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: Records were not kept securely.	
Diagnostic and screening procedures	Regulation 20	Outcome 21: Records

	HSCA 2008 (Regulated Activities) Regulations 2010	
	How the regulation is not being met: Records were not kept securely.	
Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: Records were not kept securely.	

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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