

Review of compliance

Molescroft Nursing Home (Holdings) Limited Beverley Grange Nursing Home

Region:	Yorkshire & Humberside
Location address:	Lockwood Road Molescroft Beverley East Riding of Yorkshire HU17 9GQ
Type of service:	Care home service with nursing Care home service without nursing
Date of Publication:	December 2012
Overview of the service:	Beverley Grange is a purpose built home situated on a housing development in a residential area of Beverley. The home is registered for up to 75 older people, some of whom may have dementia.

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

Our current overall judgement

Beverley Grange Nursing Home was meeting all the essential standards of quality and safety inspected.

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 31 May 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us that they staff were "Very good." They said that they had choices and that this included their meals.

People said that there were activities in the home that they could participate in if they wished to.

People said that there were enough staff and that they felt safe living in the home.

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

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's privacy, dignity and independence were respected.

The provider was meeting this standard.

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

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

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

People were protected from the risks of inadequate nutrition and dehydration.

The provider was meeting this standard.

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

People who used 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.

The provider was meeting this standard.

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

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

The provider was meeting this standard.

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

There were enough qualified, skilled and experienced staff to meet people's needs.

The provider was meeting this standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

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 had an effective system to regularly assess and monitor the quality of service that people received.

The provider was meeting this standard.

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

We spoke with eight of the people who lived in the home.

People we spoke with told us "Staff are very good, they are respectful". We were also told that staff knocked on doors prior to entering the person's rooms, with people saying, "I think it is a wonderful place, staff are marvellous, I couldn't complain about anything. There is not one of the staff that won't put themselves out for you." "Staff are very good, respectful and polite." With another person adding staff were very respectful to them adding "Oh very, absolutely, unbelievably good."

One person told us "I read and signed my care plan a couple of weeks ago."

One person told us that they had choices, for example, with their lunch and that they were asked what they wanted for their meals and were offered different options. We were also told "I can choose what time to get up and what to do. I can go out independently." Another person told us that they could stay in bed if they wished and that they had no problems. One person told us that staff listened to them.

One person told us that they had been given a service users guide, this provided them with information about the home.

When we asked one person told us they were able to make choices, for example, when to get up or to go to bed. One person said that staff at times forgot to knock on the door prior to entering thier room.

Other evidence

People expressed their views and were involved in making decisions about their care and treatment.

When we spoke with the manager they told us that no one in the home had been subject to an assessment under the Mental Capacity Act 2005 and that no one had the support of an independent advocate.

We looked at eight care files for the people who lived in the home. We saw that these recorded people had been involved in their review of their care. It also included a one page profile that recorded people's likes and dislikes.

When we spoke with staff one person told us that the choices people had included, what time to get up in a morning or what time to go to bed, if they wanted to go into the garden and what to wear. Another person told us that they asked people what their likes and dislikes were. Two staff told us about people's dignity and respect saying that they call people by the name they preferred and that they ensured doors were closed when any personal care was undertaken.

We observed that each person had a copy of the service user guide in their room, this provided them with information about living in the home.

Our judgement

People's privacy, dignity and independence were respected.

The provider was meeting this standard.

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

Two people said "Yes, I have a care plan." Another person told us when asked about their care plan, "No not had anything like that but I have not needed it." With another telling us that they did not have a care plan but that they were involved in reviews about their care.

One person told us that they were supported by the staff to attend hospital or doctors appointments.

Another person said, "They try to make everyone as happy as they can". One person said that "Some of the staff are very caring, but others treat it more as a job."

One person said that there were activities in the home but that they didn't attend these as they had visitors each day. Other people said, "We are kept busy, I do knitting. Everyday there are things to do, dominoes sewing or jubilee activities, and I go in for special things like a concert." Another person told us that there seemed to be activities, they could play dominoes or go out for afternoon tea, visit garden centres and that a local school had visited the home. Another person told us that they had been playing bingo and that their relative visited them.

Other evidence

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

When we looked at the eight files for the people who lived in the home we saw that they all contained an admission form, personal history form and admissions assessment that covered a variety of areas of daily living including mobility and personal care.

This information had been used to develop plans of care that recorded the support that people required in different areas of their lives. This included personal care, mental state, medication and mobility. We saw that when necessary additional detailed assessments had been undertaken. For example, a Waterlow assessment, to assess a person's skin care had been undertaken. We saw that risk assessments were in place, for example for a person's mobility or for the use of bed rails. We saw that these had been reviewed and kept up to date. The provider may wish to note that one person's risk assessment for administering their own medication had not been reviewed since January 2012 and may not have been up to date to assist with the assessment of the risks involved.

There were daily diary notes that recorded the support provided by the staff and the person's day. Additionally there were key worker and multi disciplinary notes, the latter recorded the support provided by other professionals for example the dietician.

We saw that people had patient passports in their files, these recorded basic information on people's needs and were used to provide information for staff to support people when individuals transferred from the home into a health care setting.

When we spoke with staff they told us that they used the care plans to ensure that they were aware of people's needs and that they made sure people had regular checks to help maintain their health needs.

Our judgement

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

Two people who we spoke with told us that there were choices for the meals each day and different options if they did not like the main meal on offer.

Another person told us that they were not asked what they wanted for a meal but that the food was "Superb" and that they "Couldn't grumble at all."

We were also told, "The food is very good", "It is adequate" "Yes, there is plenty" and "It is not bad at all." With another person telling us they liked to eat in their room and that their food was still warm when they got it.

Other evidence

People were supported to be able to eat and drink sufficient amounts to meet their needs.

