

# Review of compliance

The Abbeyfield North Downs Society Ltd  
David Gresham House

<b>Region:</b>	South East
<b>Location address:</b>	2 Oak Close Oxted Surrey RH8 0BA
<b>Type of service:</b>	Care home services without nursing
<b>Date the review was completed:</b>	29 <sup>th</sup> Decenber 2010
<b>Overview of the service:</b>	David Gresham House is part of Abbeyfield, a not for profit organisation with 500 houses and 80 care homes across the country. It is a 28 bedded residential care home located on the outskirts of Oxted. It is in a primarily residential area. There is a small parade of shops nearby which includes a newsagent and a chemist. The residents are, in the main, drawn from the locality. All the rooms except two are en-suite. Building work is in progress to make all rooms en-suite. There are four self contained flats within the establishment.

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

## What we found overall

**We found that David Gresham House was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we have suggested that some improvements are made.**

## 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 29<sup>th</sup> December 2010, observed how people were being cared for, talked to people who use services, talked to staff, checked the provider's records and looked at records of people who use services.

## What people told us

We talked to residents during our visit in December 2010. All of the people that we spoke to were able to express their views and said that they were very well cared for at the home and that staff could not do enough to support and care for them.

The residents were content with their accommodation and the level of support they received. The food was extremely highly praised in quantity, quality and choice. There was high degree of independence when practicable. Where residents were less independent there were practical measures in place to maintain those levels. Residents said that their families and friends were able to visit at any time and were always made welcome. The residents spoke of activities such as bridge, gardening and art in which they were encouraged to participate. Residents' art works were displayed around the home.

## What we found about the standards we reviewed and how well

**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**

The provider has suitable arrangements in place to ensure that people who use the services are respected and involved in their care. On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

- Overall, we found that David Gresham House 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**

The provider has suitable arrangements in place to ensure that valid consent to care, treatment and support from people using the service or their representatives has been obtained. On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

However to maintain this, we have suggested that improvements are made. Improvements are needed to ensure that all the resident's consent to care records are up to date and reflect the new standards laid down by Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

- Overall, we found that David Gresham House was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

The provider has suitable arrangements in place to ensure that people are receiving effective, safe and appropriate care, treatment and support which meets their needs. On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

- Overall, we found that David Gresham House was meeting this essential standard.

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

The provider has suitable arrangements in place to ensure that people are receiving adequate nutrition and hydration. On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

- Overall, we found that David Gresham House was meeting this essential standard.

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

The provider has suitable arrangements in place to ensure that people receive safe and coordinated care, treatment and support

- Overall, we found that David Gresham House was meeting this essential standard.

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

People at David Gresham House are protected from abuse and the risk of abuse, and their human rights are respected and upheld.

- Overall, we found that David Gresham House was meeting this essential standard.

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

The provider has suitable arrangements in place to ensure that, so far as is reasonably practicable, ensuring that service users, persons employed for the purpose of carrying on of the regulated activity, and others who may be at risk of exposure to a health care associated infection arising from the carrying on of the regulated activity are protected against identifiable risks of acquiring such an infection. The home complies with guidance and legislation on the prevention and control of infections.

- Overall, we found that David Gresham House was meeting this essential standard.

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

The provider has suitable arrangements in place to ensure that people who use the services are protected against the risks associated with the unsafe use and management of medicines and have their medicines at the times they need them and in a safe way.

- Overall, we found that David Gresham House was meeting this essential standard.

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

The provider can demonstrate that people at David Gresham House are in safe, accessible surroundings that promote their wellbeing.

- Overall, we found that David Gresham House was meeting this essential standard.

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

People at David Gresham House are not at risk of harm from unsafe or unsuitable equipment.

- Overall, we found that David Gresham House was meeting this essential standard.

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

The provider is operating effective recruitment procedures in order to ensure that no inappropriate person is employed for the purposes of carrying on the regulated activity. People's needs are met by staff who are fit, appropriately qualified, and able to do their job.

- Overall, we found that David Gresham House 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**

The provider is taking appropriate steps to ensure that, at all times, there are sufficient numbers of suitable qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. People are safe and their needs are met by sufficient numbers of appropriate staff.

- Overall, we found that David Gresham House was meeting this essential standard.

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

The provider has suitable arrangements in place to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care to service users safely and to an appropriate standard. This means that people are safe and their health and welfare needs are met by competent staff.

