

Review of compliance

<p>Taptonholme Limited Taptonholme</p>	
<p>Region:</p>	<p>Yorkshire & Humberside</p>
<p>Location address:</p>	<p>14 Taptonville Crescent Sheffield South Yorkshire S10 5BP</p>
<p>Type of service:</p>	<p>Care home service without nursing</p>
<p>Date of Publication:</p>	<p>September 2012</p>
<p>Overview of the service:</p>	<p>Taptonholme is owned and managed by Taptonholme Limited a registered charity and registered to provide accommodation and care for up to 19 older people.</p> <p>The home has 18 bedrooms located over four floors with stair and lift access. Half of the bedrooms have en-suite bathrooms. There are communal seating areas and a dining room.</p>

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

Our current overall judgement

Taptonholme was meeting all the essential standards of quality and safety inspected.

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

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 21 August 2012, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We were able to speak with five people who use the service and a visiting relative. The people we spoke with told us they were very happy at the home and we received comments such as "We are looked after very well", "I can't think of anything that could be improved", "We only have to ask to do something like go shopping into town and they (the staff) organise it" and "The food is really good".

People told us they felt safe at the home and we received comments such as "Yes, I feel safe here" and "They (the staff) make sure we are safe".

A relative we spoke with told us they came frequently to visit their relative who was currently residing at the home. This person had previously lived at home and their relative described examples of how the staff had helped integrate them into living at the home by ensuring some of the habits and routines they had when living at home continued. They told us that their relative was happy at the home and that the staff were knowledgeable and approachable. They felt they were involved in the care of their relative and staff kept them informed of any changes. They had no complaints or concerns about the care provided.

What we found about the standards we reviewed and how well Taptonholme was meeting them

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

People's privacy, dignity and independence were respected.

The provider was meeting this standard.

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

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

The provider was meeting this standard.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

People were cared for in a clean hygienic environment.

The provider was meeting this standard.

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

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

The provider was meeting this standard.

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

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

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

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

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

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with five people who lived in the home and they told us they were happy there.

We asked people how they spent their day. One person told us that they continued to go to church every Wednesday and go on holiday with their friend.

Another person told us that they liked to help out in the kitchen preparing vegetables and setting the table. Other people told us that staff often took them out on day trips such as the theatre, seaside and trips into town. They told us that they were going to the zoo on Thursday and we saw this trip was advertised on the notice board.

Once person told us "I can't remember what I do every day but I don't get bored, there is always plenty to do or people to talk to."

People we spoke with told us they choose what time they get up and go to bed. One person told us "I had a late night last night as I wanted to finish my book".

One relative we spoke with told us staff involved them in the care of their relative and that they were invited to attend relatives meetings. They felt the staff and manager were

approachable and would be confident to raise any concerns they may have with them.

Other evidence

The atmosphere in the home was relaxed and we observed frequent friendly interaction between staff and people who use the service. We saw that people who use the service were treated with respect and given choices and supported to make decisions. We saw that staff took their time to understand people where they had communication difficulties.

We looked at the care records of four people who use the service and we saw that their preferences, beliefs, likes and dislikes were recorded and incorporated into the care they received. The care plans we looked at had been signed by people who use the service or their relatives to confirm these had been discussed and agreed with them.

We saw that residents meetings were held every three months and we looked at the minutes for the last three meetings. The minutes showed that people using the services were able to express their views and contribute ideas which were discussed and where possible, agreed.

The manager had recently been identified as the "dignity champion" to lead and provide a focus in supporting and enhancing people's dignity. This role is in the process of being implemented and staff we spoke with were not yet fully aware of the role of the "dignity champion".

We looked at some bedrooms and saw that they were clean, tidy and personalised with peoples' own belongings.

Our judgement

People's privacy, dignity and independence were respected.

The provider was meeting this standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with five people who use the service and they told us that the staff attended to all of their needs and that they felt safe living in the home. We received comments such as "We are looked after very well", and "The staff are good to me".

One relative we spoke with told us they were very happy with their relatives care.

Other evidence

We looked at the care records for four people and saw that assessments had been carried out and care had been planned to meet their individual needs.

