

# Review of compliance

<b>St Mary's Nursing Home</b>	
<b>Region:</b>	West Midlands
<b>Location address:</b>	Margaret Street Stone Staffordshire ST15 8EJ
<b>Type of service:</b>	Care home with nursing
<b>Date the review was completed:</b>	28/02/2011
<b>Overview of the service:</b>	<p>St Mary's Nursing Home is a 58-bedded Care Home offering Nursing and Personal Care situated in Stone. It comprises of a three-storey purpose built building, built in early 1976. The current Proprietors The English Dominican Congregation have run the home since 1976.</p> <p>The Registered Manager is Anne Clarke who was registered in January 2008 and previously worked as Deputy Manager at the home.</p> <p>The home is set in a town location; however people using the service benefit from extensive</p>

	<p>views of large and beautiful gardens, which lead down to the fenced area alongside the canal.</p> <p>The home has 58 single bedrooms. Some bedrooms have en-suite WC facilities. Facilities/services include a hairdressing salon, laundry services, social activities, library and religious services.</p> <p>There is a summerhouse in the grounds and all areas of the home have access via stairs, ramps and passenger lifts. The visiting General Practitioners attend weekly, or as required, and other services offered include the visiting dentist and chiropodist.</p> <p>The main emphasis of the home is to create a Christian environment, where every opportunity is given for the enhancement of the spiritual, physical and social well being of each individual.</p> <p>The nursing and care staff encourage all of the people who live in the home to remain as independent as possible, respecting individuality, autonomy and personal privacy.</p>
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# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that St Mary's Nursing Home was meeting all the essential standards of quality and safety we reviewed.**

The summary below describes why we carried out the 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, including the Provider Compliance Assessment, the previous Key inspection report, their Quality Risk Profile, and any Notifications we had received.

We spoke with a number of other professionals who had visited the service, including District Nurse, Occupational Therapist and the Community Psychiatric Nurse.

We visited the service on 28 February 2011 to speak to the people using the service, and staff members.

### What people told us

Feedback comments received from other professionals about the service were generally very positive.

We visited the service and spoke with people using the service, their relatives and staff members. Feedback comments about the service included, "we are happy working here, and we get the support we need from our manager." "We can choose what time we get up and go to bed, and if we don't like the meal we can ask for

something else.” “The food is always of a good quality, and there’s plenty of it.” “I only have to ask to see my doctor and it’s done.” “The doctor visits twice weekly here.” “I had been at St Mary’s many times for respite, and liked it, so I decided to move in.” People told us they were happy with their individual bedrooms. Some people said they liked to spend most of their time there.

The previous key inspection report also told us that relatives and people using the service had been satisfied with the care they received.

## **What we found about the standards we reviewed and how well St Mary’s Nursing Home was meeting them**

### **Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People who use this service are at the centre of their care, treatment and support, have their independence, dignity and privacy maintained, and are encouraged to make choices about the services they receive. This recognises their diversity, values and human rights.

- Overall, we found that St Mary’s Nursing Home was meeting this essential standard.

### **Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

People who use this service can expect to be sensitively and appropriately consulted in regard to decision making, and their options for care, treatment, support and risk taking. Staffs had been made aware of and have access to the relevant guidance and procedures for advance care plans or advance decisions, and understand the procedures that need to be followed in respect of consent to care and treatment.

- . Overall, we found that St Mary’s Nursing Home was meeting this essential standard.

### **Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

People who use this service receive safe and appropriate care, treatment and support because their individual needs are established from when they first use the service. A comprehensive pre-admission assessment of need and risk is undertaken which includes contributions from the individual concerned, and their family or representative. This forms the basis for the care plan. The care plan is reviewed on a

monthly basis, and monitored daily. Daily records are kept, and a key worker system is in place. The service uses an end of life policy and procedure, in conjunction with Macmillan nurses, and advance care planning, as appropriate to the person's needs or wishes. Pastoral care and support is available if required.

- Overall, we found that St Mary's Nursing Home was meeting this essential standard.

### **Outcome 5: Food and drink should meet people's individual dietary needs**

People using the service can expect to have a choice of meal that takes account of their individual preferences and needs, including their religious and cultural requirements.

- Overall, we found that St Mary's Nursing Home was meeting this essential standard.

### **Outcome 6: People should get safe and coordinated care when they move between different services**

People using the service receive safe and coordinated care, treatment and support where more than one provider is involved, or when they are moved between services.

Information is shared in a confidential manner with other services, to enable the care, treatment and support needs of the person using the service.

The service has developed good links with their local community including the General Practitioner, Specialist Nurses, Chiropodists, Opticians, Dentists and Physiotherapists.

- Overall, we found that St Mary's Nursing Home was meeting this essential standard.