- Overall, we found that David Gresham House 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**

The provider can demonstrate that there is effective decision making and management which supports people receiving quality care, treatment and support.

- Overall, we found that David Gresham House was meeting this essential standard.

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

The provider has an effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments, made by service users. We found that If people have comments or complaints these are being listened to and acted on effectively.

- Overall, we found that David Gresham House was meeting this essential standard.

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

The provider is ensuring that residents' records are held securely and protects their safety and wellbeing.

- Overall, we found that David Gresham House was meeting this essential standard.

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

We found that David Gresham House was fully compliant with all of the 16 essential standards of quality and safety.

For outcome 2 (Consent to care), although compliant, we believe there is a risk that they will not maintain compliance. We have therefore set an improvement action for that area.

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.

**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 witnessed several instances of residents approaching staff with personal requests. The staff were invariably patient, courteous and provided the service. We witnessed several instances of residents thanking staff for their efforts over the Christmas period. Resident's comments included, "Can't rate it highly enough ... (they) keep relatives informed" and "You can tell them what you need".

**Other evidence**  
The self contained flats had access to their own laundry area, promoting independence, however the heavier items, for example duvets are laundered in the main building.

There were many examples of residents influencing outcomes. These included

1. The design of rooms in a major refurbishment project.
2. Social programmes - increased "music and movement" with physiotherapist volunteers and new handicraft activities introduced.
3. Purchase of a PA system compatible with the loop system to enable residents with severe hearing disabilities to participate in social events (talks, concerts etc).

We found that there were numerous external activities for residents. There were regular church services conducted by local churches on a rotational basis. A Catholic priest is generally available though there were no Catholics resident at the time of the visit. There were a lot of colourful original artworks on the walls, many by artists who are or were residents.

We spoke to a number of staff. It was clear they felt that the residents were at the centre of their activities. One resident's door had a large print sign showing his surname. The carer explained that that "this helps him because he gets a bit lost". A number of staff have completed a deaf awareness course. One staff member said, "I have worked at few homes but this is lovely".

### **Our judgement**

The provider has suitable arrangements in place to ensure that people who use the services are respected and involved in their care. On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

# 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**  
All the residents we spoke to felt they were involved in their care, to a greater or lesser degree. They felt they could change the care they received if they raised this with their key worker at the monthly meeting.

**Other evidence**  
There are regular monthly care plan meetings between the key worker and the resident. The notes of these meetings are signed by the residents and the key worker. However in one of the two files we saw, the consent form was not signed by the resident. The consent forms in use do not reflect the wording of the current regulation that ensures that residents know how they can change any decisions made about their care.

**Our judgement**  
The provider has suitable arrangements in place to ensure that valid consent to care, treatment and support from people using the service or their representatives have been obtained. On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome. However to maintain this, we have suggested that improvements are made. Improvements are needed to ensure that all the resident's consent to care records

are upto date and reflect the new standards lain down by Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

# 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**  
All the residents were very pleased with the care that they were receiving. They felt the staff were kindly, conscientious and attentive. Residents discuss their care with their key worker on a monthly basis. All the residents we spoke to felt that they could ask for appropriate changes to their care.

**Other evidence**  
We examined two care plans. There is a range of assessments covering, but not limited to, behaviour, falls, nutrition and pressure sores. These are discussed with the residents. There is a full history which includes religious preferences. We saw evidence of monthly discussions with residents about their care. These discussions were signed by both residents and healthcare workers. The monthly comments by the residents tended to be reactive; such as “everything is OK at the moment” There was little evidence of carers seeking to set new challenges through open questions. Care plans included medication, GP visits and other records and appeared to be well presented and up to date. The care plan contained a “quick reference” handover sheet to be given to ambulance staff in the event of an emergency admission to hospital. There were risk assessments showing which individuals would require extra help i.e. those with Zimmer frames, in the event of evacuation. Local District Nurses attend the home to carry out blood tests.

There is daily log of events the “Kardex log”. This contains a chronological record of events for each resident. Senior healthcare staff we spoke to felt that greater use

could be made of the information in the log to improve care for individuals.

**Our judgement**

The provider has suitable arrangements in place to ensure that people are receiving effective, safe and appropriate care, treatment and support which meets their needs. On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

# 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**  
Residents' comments included: "There's always a choice of two meals and a veggie option or I can have an omelette, a jacket (potato) or any fish", "my new room has no kettle at the moment but I can ask for hot drinks at night and staff always bring them", "they do pay attention to my diabetes, they have helped me lose a stone" and "the chef is incredible".