Assessments included a detailed social history and medical history including preferences, likes and dislikes which had been reviewed and updated where necessary. In three of the four records we looked at, risks had been identified and there were measures in place to manage these. Examples of risk assessments that we looked at included nutrition, falls, moving and handling. We found that care plans and risk assessments had been reviewed at monthly intervals.

In one of the records we looked at we saw that a falls assessment tool had been completed which identified the person as being at high risk from falling. There was no care plan directing staff how to provide specific care to this person to prevent or reduce the risk of falling. This was discussed with the deputy manager at the time of inspection and they assured us that the record would be updated immediately. Staff we spoke with had a clear understanding of the care needs of the people using the service.

We saw that people were referred to healthcare professionals when necessary and these visits were recorded in the person's records.

Our judgement

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

The provider was meeting this standard.

Outcome 08: 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 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

We spoke with people who used the service but their feedback did not relate to this standard.

Other evidence

All areas of the home we visited were clean and tidy with no evidence of long term clutter.

Infection control policies and procedures were in place and accessible to staff including the Department of Health 'code of practice for health and social care on the prevention and control of infection'.

The home had recently identified an infection control lead however this role has yet to be fully implemented. The infection control lead and manager were away at the time of our inspection and we were not able to access information about the responsibilities of the role, infection control audits, or meeting minutes. Within the infection control file we saw an agenda for NHS Sheffield Infection Prevention and Control Link Worker Group meeting for Sheffield Care Homes that took place on 15 June 2012 but the deputy manager was not able to access the minutes for this meeting.

We spoke with one of the two housekeepers that had worked at the home for five years. The housekeeper had a job description and had obtained a National Vocational Qualification (NVQ) Level 2 in housekeeping. They told us that they had completed training in infection control and were clear of their role. They explained that the home operated a colour coded system to identify the cleaning equipment to be used within specified areas so that cross contamination between dirty and clean areas did not

occur. Personal protective equipment was available for staff to use and guidance on the use of this was detailed within the policy.

We saw that there were cleaning schedules in place detailing the daily and monthly cleaning duties to be undertaken. We looked at examples of recently completed cleaning schedules and found these to be fully completed.

Our judgement

People were cared for in a clean hygienic environment.

The provider was meeting this standard.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We were able to speak with five people who use the service and a visiting relative. The people we spoke with told us they were happy living at the home and we received comments such as "The staff are good here" and "The staff are lovely".

A visiting relative we spoke with told us that the staff were knowledgeable and approachable.

Other evidence

The deputy manager told us that staff received regular mandatory training and supervision.

We looked at the personnel files for two members of staff. We saw supervision was undertaken regularly and records of the sessions were available. The records included a review of performance and training undertaken or planned. Job descriptions were available and records of mandatory training and additional training undertaken.

The staff we spoke with were very knowledgeable about the people they cared for and felt they had received suitable training and updates to enable them to carry out their role. The staff told us that they were given opportunities for personal development such as obtaining additional qualifications.

Staff told us they received regular training and described some of the topics which included safeguarding adults, fire, food hygiene, infection control, health and safety.

Staff we spoke with had all worked at the home for a number of years. They told us they were very happy working there and felt well supported in their role by the management team.

Our judgement

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

The provider was meeting this standard.

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

Five people we spoke with told us they were happy living at the home and had no complaints.

A visiting relative we spoke with told us they had no concerns or complaints about the service.

Other evidence

The home had a policy and procedure in place to deal with complaints about the service. We reviewed the complaints file and saw that no complaints had been received in the last year.

We looked at a summary report of last relatives' questionnaire from September 2011. The report stated that some relatives were aware of where the complaints procedure was displayed within the home. The respondents who did not know where the complaints procedure was located would raise any concerns they may have with the staff. The summary report showed a positive response from relatives.

People that we spoke with told us that they did not know what the complaints procedure was but they were confident to approach any member of staff to raise a concern if they had one. Everyone that we spoke with told us they had no complaints.

Our judgement

There was an effective complaints system available. Comments and complaints people

made were responded to appropriately.

The provider was meeting this standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

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

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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