### **Outcome 7: People should be protected from abuse and staff should respect their human rights**

People using this service are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

- Overall, we found that St Mary's Nursing Home was meeting this essential standard.

### **Outcome 8: People should be cared for in a clean environment and protected from the risk of infection**

People using the service are protected by the Code of Practice and robust infection control policy in place. Policies and procedures are in place for pest control, waste management, environmental health and ongoing refurbishment.

Outbreaks of communicable diseases are immediately notified to the Health Protection Agency and their advice is followed. Information leaflets are made available for staff, residents and visitors/relatives.

- Overall, we found that St Mary's Nursing Home was meeting this essential standard.

### **Outcome 9: People should be given the medicines they need when they need them, and in a safe way**

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

- Overall, we found that St Mary's Nursing Home was meeting this essential standard.

### **Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

Staff and the people who use the service know they are in safe, accessible surroundings that promote their wellbeing. The design and layout of the premises is suitable for carrying out the regulated activity.

- Overall, we found that St Mary's Nursing Home was meeting this essential standard.

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

People who use the service benefit from equipment that is safe, comfortable and meets their needs. They are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).

- Overall, we found that St Mary's Nursing Home was meeting this essential standard.

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

People using the service are safe, and their health and welfare needs are met by staff members that are fit, appropriately qualified and are physically and mentally able to do their job.

- Overall, we found that St Mary's Nursing Home was meeting this essential standard.

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

People who use the service are safe, and their health and welfare needs are met by sufficient numbers of appropriate staff. Staff members have the right knowledge, experience, qualifications and skills to support people.

- Overall, we found that St Mary's Nursing Home was meeting this essential standard.

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

People who use the service are safe and their health and welfare needs are met by competent staff. Staff members are properly supported to provide care and treatment to individuals; they are properly trained, supervised and appraised. This enables staff to acquire further skills and qualifications, relevant to the work they undertake.

- Overall, we found that St Mary's Nursing Home was meeting this essential 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**

People using the service benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

- Overall, we found that St Mary's Nursing Home was meeting this essential standard.

**Outcome 17: People should have their complaints listened to and acted on properly**

People who use the service are sure that their comments and complaints are listened to and acted upon effectively. They know that they will not be discriminated against for making a complaint.

- Overall, we found that St Mary's Nursing Home was meeting this essential standard.

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

People who use the service 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 wellbeing are maintained and held securely where required.

- Overall, we found that St Mary's Nursing Home was meeting this essential standard.

**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 1: 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 1: Respecting and involving people who use services

### Our findings

**What people who use the service experienced and told us**  
We visited the service on the 28 February 2011 and spoke with staff, people using the service and their visiting relatives. We were told by individuals that they are encouraged to express their views, and are always involved in decisions made about their care, treatment and support. This included having their privacy, dignity and independence respected. Where it is appropriate, people are supported in making those choices, either by having their care explained in detail by a member of staff, or by involving their family and or a representative. People using the service, their relatives and or representatives, are encouraged to take part in six monthly quality assurance surveys, and to attend regular “resident’s” meetings, these enable people to express their views and experiences, and to contribute to the way the service is run. Feedback is then acted upon by the registered manager.  
Comments received included, “I had been at St Mary’s quite a few times for respite, and liked it, so I decided to move in.” “We had a dignity action day last Friday. We all socialised in the main lounge and had a lovely time”. “I choose to have my breakfast in my room, but we can go into the dining room if we wish.”

Staff spoken with could easily identify the importance of maintaining dignity and respect for the people who live at the home. They explained how they did this daily during the course of delivering care. Appropriate information is provided, and support can be given to others acting on a person's behalf, to enable decisions about their care and treatment.

### **Other evidence**

The care manager confirmed during our visit that a Dignity Action day was held on Friday 25 February 2011. Invitations were sent to everyone using the service and stakeholders, including Age UK, General Practitioners, and a Solicitor. It was an opportunity for everyone to get involved. A Mass was held during the morning, families stayed for lunch, which was taken with the people using the service. Activities included manicures, games, Easter bonnet making, card making, flower arranging, and art. This was all followed by a cream tea in the afternoon. The food was very popular. "We have decided to introduce a day like this on a monthly basis. The solicitor that attended our Dignity Action day has agreed to come back and give us a presentation and information regarding Power of Attorney. Families and residents will be invited."

### **Our judgement**

People who use this service are at the centre of their care, treatment and support, have their independence, dignity and privacy maintained, and are encouraged to make choices about the services they receive. This recognises their diversity, values and human rights.

People wishing to use the service can visit and spend time there, prior to having a full and comprehensive pre-admission assessment to enable a decision to be made. Appropriate information is provided, and support can be given to others acting on a person's behalf, to enable decisions about their care and treatment.