**Other evidence**  
Kitchen staff said that yesterday they had received a request for a particular sponge pudding and today it was on the menu. There is full access by the staff to the kitchen out of hours. The Head Chef is trained in nutrition for the elderly and nutrition for dementia. The assistant chef is trained to NVQ levels 2&3 and has some knowledge in nutrition for the elderly. The kitchens are clean well and equipped. There is no monthly rota of menus. Each week the chief decides what will be on the week's menu on the basis of season availability. One of the kitchen staff visits each resident and ascertains their choices. All vegetables are freshly prepared in the kitchens. A number of people commented on the Christmas dinner for which choices included turkey, goose, beef and salmon.

We examined temperature record checks, Kitchen cleaning schedules and training related to the control of hazardous substances, fire and hygiene. Generally schedules were up to date and training was current.

**Our judgement**  
The provider has suitable arrangements in place to ensure that people are receiving

adequate nutrition and hydration. On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

# 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**  
We obtained no specific comments from people who use the service or their carers for this outcome.

**Other evidence**  
Residents remain under the care of their registered General Practitioner (GP) and there are full records of GPs attendance at the home. Community nurses regularly attend residents to carry out specialist interventions.

We spoke to the Surrey County Council they indicated that although they have limited contact with the service it co-operated well with them.

There is a planned response to emergency situations. Each care plan contained a section to be used in the event of emergency transfer of the resident to hospital. The document is designed to be handed to the ambulance staff and contains comprehensive records including personal details, current medication and any advanced decision.

**Our judgement**  
The provider is making sure that people receive safe and coordinated care, treatment and support. On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

# 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**  
We talked to three people who use services during the review of compliance visit in December 2010. All said that they felt very safe and well cared for. None had ever received or witnessed care that they felt was inappropriate. All spoke extremely highly of the staff. There was a continuity of staff which added to their feeling of security. All the residents said that they felt safe and cared for at the home. They said that they would be able to talk to anyone about their worries or problems. One resident said, “we can always speak out on anything”.

**Other evidence**  
Currently all residents have capacity. All staff have completed a safeguarding vulnerable adults course – the Registered Manager being the trainer. Surrey Social Services review the care and safeguarding of the residents at the home where they are the funding authority. We spoke to Surrey County Council who told us there had been no recent safeguarding concerns in the home. Even token gratuities have to be authorised by senior staff. Money provided for shopping is accounted for on the daily log that is maintained for each resident. The staff do not know which residents are self funded and which are not. All residents have a sponsor or family member who acts as the link between the resident and the home.

**Our judgement**  
People who use the service are protected from abuse and the risk of abuse, and their human rights are respected and upheld. On the basis of the evidence provided and the views of people using the services we found the service to be compliant

with this outcome.

# 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 three residents to whom we spoke during the compliance visit in December 2010 said the home was always clean and free from unpleasant smells.

**Other evidence**  
Communal toilets and bathrooms were visited and also found to be clean and hygienic. Toilet supports, commodes and handrails were found to be clean and free from staining. The cleaning schedules for each toilet inspected had been completed. The residents rooms' we visited all were found to be pleasantly decorated and were clean and bright. There were two rooms in need of refurbishment but this being addressed in the current refurbishment plan. We inspected the waste store. Clinical and non-clinical wastes were correctly segregated and labelled. There is contact for the removal of clinical waste by an authorised contractor. The sluice room has colour coded instructions as per the National guidelines. Blood spills are removed using the appropriate digesting agents. Room cleaning schedules comprise daily, weekly and three monthly tasks, when we examined them they were up to date. All members of staff have completed an infection control course which was delivered by an external provider – Epsom College. The Registered manager is the authorised person for infection control. There has not yet been an infection control audit. The home is developing a member of staff to fill this role. The audit control process is supported by an audit tool from the central administration of Abbeyfield.

**Our judgement**  
The provider is, so far as is reasonably practicable, ensuring that those who use the

service, staff and others who may be at risk of exposure to a health care associated infection arising from the carrying on of the regulated activity are protected against identifiable risks of acquiring such an infection. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

# 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

We obtained no specific comments from people who use the service or their carers for this outcome.

#### Other evidence

The provider's registration application told us that they are compliant with this outcome.

We have received no reports which indicate the home has failed to provide people with the medication prescribed for them in a safe way.