When we looked at the eight people's files we saw information was recorded regarding peoples nutrition including their likes and dislikes. Nutritional risk assessments had been completed and monthly weight records were recorded in order to monitor people's weight and to take action if there were any major changes.

We observed that lunchtime was a social occasion, tables were set with tablecloths and people were provided with a choice of drinks that included hot and cold drinks and sherry if they wished. We observed staff offering one to one support to people to assist them with the eating of their meal. People were offered different size portions of food dependent upon their personal preferences that would assist to encourage them with

the eating of their meal. If necessary food had been pureed to aid the person in eating it.

Our judgement

People were protected from the risks of inadequate nutrition and dehydration.

The provider was meeting this standard.

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

All of the eight people we spoke with told us they felt safe in the home. Additionally people said they felt that they could speak to the matron if they had any concerns. They also said that their relatives felt able to raise any concerns. Another person confirmed that they felt safe and that they could lock their door. They also said that they felt comfortable in raising any concerns. Another person said "Oh yes we can tell them" when we asked if they felt able to raise concerns. Another person said " Oh yes I feel quite safe."

Other evidence

People who used 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.

We saw that there was a copy of the East Riding of Yorkshire Council's policy on the protection of vulnerable adults that provided staff with information on what actions to take should an allegation of harm be raised.

When we looked at eight staff files we saw that four of these included information that recorded staff had undertaken training in the protection of vulnerable people from harm. Additionally when we spoke with staff they told us about the policies for protecting people and were positive in their answers on the actions they would take should an allegation of this nature occur.

We looked at the systems for handling people's personal finances held in the home. These were all computer based records and individual. Receipts were obtained for any purchases made.

Our judgement

People who used 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.

The provider was meeting this standard.

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 compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

When we spoke with people they did not comment on this outcome area.

Other evidence

There were effective recruitment and selection processes in place.

We looked at seven out of the 48 staff files. All of these included an application form that requested information on the person's work history and skills that helped ensure the person was suitable for the role.

We saw that Criminal Record Bureau (CRB) checks had been undertaken on six people to ensure that people did not hold a criminal conviction that would prevent them from working with vulnerable people.

Files also included references regarding people's suitability for the post. The provider may wish to note that of the two files we saw for registered nurses working in the home only one contained evidence of their Personal Identification number (PIN) with their eligibility to practice not being checked since 2010 and 2011 respectively.

Our judgement

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

The provider was meeting this standard.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We spoke with eight people who lived in the home and received different comments, these included, "Sometimes there are enough staff, it depends on sickness and holidays, sometimes they are short staffed but that is inevitable", and "I don't think that any of these places ever have enough staff". With other people saying that they thought there was enough staff.

Another person told us that staff answered the buzzer in a timely manner. One person said that "Sometimes staff don't come and check on me."

Other evidence

There were enough qualified, skilled and experienced staff to meet people's needs.

We looked at the duty rotas for the staffing levels in the home. We saw that there was a qualified nurse on duty throughout the day and night. The provider told us that there were four carers on each floor during the day and two at night, although this could be increased. The manager told us that additionally three people were supported by 'independent living' carers in the home. Also that there was no formal assessment of staffing levels.

Our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

The provider was meeting this standard.

Outcome 14: Supporting 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 competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

One person told us that the staff seemed trained in their roles when they were supporting them.

When asked another person told us "I think they know what they are doing."

Other evidence

When we looked at staff files we saw five of these included certificates that confirmed that staff had attended a variety of training courses. We saw these included health and safety, infection control, first aid, the Mental Capacity Act 2005 and the protection of vulnerable adults. Without staff certificates it may be difficult to monitor the training needs of the staff team. The provider may wish to note that the training matrix was requested but was not seen on the day of the visit.

We discussed induction training with the manager and provider of the home. Staff had not undertaken recognised induction training when they commenced employment in the home. The provider may wish to note that without induction training it was unclear how staff have received an appropriate induction to the service.

When we looked at the eight staff files we saw that five of these contained evidence that staff had received a previous supervision session. However the majority of these were held in 2011 and there was only one record of supervision per member of staff. When we discussed this with the manager and provider they confirmed that they were aware of the need for supervision sessions to take place within the home. We spoke with three staff members two staff members discussed supervision. One person told us

that they felt well supported and another person told us that the senior staff supported them.

The provider may wish to note that without formal recorded supervision sessions it was unclear how the provider ensured an audit of supervision that reflected both staff needs and development

Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

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

One person told us that they were aware of the residents meetings but that they did not bother to attend. They also told us that there was a newsletter about the home.

Another person told us that they had not attended any residents meetings but they had heard people talk about them.

Another person told us that residents meetings usually happened monthly but that they had not occurred recently. They confirmed that they had the chance to be involved in the home.

Other evidence

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We looked at the quality assurance system within the home and the manager provided us with service user and relative's surveys. These had been completed and the manager had yet to complete a report on the findings of these.

We saw in people's files that regular reviews of people's care was undertaken and the manager told us that annual care reviews were held to check that people were still receiving the appropriate level of care in order to meet their needs.

We saw records of staff and residents meetings that were held in the home and there

was a monthly health and safety audit undertaken for the home.

We saw records for accidents and that the systems in the home were maintained, with safety checks being up to date. This included the gas and electric systems.

There was not a system for checking that the bed rails remained in a good state of repair and safe to use and this was discussed with the manager and provider.

Our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people received.

The provider was meeting this standard.

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

Document purpose	Review of compliance report
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