# Outcome 2: 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 2: Consent to care and treatment .

### Our findings

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

We were told by the provider in the Provider Compliance Assessment (PCA) that where an individual did not have a relative or representative to support them, the service would always involve the use of an Advocate or Independent Mental Capacity Advocate (IMCA). For example, in regard to the use of advance care plans for end of life care, support with the choices made, and the signing of relevant documentation. The service also provided this information to relatives, representatives and individuals as requested. Consent for treatment would be sensitively explained by trained staff to individuals, involving family members and or their representative in the decision making process, for example consent regarding the use of bed rails, all decisions would be documented and recorded within care plans, and risk assessments updated.

During our visit to the service, people told us that they were involved right from the outset with the assessment process, including risk assessments, and choices made in regard to their care, treatment and support. Visiting relatives also confirmed this. We spoke to a person that had moved into the home a fortnight earlier. He and his visiting relatives confirmed that he had been on three respite visits prior to moving

in, and that he had made his own decision to move based on his positive experiences of the service. He said "I please myself most of the time. "I can join in with any activities in the lounge." "I chose this room, because I liked this one and preferred to look out onto the garden, I'm very happy with it."

Staff told us they had received appropriate training in relation to the Mental Capacity Act 2005, and Deprivation of Liberty Safeguarding guidance. We found that some staff was yet to receive that training. Staffs follow the National Medical Council (NMC) code of conduct.

### **Other evidence**

The care manager told us that following on from their Dignity Action day, a Solicitor had been invited back to give a presentation about Power of Attorney, and people will be able to ask relevant questions in relation to consent and the law.

The previous inspection report told us, "Residents also confirmed that they have a choice about whatever they do in the home. One lady said – "I go to bed when I want to and get up when I want to – just like I did at home".

Care plans documented choices and preferences throughout all of the activities of daily life."

### **Our judgement**

People who use this service can expect to be sensitively and appropriately consulted in regard to decision making, and their options for care, treatment, support and risk taking. Staff members are aware of and have access to the relevant guidance and procedures for advance care plans or advance decisions, and understand the procedures that need to be followed in respect of consent to care and treatment.

# Outcome 4: 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 4: Care and welfare of people who use services

### Our findings

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

People told us that families and individuals are invited to visit and are made welcome. They can spend time in the home. A brochure/information pack about the home is made available to all prospective people wishing to use the service and their family or representative.

A comprehensive assessment of needs is undertaken by a trained nurse, and or a social worker who in turn informs the care plan. This process always involves the individual, their family and or their representative. The care plan and risk assessment are regularly reviewed, and also reviewed following any changes in need. A food and fluid balance chart is used if needed. Daily records are kept, and a key worker system is in place.

A referral can be made to the Speech and Language Therapist (SALT), if there are any problems related to speech, or swallowing difficulties.

People are supported in making decisions in regard to end of life care. The service uses an end of life policy and procedure, in conjunction with Macmillan nurses, and advance care planning as appropriate to the person's needs or wishes. Pastoral care and support is available if required.

We visited the service on 28 February 2011, and spoke with staff, people using the service and their visiting relatives. We observed staff interacting appropriately with

individuals whilst giving care, for example asking people if they needed a drink, or to be supported with their personal care. Individuals spoken with told us that they were “Happy with the care received”, “I can see a doctor if I wish to”, “the doctor visits the home twice a week.” One person told us, “I chose to manage my own medication, and I keep it in a locked drawer in my room.”

### **Other evidence**

We spoke with other health professionals, including the Rehabilitation team (Community Physiotherapists and Occupational Therapists), District Nurse, Specialist Nurse for Parkinson’s Disease. The feedback received was generally positive about the service, that in the past year changes made by the service, have resulted in better co-operation from staff, and that staff follow recommendations made.

### **Our judgement**

People who use this service receive safe and appropriate care, treatment and support because their individual needs are established from when they first use the service.

# Outcome 5: 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 5: Meeting nutritional needs

### Our findings

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

The Provider Compliance Assessment (PCA) told us that the service provides a variety of healthy, balanced meals, including vegetarian, diabetic, taking account of people’s religious or cultural needs. Nutritional screening is carried out to ensure that there is no risk to individuals using the service of poor nutrition or dehydration. This is reviewed on a monthly basis, and monitored daily. Food and fluid balance charts are used routinely to enable monitoring.

Individuals experiencing difficulties with eating and drinking can be referred to the dietician if appropriate, and or to the Speech and Language Therapy (SALT) team. Snacks and drinks are available throughout the day and night, and menus offer a balanced diet with a choice of meal that can be served and eaten either in the dining area or in the person’s own room.

