

# Review of compliance

<b>Molescroft Nursing Home (Holdings) Limited Beverley Grange Nursing Home</b>	
<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	Lockwood Road Molescroft Beverley East Riding of Yorkshire HU17 9GQ
<b>Type of service:</b>	Care home service without nursing Care home service with nursing
<b>Date of Publication:</b>	September 2011
<b>Overview of the service:</b>	<p>Beverley Grange is a purpose built home situated in Beverley.</p> <p>The home provides care for 75 older people who need residential care or nursing care, some of whom may have dementia.</p> <p>The home has two floors. All rooms</p>

	bedrooms are single and some have en-suite facilities. There are large lounges and dining rooms on each floor.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Beverley Grange Nursing Home was not meeting one or more essential standards. Improvements are needed.**

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

### Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 12 - Requirements relating to workers
- Outcome 13 - Staffing
- Outcome 24 - Requirements relating to registered managers

### How we carried out this review

We reviewed all the information we hold about this provider, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

We spoke to four people who use the service and they told us they were happy living at the home and with the care they received. One person told us that moving into the home was the best decision she had ever made.

### What we found about the standards we reviewed and how well Beverley Grange Nursing Home was meeting them

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

People who live at the home had a plan of care, however some essential information was missing and processes had not been followed which ensured people's rights and dignity.

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

People were protected from abuse because staff received training and there were procedures in place for staff to follow, however some of the referrals made to the Local Authority lacked sufficient information to establish a clear audit trail of action taken by the

home.

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

People were protected by the recruitment procedures in place; however some formal processes need to be improved.

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

People were cared for by staff in sufficient numbers to meet their needs.

**Outcome 24: Services must be managed by people who are honest, reliable and trustworthy. They must also have the right skills, experience and qualifications to do the job**

People live in a home that was managed on a day to day basis; however the owners needed to employ a manager to support staff and improve the home's performance in the longer term.

**Actions we have asked the service to take**

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

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes 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 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 told us they were happy with the care they received.

##### Other evidence

We looked at this outcome area because we received concerns about the quality of the information being recorded in people's care plans.

We looked at three people's care plans. These contained evidence of assessments being undertaken to establish people's needs and risk assessments being undertaken to protect people from harm.

One person's file contained a risk assessment about how they would be at risk if they left the home. This told staff to use diversion techniques but did not instruct them as what these techniques should be. This could lead to inconsistencies and confusion for the staff and would not help someone with dementia to understand what was happening.

There were measures in place to prevent the person from leaving the building but we saw no evidence of an assessment having been completed under the Mental Capacity Act to establish the person's capacity to make informed decisions or of the use of a Deprivation of Liberty Safeguards (DoLS) application. This meant that the person had not been involved with any decisions made on their behalf and lack of use of the proper guidelines and safeguards did not put the person at the centre of the process.

**Our judgement**

People who live at the home had a plan of care, however some essential information was missing and processes had not been followed which ensured people's rights and dignity.

## 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

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People were not consulted about this outcome area.

##### Other evidence

We looked at this outcome area because an incident at the home had recently been the subject of a safeguarding investigation by the Local Authority safeguarding team which resulted in some recommendations being made.

We spoke with staff about their understanding of the safeguarding procedures in place. They were able to tell us what they would do if they suspected abuse was occurring within the home and how to report this. We saw that staff received regular training about safeguarding vulnerable adults.

We looked at the recording of safeguarding referrals made to the Local Authority safeguarding team and saw that some of the referrals had no dates recorded as to when the information had been faxed to the team. This did not provide a clear audit trail.

##### Our judgement

People were protected from abuse because staff received training and there were procedures in place for staff to follow, however some of the referrals made to the Local Authority lacked sufficient information to establish a clear audit trail of action taken by the home.

## 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

People were not consulted about this outcome area.

##### Other evidence

We looked at this outcome area because we received concerns that staff had been recruited without the proper checks being carried out.

We looked at staff files and saw that all checks had been completed prior to staff starting work at the home, which included a Criminal Records Bureau (CRB) check and references being taken.

We saw that one person had been employed with a criminal conviction but we saw no evidence that this had been discussed with the person. Nor was there a record of the manager's reasons for taking the decision to employ the person despite having a conviction.

The home had a list of bank staff used to cover for sickness and leave who also worked at other establishments. There were no systems in place which monitored the working hours of the bank staff to ensure they did not work long hours, therefore putting people at risk.

##### Our judgement

People were protected by the recruitment procedures in place; however some formal processes need to be improved.

## 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 were not consulted about this outcome area.

##### Other evidence

We looked at this outcome area because we had received concerns about staffing levels.

We looked at the rotas in place and saw that there were enough staff on duty to meet people's needs.

We were told by staff that sometimes the majority of staff on duty were bank staff. However following the site visit the provider sent us information which showed that bank staff were used but they did not make up the majority of the staff on duty and they were trained to the same level as permanent staff.

##### Our judgement

People were cared for by staff in sufficient numbers to meet their needs.

## Outcome 24: Requirements relating to registered managers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Have their needs met because it is managed by an appropriate person.

### What we found

#### Our judgement

There are moderate concerns with Outcome 24: Requirements relating to registered managers

#### Our findings

##### What people who use the service experienced and told us

People were not consulted about this outcome area.

##### Other evidence

We looked at this outcome area because there was no registered manager at the home and concerns had been raised about the overall management of the home.

The owners told us they were actively recruiting for a manager but in the mean time two nurses had been covering the manager's role.

The staff told us they thought the management arrangements had been adequate as an interim measure but felt the home lacked leadership. Some staff felt the nurses were approachable but some thought they were too busy to provide the support they needed if they had any concerns.

##### Our judgement

People live in a home that was managed on a day to day basis; however the owners needed to employ a manager to support staff and improve the home's performance in the longer term.

## Action we have asked the provider to take

### Improvement actions

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

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<b>Why we have concerns:</b> People who live at the home had a plan of care, however some essential information was missing and processes had not been followed which ensured people's rights and dignity.	
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<b>Why we have concerns:</b> People were protected from abuse because staff received training and there were procedures in place for staff to follow, however some of the referrals made to the Local Authority lacked sufficient information to establish a clear audit trail of action taken by the home.	
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<b>Why we have concerns:</b> People were protected by the recruitment procedures in place; however some formal processes need to be improved.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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

The provider's report should be sent within 28 days of this report being received.

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

## 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 6 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 24: Requirements relating to registered managers
	<p><b>How the regulation is not being met:</b>            People live in a home that was managed on a day to day basis; however the owners needed to employ a manager to support staff and improve the home's performance in the longer term.</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 28 days of this report being received.

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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