On arrival at the home to carry out the compliance visit the inspector's admission was delayed whilst the senior healthcare staff on duty ensured that the medicines trolley was correctly secured. Examination of daily records indicated that medicines administration was being recorded.

#### Our judgement

The provider is protecting service users against the risks associated with the unsafe use and management of medicines to ensure that people will have their medicines at the times they need them and in a safe way. On the basis of the evidence provided we found the service to be compliant with this outcome.

# 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**  
We talked to three people who use the service during the compliance visit in December 2010. All said that the home was well maintained. Some had been inconvenienced by the building work but still felt that safety standards were being maintained and the residents' wishes were being accommodated as far as was possible.

**Other evidence**  
The compliance visit found that the home was undergoing some renovation. Two rooms which were not en-suite were being converted and other changes, impacting on this standard were being carried out. However the home was still well decorated, the layout was appropriate and the rooms safe and secure. Rooms and community areas were well lit and heated. Radiator covers were fitted in all areas of the building. Flowers were displayed throughout the establishment which gave a homely welcoming feel. There were a lot of colourful original artworks on the walls, many were by artists who are or were resident.

The home has a reasonable sized garden, it is well maintained and those residents with an interest are very involved in garden planning.

We visited a number of resident's rooms, the dining areas and sitting areas, communal bathrooms and communal toilets. We found all areas of the home visited to be generally clean and free of odours.

Throughout the premises fire equipment was clearly marked and accessible. Smoke

detectors were in place on all floors and fire evacuation procedures and floor plans displayed

We saw that there were schedules for the examination of equipment such as lifts, boilers electrical appliances etc. but there was no detailed inspection of these during the visit.

**Our judgement**

People who use the service are provided with premises suited to their needs. On the basis of the evidence provided and the views of people using the service, we found the service to be compliant with this outcome.

# 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**  
We obtained no specific comments from people who use the service or their carers for this outcome.

**Other evidence**  
The provider's registration application told us that they are compliant with this outcome. We have not received any reports which indicate that equipment used in this home is unsafe or has not been used safely.  
During the compliance visit in December 2010 we found that we home had a limited amount of equipment. The equipment that was seen was in good working order and there were schedules for its maintainance and service.

**Our judgement**  
People use the service and staff are not at risk of harm from unsafe or unsuitable equipment. On the basis of the evidence provided we found the service to be compliant with this outcome.

# 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**  
We obtained no specific comments from people who use the service or their carers for this outcome.

**Other evidence**  
The provider's registration application told us that they are compliant with this outcome. The service was able to demonstrate that robust employment processes were in place. We spoke to staff members who had not been allowed to work until all the relevant checks had been satisfactorily completed. Some of the staff we spoke to had been assisted by the service to complete relevant National Vocational Qualifications (NVQs). Some staff have completed specialist training, for example "deaf awareness" to assist them in communicating with residents.  
During the visit we saw numerous instances of warm, though professional relationship between staff and residents.

**Our judgement**  
The provider is operating effective recruitment procedures in order to ensure that no inappropriate person is employed for the purposes of carrying on the regulated activity. People's needs are met by staff who are fit, appropriately qualified, and able to do their job. On the basis of the evidence provided we found the service to be compliant with this outcome.

# 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 talked to three residents during the compliance visit in December 2010. All of them were satisfied with the staffing levels. All commented on the fact that when they asked for something they received a prompt response. One resident who frequently made demands of staff at night said, "... I can ask for hot drinks at night and staff always bring them".

**Other evidence**  
Staff turnover is low. At the time of the (unannounced) compliance visit there were two senior healthcare staff available, an extra assistant staff member was also present to help with the hairdressing salon that was being held. The staff rotas reflect the need to balance skills across the home.

**Our judgement**  
The provider is taking appropriate steps to ensure that, at all times, there are sufficient numbers of suitable qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. People are safe and their needs are met by sufficient numbers of appropriate staff. On the basis of the evidence provided and the views of people using the service, we found the service to be compliant with this outcome

## 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

We talked to three residents during the compliance visit in December 2010. All of them were fulsome in their praise of staff. Staff were very knowledgeable one resident said, "they do pay attention to my diabetes, they have helped me lose a stone".

##### Other evidence

The staff we spoke to clearly enjoyed working at the establishment. They felt that they were supported in taking additional qualifications one staff member said ... worked in a few homes but this is lovely". There was a list showing the birthdays of all staff displayed on a private notice board so that other staff could wish them happy birthday.