Individuals who have difficulty eating and drinking are discreetly and sensitively supported by staff, and they are encouraged to be independent by the use of plate guards and specialist cutlery. Soft diets are presented in an attractive manner in order to make the food more appealing.

Menus are on display in the dining room. Birthdays and special occasions are accommodated. Nursing, care and catering staff meet up regularly to ensure the nutritional needs of people using the service are met. The home promotes independence, by the use of plate guards and specialist cutlery. Staff members sensitively and discreetly assist people to eat their meals.

People told us during our visit that they are able to choose meal options, and have a

say in what is on the menu via “residents” meetings. One person told us he “usually has his breakfast in his room”, but could use the dining room if he wished. We were told that a staff member visits each person on a daily basis, and makes a note of what their meal choices are. People said they can choose where they sit to eat, and who they eat with, and can also choose the size of their meals. Another person told us “I have a large appetite, and eat well, the staffs here know that, and they give me bigger meals.”

**Other evidence**

Staff told us that they had attended training in “Nutrition for the Elderly” in November 2010.

Information leaflets are available in regard to promoting healthy eating.

The previous inspection report told us that a well balanced and nutritious diet was provided and special diets catered for.

**Our judgement**

People using the service can expect to have a choice of meal that takes account of their individual preferences and needs, including their religious and cultural requirements.

# Outcome 6: Cooperating with other providers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

## What we found

### Our judgement

**The provider is compliant** with outcome 6: Cooperating with other providers

### Our findings

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

The Provider Compliance Assessment told us that General Practitioner (GP) visits are recorded. Individuals have a say in regard to which GP they wish to register with when they move into the home. However, most people at the home are registered with the same GP in Stone. The GP practice informs the service of any changes in medication and the results of blood tests, either by telephone or by FAX. Prescriptions for new medication can be faxed across to the pharmacy for dispensing. Information would be shared in a confidential manner with other services, to enable the care, treatment and support needs of the person using the service.

The service works closely with other health professionals, including: Physiotherapy, Chiropody, Optician, Dietician and Dentist services. Referrals to other providers are discussed with the individual concerned and are documented into the person’s care plan and daily records. Relatives are informed verbally.

The service has a “Home to Hospital” referral form, which contains relevant and appropriate personal information about the individual concerned. This would be completed in the event of a hospital admission, and is sent with the individual along with a copy of their Medication Administration Record (MAR). Additionally, an internal “health care infection control” form would be forwarded with the person if

any evidence of infection is present, ambulance control would also be made aware. The carer would accompany the individual to attend appointments or visits. Families and individuals are kept fully involved and informed of other services contact details, so that they can make arrangements to meet and discuss treatment.

**Other evidence**

The home works closely with external and specialist nurses for advice and support. We spoke with other health professionals about the service, including the local Rehabilitation team of Physiotherapists and Occupational Therapists, and also the Specialist Nurse for Parkinson's Disease. The feedback we received was generally very positive. We were told that staff members at the home are cooperative, and that changes made by the service in the past 12 months had been positive. Staff reportedly respond well to instructions and recommendations made about the care of an individual.

We saw that the previous inspection report also confirmed this.

**Our judgement**

People using the service received safe and coordinated care, treatment and support where more than one provider is involved, or when they are moved between services.

# Outcome 7: 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 7: Safeguarding people who use services from abuse

### Our findings

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

The Provider Compliance Assessment told us that staff members use the “No Secrets” and Local Authority Safeguarding guidance. We were also told that they had received appropriate training in relation to the Safeguarding of Vulnerable Adults from abuse, Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding guidance. However, we found that some staff had received the training and some are yet to undertake it. There is a Whistle blowing policy and procedure in place and the service has a designated staff member responsible for Safeguarding matters, and the training of staff.

We spoke with the care manager in relation to risk assessment and the use of restraint, for example challenging behaviour, the use of bed rails and or lap straps. These options would always be considered in the best interests of the person involved, and decisions would be made on a multi-disciplinary basis with all parties concerned, documented and recorded in the care plan records. Individuals unable to make a decision, and without relatives or a representative, would be referred to either a Solicitor or other Advocate, and if under the Mental Capacity Act 2005, to an Independent Mental Capacity Advocate (IMCA). The care manager confirmed that there are currently no individuals with mental health needs residing at the service.

Detailed records are kept in relation to personal monies held by the service; receipts would be kept for any purchases made on a person’s behalf.

**Other evidence**

There had been no notifications received by the Care Quality Commission in relation to any Safeguarding referrals for the service in the past year.

**Our judgement**

People using this service are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

Staff are aware of, and are able to respond appropriately to, any abuse that is at risk of occurring, or has occurred.

The use of restraint or de-escalation in the service is always appropriate, reasonable and proportionate in the best interests of the person who uses the service in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards Guidance.

# Outcome 8: Cleanliness and infection control

## What the outcome says

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

## What we found

### Our judgement

**The provider is compliant** with outcome 8: Cleanliness and infection control

### Our findings

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

The Provider Compliance Assessment told us the service has a robust infection control policy in place, and information is provided for new staff in their induction pack. Policies and procedures are in place for pest control, waste management, environmental health and ongoing refurbishment.

Outbreaks of communicable disease are managed, and reported to the Health Protection Agency (HPA) and advice followed. Information leaflets pertaining to Infection Control is made available for staff, residents and visitors/relatives.

There is a designated Infection Control link nurse in post, and staff members receive ongoing training in infection control. This ensures that they are kept updated in regard to current legislation, policies and procedures.

The care manager is responsible for regular monitoring and auditing of the home's infection control measures, and uses the "Essential Steps to safe, clean care" guidance. Action would be taken in regard to issues highlighted, and then checked to ensure compliance.

During our visit we observed the environment to be clean and tidy. This included all communal areas and the bathrooms on each floor.

There is a cleaning schedule in place, supervised by the housekeeper and administration officer. Domestic staff members have NVQ level one awards for cleaning, and had attended Control of Substances Hazardous to Health (COSHH) training.

Contaminated clothing and bedding are washed separately in biodegradable red alginate bags, and good hand washing is promoted by the use of hand gel provided throughout the home, and hand washing facilities in all bedrooms, sluices and bathrooms.

Medical equipment is cleaned daily, and body spillage kits are available in all sluices as per infection control guidance.

### **Other evidence**

We were given a copy of an audit visit undertaken by the Infection Prevention and Control Team on 22 January 2010. Recommendations made by the team were generally met and actions taken. However, waste segregation posters guiding staff with clear instructions regarding waste segregation still need to be obtained and displayed, and the purchase of a validated washer disinfectant is yet to be purchased for the sluice areas.

### **Our judgement**

People using the service are protected by the Code of Practice and robust infection control policy in place. Policies and procedures are in place for pest control, waste management, environmental health and ongoing refurbishment.

Outbreaks of communicable diseases are immediately notified to the Health Protection Agency and their advice is followed. Information leaflets are made available for staff, residents and visitors/relatives.

# Outcome 9: 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 9: Management of medicines

### Our findings

**What people who use the service experienced and told us**  
The Provider Compliance Assessment told us that the service has a robust Medication and Controlled Drugs Policy and procedure, which is reviewed six monthly.

Systems are in place to ensure compliance with the requirements of the Medicines Act 1968, the Misuse of Drugs Act 1971, and their associated regulations, the Safer Management of Controlled Drugs Regulations 2006. The service has a robust Medication and Controlled Drugs Policy and procedure in place, which is reviewed every six months, and the Registered Manager regularly supervises nurses administering medication as part of the ongoing monitoring of their competence, and the quality assurance of the service.

Medication is prescribed by the General Practitioner (GP), and computer printed Medication Administration Records (MAR) are used. The home has developed close links with the Pharmacy. Individuals using the service are encouraged to discuss their treatment and medication with their GP. Any changes or new medication resulting from a hospital admission are reported back to the GP, and the new medication is commenced as soon as possible.

Qualified staff members follow published guidance, such as “Safe Handling of Medicines in Social Care” by the Royal Pharmaceutical Society, and are trained to safely administer and to monitor the side effects of medication, for example anti-hypertension medication means that individuals need to have their blood pressure monitored, any changes or side effects would be reported to GP and appropriate action taken. The care manager regularly supervises and observes nurses administering medication to ensure their ongoing competence. Staff members are made aware of Medication Alerts, and these are also displayed on the staff notice board. Any concerns regarding the maladministration of medication, or near misses are reported to the care manager and dealt with straight away.

People using the service can choose to self-administer their medication, and can be supported and prompted to do this if they so wish. This is dependent upon a risk based assessment and would be monitored and reviewed and included in the care planning process. During our visit we spoke with a person who had chosen to self administer his medication. He told us that he had a locked drawer in his room, in which he safely kept his medication.

**Other evidence**

We have not received any notifications in regard to medication errors for this service in the past year.

**Our judgement**

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

# Outcome 10: Safety and suitability of premises

## What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

## What we found

### Our judgement

**The provider is compliant** with outcome 10: Safety and suitability of premises

### Our findings

**What people who use the service experienced and told us**  
The Provider Compliance Assessment told us that this is a purpose built nursing home, and that improvements had been made in regard to accessibility for people with physical and or sensory disabilities.

Risk assessments are in place for both the building and the grounds. The building is safe and secure, and includes exterior motion sensor lighting, and a swipe card system of entry – for staff, or alternatively, visitors need to ring the door bell to gain entry to the building, and to sign in. Entry is always supervised by a member of staff ensuring people’s safety.