Healthcare staff have a three month induction. All the staff interviewed emphasised the support the management had provided in assisting them to achieve professional qualifications such as NVQ's.

Cleaning staff have at least a month's induction. Where a member of staff was unable to complete this within the allowed time because of a disability allowance was made by extending the time.

The annual reports of all cleaning staff were complete and generally annual appraisals were complete. Annual objectives tended to be items that would be completed in the course of the year in any event for example to complete the annual training schedule. There is an annual in-house training programme for staff. We

examined the Bullying and Harassment policy which was adequately constructed to provide protection for staff.

**Our judgement**

The provider has suitable arrangements in place to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care to service users safely and to an appropriate standard. This means that people are safe and their health and welfare needs are met by competent staff. On the basis of the evidence provided and the views of people using the service, we found the service to be compliant with this outcome

# Outcome 16: Assessing and monitoring the quality of service provision

## What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

## What we found

### Our judgement

**The provider is compliant** with outcome 16: Assessing and monitoring the quality of service provision

### Our findings

**What people who use the service experienced and told us**  
We talked to three residents during the compliance visit in December 2010. Their comments included (the resident having attended the Annual General Meeting) “I am a share holder at the home and can vote... and “we can approach the management at any time about anything”.

**Other evidence**  
A senior manager stated that considerable feedback came from the 70 to 80 volunteers who were involved with the project. There is an executive board which is generally concerned with the strategic and financial aspects of the home. There is a house committee (a volunteer team responsible for resident welfare) that is concerned with the day to day aspects of managing the home. There are inspections, every four weeks, by members of the house committee which include talking to a sample of residents and recording their views and suggestions. The registered manager attends both the executive board and the house committee meetings. There is an annual meeting with the residents. There is an annual survey of the attitudes of residents, of visiting professionals, of sponsors/personal representatives. The results are published.

There is new form, provided by Abbeyfield corporate services, that is designed to assist with learning from mistakes or near misses however it is planned to come into use only in the New Year (2011). Staff have been trained in the use of the new system training. There is senior healthcare staff meeting monthly though this has been missed for the last two months.

The Registered Manager receives notifications about best practice from various bodies, these include the Surrey Care Association and Abbeyfield corporate services. Where they are relevant a risk assessment is completed and actions to reduce the risk put in place.

**Our judgement**

The provider can demonstrate that there is effective decision making and management which supports people receiving quality care, treatment and support. On the basis of the evidence provided and the views of people using the service, we found the service to be compliant with this outcome.

# 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**  
We talked to three residents during the compliance visit in December 2010. None of them had had any cause for complaint. All stated that if they did have to complain they felt that their concerns would be taken very seriously. Indeed one commented that the matter would be unlikely to reach the stage of a formal complaint.

**Other evidence**  
The provider's registration application and supporting documents told us that they are compliant with this outcome. We have not received any reports which indicate people's complaints are not being listened to or acted upon.  
Action taken by the home on a previous concerns such as the bridge club being unable to play because of disturbance from the building work and the installation of a personal address system indicates that the home is receiving and acting on comments and complaints.

**Our judgement**  
The provider has an effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments, made by service users. We found that If people have comments or complaints these are being listened to and acted on effectively.

On the basis of the evidence provided and the views of people using the service, we found the service to be compliant with this outcome

# 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**  
We obtained no specific comments from people who use the service or their carers for this outcome.

**Other evidence**  
The provider's registration application and supporting documents told us that they are compliant with this outcome. We have not received any reports that there are concerns with how the home manages personal and confidential records.  
During the compliance visit in December 2010 we found that the home had recognised that the building work being carried out posed a new risk to records and had taken steps to mitigate this.

**Our judgement**  
The provider is ensuring that residents' records are held securely and protects their safety and wellbeing. On the basis of the evidence provided we found the service to be compliant with this outcome.

## 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
1. Accommodation for persons who require nursing or personal care	18	2 consent to care and treatment
2. Diagnostic and screening procedures 3. Treatment of disease, disorder or injury	<p><b>Why we have concerns:</b></p> <p>All the residents we spoke to said they were involved in their care. However in one of the two care plans we saw, the consent form was not signed by the resident. The consent forms in use do not reflect the wording of the current regulation that ensures that residents know how they can change any decisions made about their care. The provider is compliant but to maintain this, we suggest that improvements are made.</p> <p>There should be an audit of residents' consent to care records. They should be upto date and reflect the new standards laid down by Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p>	

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.

## 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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