The premises meets the requirements of the Health and Safety at Work Act 1974; associated regulations, and the Regulatory Reform (fire safety) Order 2005, and other relevant legislation.

There is a fully fitted and regularly tested automatic fire alarm system with manual trigger points. Staff are trained in regard to responding to fire alarms and the actions needing to be taken. People using the service are risk assessed regularly for fire evacuation purposes, and are familiar with the fire alarm which is tested on a weekly basis during the weekly fire drill. During our visit, we spoke with two staff members, they confirmed that they had received appropriate fire training, and were familiar

with procedures in relation to fire evacuation and the fire alarm.

There are contingency plans in place for failures to electricity, gas or water supplies. This also covers fire, flooding, equipment breakdown and contact details for services, maintenance contractors and insurance; and also procedures to follow during these emergencies. These plans are reviewed annually or sooner if necessary. Signs are in place to inform visitors to the home about emergency procedures.

All areas including the gardens are accessible to wheelchair users, and the home has two lifts suitable for wheelchairs and stretchers.

Specialist equipment including hoists and specialist bathing aids are well maintained, and are subject to an ongoing maintenance contract.

The call bell system has call points in both bedroom and toilet/bathing areas; staff can also use the emergency call button linked to this system to summon urgent assistance if required.

The service provides guest accommodation for relatives to stay if they wish to, particularly when their relative is reaching the end of their life

All bedrooms are single rooms and most are en-suite. They are of suitable size and shape to enable access for equipment for example hoist or wheelchair, and for treatment when required whilst also promoting independence and comfort.

People using the service are encouraged to bring in their personal items, especially pictures and photographs. They can also have the rooms redecorated and refurnished if they so wish.

#### **Other evidence**

The previous inspection report confirmed the above. Maintenance contracts and relevant documentation were available for us to view.

We visited the service and our observations also confirmed the above.

#### **Our judgement**

Staff and the people who use the service know they are in safe, accessible surroundings that promote their wellbeing. The design and layout of the premises is suitable for carrying out the regulated activity.

# Outcome 11: Safety, availability and suitability of equipment

## What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

## What we found

### Our judgement

**The provider is compliant** with outcome 11: Safety, availability and suitability of equipment

### Our findings

**What people who use the service experienced and told us**  
The Provider Compliance Assessment told us that when people are admitted to the home, they would receive an assessment of need for specialist equipment. The service has a good working relationship with their local community Rehabilitation team and would seek appropriate advice as needed.

The service is equipped with nursing beds, nursing adaptations and aids to independence, such as pressure relieving air mattresses, hoists, wheelchairs, Zimmer frames, and stand aids. All equipment meets current legislations. All hoists and bath hoists are serviced on a contract basis, and are replaced as necessary for example, two new hoists were delivered six months ago.

Lifts, gas and electric appliances, kitchen appliances and water and air systems are maintained and serviced on a contract. Electrical equipment is PAT tested annually. Maintenance of fixtures and fittings are carried out by the home’s maintenance staff.

All staff is advised on how to use any equipment in compliance with the instructions

and guidance. This is monitored on an ongoing basis, and staff are updated accordingly.

The service has a robust clinical waste policy for the disposal of all clinical waste and medical equipment, for example the syringe driver is serviced on a yearly basis, and there is a needle stick injury risk assessment in place.

The service acts on any medical alerts by informing all staff and placing the information on the notice boards and in the offices. The alert notifications are then kept for a three year period.

All furnishings are of a high standard and replaced as necessary.

**Other evidence**

During our visit we observed maintenance of the building in progress. Maintenance contracts and relevant documentation were available for us to view.

**Our judgement**

People who use the service benefit from equipment that is safe, comfortable and meets their needs. They are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).

# 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**

The Provider Compliance Assessment told us that the service has a robust recruitment and selection policy and procedure in place. Potential employees provide a completed application form, two references, identification, and must also undergo a Criminal Records Bureau (CRB) and Safeguarding of Vulnerable Adults (SOVA) check. Formal interviews are held, and a record is kept of the interview. Interviews are undertaken by the registered manager and the Safeguarding officer. The service plans to involve the people using the service in recruitment of staff in the future. The recruitment process was confirmed by staff spoken with during our visit to the service.

All trained nurses must provide their Personal Identification Numbers (PIN). These are recorded, and dates for their renewal are kept by the registered manager. This is to ensure that staff are registered with the relevant professional body or professional regulator where necessary and are allowed to work by that body.

The service has an education centre in the staff room, whereby policies and procedures are available for all staff to access. The management structure of the service is also displayed in the staff room.

The service provides a robust staff appraisal system, whereby all staff receive feedback of any training or concerns they may have. An action plan is then drawn up with a time scale in place for achieving these goals. This was confirmed by staff

spoken with during our visit to the service.

We spoke with two staff members and discussed formal staff supervision with the care manager, they confirmed that this had not been fully implemented, but was in the process of being put into place for all staff. However, informal supervision of staff takes place every day.

**Other evidence**

The previous inspection report confirmed the above.

**Our judgement**

People using the service are safe, and their health and welfare needs are met by staff that are fit, appropriately qualified and are physically and mentally able to do their job.

# 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**

The Provider Compliance Assessment and staff spoken with told us that when staff are recruited, they have a probationary period, to ensure that they are competent to undertake their role and responsibilities. This included shadowing a more experienced or senior member of staff, and the completion of an induction programme, that is signed off by a senior staff member. Staff spoken with during our visit to the service confirmed this.

The service has two qualified nurses on duty each shift as well as the registered manager, and nurses are supported in their role by care assistants. Nurses are trained in specialist subjects such as Continence Care, Wound Care and Palliative Care. Nurses follow the codes of practice as laid down by relevant guidance published by professional registration councils and relevant expert and professional bodies., including the Nursing and Midwifery Council, the Royal College of Nursing, the National Institute for Clinical Excellence, and the Department of Health.

There is an ongoing staff training programme, and staff complete mandatory training as per the “Essential standards of quality and safety” as laid down by the Care Quality Commission, to promote current good practices within the service. Training needs are identified annually during staff appraisal, and during training needs analysis. Training records and action plans are documented and recorded.

.Formal staff meetings are used for consultations, training, and to involve staff in the general running of the service.

Staffing levels are kept under review, and occasional agency workers are employed to cover when existing staff are unable to do so. There are two trained nurses on duty for each shift as well as the registered manager, and nurses are supported by care assistants.

**Other evidence**

The previous inspection report confirmed that staff had received thorough induction training and that all new staff undergoes a planned induction training programme and work alongside a mentor.

**Our judgement**

People who use the service are safe, and their health and welfare needs are met by sufficient numbers of appropriate staff. Staff have the right knowledge, experience, qualifications and skills to support people.

# 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**

The Provider Compliance Assessment told us that all new staff receives an induction, which includes being allocated a mentor and shadowing a senior or more experienced staff member for two weeks or until they feel competent and confident in carrying out their role. An induction pack is given to all new staff, and informal discussions are held regularly to support new staff in assessing their progress and identifying any problems. There is also an induction pack for temporary staff that are used through an agency, these staff would be fully trained and Criminal Records Bureau (CRB) checked.

Staff had a learning and development plan based on their needs and skills, which enhance standards of service and quality to the service users. For example, new staff received comprehensive Moving And Handling training, established staff received updates. Some senior staff were booked on a “Train The Trainer” course for moving and handling. The home has a comprehensive range of training courses on offer, both in house and by outside bodies, including mandatory and professional and accredited training. Including dementia care, Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding guidance.

Staff were encouraged to attend training and courses and are paid whilst doing so. The Home also supports staff whenever possible by being flexible with shifts and helping with Witness Testimonies. The qualified nurses receive regular updates on

palliative care, continence care, wound care and drug administration. Training for staff is also tailored to meet the needs of the individuals using the service, for example if a person needs to be PEG fed, an update for training will be arranged before the person is admitted to the home.

Care staff are supported and managed at all times by the trained nurse on each shift. The management team is clearly defined, and for each shift it is specified who the senior nurse is; this information is displayed in the reception area. A member of the senior management team is always available in person or via the phone.

One to one informal supervisions take place on a day to day basis, and staff were encouraged to discuss any problems immediately with the nurse on duty. Qualified nurses were supported in their professional development and towards their post registration education programme (PREP). The home had a policy and risk assessment in place for pregnancy, and also a stress policy and risk assessment.

Staff were protected in their work environment by risk assessments, and there were regular safety checks on all equipment. Staff were made aware of safe practices and are trained to do their job in a safe manner. This was monitored, and practices reviewed and improved upon as risks and concerns arise.

### **Other evidence**

The previous inspection report evidenced that there was a good staff team at the home and that staff usually stayed for a long time. Staff reportedly felt that their training needs were met very well.

Staff members had also confirmed that staff meetings were held regularly at the home. When we asked them if their suggestions, comments or concerns were listened to they all said that they were. They also stated that they could approach the manager on a one to one basis if they wanted to.

### **Our judgement**

People who use the service are safe and their health and welfare needs are met by competent staff. Staff are properly supported to provide care and treatment to individuals, they are properly trained, supervised and appraised. This enables staff to acquire further skills and qualifications that relevant to the work they undertake.

# 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**  
The Provider Compliance Assessment told us that the home receives regular visits and assessments from Environmental Health, the Infection Control Team, and the Health and Safety Executive. The home has acted upon their recommendations within the specified timescale. We saw evidence of this from copy letters given to us during our visit to the service.

Regular audits are undertaken in regard to individual care plans and accident/incident records. Six monthly surveys are sent out to people using the service, their relatives and or representatives, and to stakeholders such as the General Practitioner, District Nurse, Rehabilitation Team. Feedback from those surveys have been generally positive. We saw evidence of those surveys during our visit to the service. Any concerns are documented and acted upon according to the home's policy and procedures, and if appropriate, changes are then made to the service. The home acts upon medical alerts straight away, and staff are kept informed.

Improvements have been made to ensure the safety and welfare of people using the service, including the use of printed Medication Administration Records, provided by

the local pharmacist, and the use of Faxed information from the local GP surgery, thus reducing the risk of errors

The service had a bed-rail assesment by an outside provider, which showed that some of the bed-rails were not high enough (due to having an electric overlay mattress on top of a normal mattress). This resulted in the home purchasing high bed-rails for all beds and appointing a member of staff as a Bed-Rail Monitor.

As well as individual risk assessments for people using the service, there are risk assessments in place to cover Legionnaires Disease, Automatic fill water boilers, Hot water and hot surfaces fire risk assessments, garden risk assessment, and Clinical Waste risk assessment.

We were told that the service “sees quality improvements as being continuous in a service that is open to new ideas and learning for all the staff. We know this will support improvements in care and improve people’s quality of life.”

The service prides itself on delivering care to a high standard; however, they also seek to improve, so as to capture the new “Essential Standards of quality and safety” for the people using the service.

### **Other evidence**

The previous inspection report told us that there had been some improvements made in relation to quality assurance. “The manager had made some positive changes and improvements to the systems in place at the home. She had been working on the care plans and fire risk assessments.” There was also evidence seen of the auditing of individual care plans, incidents and accidents.

### **Our judgement**

People using the service benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

# Outcome 17: Complaints

## What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

## What we found

### Our judgement

**The provider is compliant** with outcome 17: Complaints

### Our findings

**What people who use the service experienced and told us**  
The Provider Compliance Assessment told us that the home knows they don't always get it right, but try their best to encourage people to raise their concerns and to feedback their thoughts about the service. This is done either on an individual basis, or through holding meetings with the people using the service and their relatives, and through the six monthly surveys that are sent out inviting comments.

Staff members told us that they were aware of the complaints policy and procedure, and the procedure is available in the Statement of Purpose, Contract Service Agreement, and is displayed throughout the home. We spoke with people using the service and their visiting relatives. They confirmed that they knew who to speak to in relation to any complaints or concerns, and said they felt able to approach either a staff member or the care manager at any time.

We were told that any complaint would be dealt with straight away, in a sensitive and timely way, ensuring that concerns are listened to and sorted out immediately. Complaints and concerns are recorded and documented, including the outcome and any actions taken to address them.

We were told that the home has an open and caring atmosphere, with visitors

feeling free to come and go as they please. Families are greeted openly and in a friendly manner. The ethos of the home encourages and welcomes suggestions, and then uses these positively.

**Other evidence**

The previous inspection report told us there had not been any complaints made to the Care Quality Commission or the service since the previous inspection. We confirmed this during our visit to the service.

**Our judgement**

People who use the service are sure that their comments and complaints are listened to and acted upon effectively. They know that they will not be discriminated against for making a complaint.

# 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 compliant** with outcome 21: Records

### Our findings

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

The Provider Compliance Assessment told us that all records are kept according to the Data Protection Act, these included care plans, daily records, Medication Administration Records (MAR), staff recruitment and supervision records. These are stored appropriately in a locked cupboard in a locked room.

Any records or notes that are transferred with an individual using the service are sent in a sealed envelope to maintain and ensure confidentiality.

Maintenance records and Contracts are kept for the allotted timescale as set out by the Care Quality Commission guidance.

Regular audits are carried out by the registered manager, for example care plan audits, accident/incident audits and moving and handling.

The service holds regular team and management meetings, thus ensuring that all staff are reminded and are aware of the importance of record keeping, and any relevant updates or changes in legislation.

All records are kept according to the Data Protection Act, these include care plans, daily records, Medication Administration Records (MAR), staff recruitment and supervision records. These are stored appropriately in a locked cupboard in a locked room.

**Other evidence**

The previous inspection report told us that records were kept in accordance with current legislation. There were no reported issues in relation to this outcome area in the past year.

**Our judgement**

People who use the service 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 wellbeing are maintained and held securely where required.

# 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 Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA



