

# Review of compliance

<p>Peach Glen Limited Birchville Court Care Home</p>	
<p><b>Region:</b></p>	<p>East</p>
<p><b>Location address:</b></p>	<p>Heathbourne Road Bushey Heath Bushey Hertfordshire WD23 1PB</p>
<p><b>Type of service:</b></p>	<p>Care home service with nursing</p>
<p><b>Date of Publication:</b></p>	<p>August 2012</p>
<p><b>Overview of the service:</b></p>	<p>Birchville Court is regulated to provide accommodation for persons who require nursing or personal care for up to 39 older people.</p> <p>On the day of our inspection, there were 27 people living at the service.</p>

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

## Our current overall judgement

**Birchville Court Care Home was not meeting one or more essential standards. Action is needed.**

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

### Why we carried out this review

We carried out this review 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 24 July 2012, observed how people were being cared for, talked to staff and talked to people who use services.

### What people told us

We spoke with four people who lived at the service.

One person told us, "I can't find fault with it. All of the carers are very good." Another person commented, "I feel safe. It's really lovely."

Another person said, "I don't think you could get a better place than here." They continued, "The gardens are beautiful. I'm quite happy here really."

One person explained that there was a lack of choice at meal times. They said "[I] don't get to choose what I want. That would be lovely. On a hot day like today it would be nice to have a nice salad." They said that they didn't get told what they were having for meals. They said, "[We] just get the food put in front of us. We don't get told." Another person commented, "Sometimes there will be an alternative but not that often."

### What we found about the standards we reviewed and how well Birchville Court Care Home was meeting them

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

The provider was not meeting this standard. People's privacy, dignity and independence was not respected.

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

## **and supports their rights**

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

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

The provider was meeting this standard. The provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

### **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 was not meeting this standard. The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

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

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

## **Other information**

Please see previous reports for more information about previous reviews.

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

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

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

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

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 non-compliant with Outcome 01: Respecting and involving people who use services. We have judged that this has a moderate impact on people who use the service.

#### Our findings

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

All of the people we spoke with said that they felt involved in their care. One person said, "If I've woken up and not felt 100 percent and I'll say, 'Just wash my face.' They remind me it's my decision. They go along with what you say." They explained that the manager told them that they have a right to refuse any treatment if they so wish.

One person that we spoke with said that staff don't call them by their preferred name.

When asked if they had choice in their meals, one person said, "Sometimes we do. Sometimes there will be an alternative but not very often." Another person said, "[I] don't get to choose what I want. That would be lovely. On a hot day like today it would be nice to have a nice salad."

One person said that there wasn't much to do at the service. They said, "I suppose it's normal sat in rows, like here?" in relation to the seating arrangement in the lounge at the service. They said, "There's nothing to do. Bingo on a Thursday. Sometimes I feel like I'm going off my head."

Another person said, "I know a chap comes with books. I would like a game. We do

have afternoons when we play bingo. That's good."

People said that staff were respectful. One person said, "These men [the male care workers at the service], they're gentlemen. They're courteous and speak to you like you should be spoken to. The girls [female care workers] are very nice."

### **Other evidence**

We visited the service on 24 July 2012. During the lunchtime we used our Short Observational Framework for Inspection (SOFI) tool to help us see what people's experiences at mealtimes were. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time and whether they have positive experiences. This includes looking at the support that is given to them by the staff.

We saw that lunch was served in the two lounges rather than in a dining room. There was a lounge used by people with dementia which annexed a lounge for the other people who used the service. We spent 20 minutes observing at lunchtime in the lounge used by people with dementia.

There were five people who were in the lounge for people with dementia waiting to be assisted to eat their lunch. There was one care worker offering assistance whilst the other people sat unoccupied. Aside from occasional comments and task orientated prompts such as, "Open your mouth", the assistance was carried out in silence. The care worker fed the person with a spoon and used the spoon to clean their face of any spilt food. The care worker was very task focused and did not attempt to engage with the person that they were supposed to be supporting. We saw that the people being observed were not treated with dignity or involved in the mealtime.

There was information detailing people's eating abilities and dietary requirements on the wall of the lounge where we were sitting. This did not support the dignity or privacy of people who used the service as personal information was on display.

Later in the afternoon, we saw three members of staff seated in the main lounge with the people who used the service. We saw only brief exchanges between the people and the staff and there was no activity taking place. We saw that one member staff was falling asleep and we had to rouse them to enable them to speak with us.

We were shown posters of a fortnightly zumba sessions. We informed by the Registered Manager that these had been adapted so that they were suitable for the people living at the service. The Registered Manager also showed us posters of a summer fete organised for the 1st September 2012 for people who used the service and their relatives. People confirmed that they enjoyed the bingo sessions that were held at the service. However, during our inspection we saw that people were sat in the lounge watching the television and that there were no activities taking place. There was no weekly plan of activities. The lack of activities at the service did not promote people's community involvement.

### **Our judgement**

The provider was not meeting this standard. People's privacy, dignity and independence was not respected.

## 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 one person who had made significant health improvements whilst living at the service. They were looking forward to returning home in the days following our inspection.

One person said, "My daughter said that she's never seen me so contented."

All of the people that we spoke with said that they felt well looked after at the service.

##### Other evidence

We looked at three care plans during our inspection.

A detailed pre-admission assessment was carried out at the service. This included a mental capacity assessment and details of the persons needs, for example personal hygiene, mobility and eating. Information was recorded as to how the person would prefer to be cared for, for example with regards to food preferences.

The pre-admission assessment was followed by risk assessments relevant to the person receiving the care. These included, for example, risk assessments relating to pressure sores, nutrition, falls, continence and manual handling. These all provided information on how to minimise the risk to ensure the welfare and safety of the person who used the service.

Care plans considered all of the person's needs including personal care, nutrition,

mobility and dressing. Care plans were seen to detail the person's specific concerns such as complex skin conditions and behavioural problems. These also contained information about people's social interests and religious and cultural needs. We saw that care plans were reviewed monthly and that changes in care were detailed as necessary. This ensured that there was an ongoing assessment of needs.

Daily notes were detailed and informative, giving information about care that people had received in line with their care plan. Body charts were included when relevant, for example when people had skin conditions or pressure sores. We saw records of specialist visits such as doctors and chiropodists. Care and treatment therefore was planned and delivered in a way that ensured people's safety and welfare.

**Our judgement**

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is non-compliant with Outcome 07: Safeguarding people who use services from abuse. We have judged that this has a minor impact on people who use the service.

#### Our findings

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

All of the people we spoke with said that they felt safe and happy living at the service.

##### Other evidence

We found local safeguarding procedures available at the location although we did see an out of date poster detailing safeguarding contacts on the staff notice board. There had been no safeguarding referrals made since our last inspection.

The training records we saw showed that four out of 20 staff had not had safeguarding training. The Registered Manager advised us that three of the staff were either new or fairly new and one member of staff was awaiting the training in September 2012. One out of the seven nurses had just returned from sick leave and had not had safeguarding training. We saw evidence that safeguarding training was being carried out at the location in September for these staff.

We spoke with three members of staff employed at the service. Staff confirmed that they had received safeguarding training and evidenced this by informing us what would constitute abuse. They knew what they would do if they witnessed an incident of abuse. However, two of the staff that we spoke with incorrectly identified the out of date safeguarding poster on the staff notice board as the safeguarding policy. This suggested that the provider had not made suitable arrangements to ensure that people who used the service were safeguarded against the risks of abuse. This was because staff did not know where to find policies and procedures relating to safeguarding.

Further, the document that they did rely on was out of date in any event.

We saw that there had been an allegation of abuse by a person who used the service. The Registered Manager advised us that they had contacted the GP, family and social worker regarding the allegation. However, at the time of our inspection there had been no referral made to the local authority safeguarding team in accordance with the Hertfordshire interagency safeguarding procedures. On pointing this out, the Registered Manager had since reported the incident to the safeguarding authorities. The Registered Manager had not responded appropriately to an allegation of abuse as this was not appropriately raised and investigated.

**Our judgement**

The provider was meeting this standard. The provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## 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

Three out of the four people we spoke with said that there was enough staff to look after them.

One person said there were enough staff, "Except for the weekend. They're always short staffed on the weekend. It's not really a problem but sometimes it's 10.15am before you have a wash."

One person said that there were enough staff but that sometimes their buzzer wasn't answered quickly because staff "might say, 'I'm on my break' but overall it's OK."

##### Other evidence

We saw that there was a dependency tool in people's care plans to decide the amount of assistance required for certain aspects of their care. However, the Registered Manager did not use this information to decide overall staffing levels at the service.

The low occupancy of the service meant that there was a sufficient needs and risk analysis of the staffing needs of the service as the assessment of staffing needs was carried out on a weekly basis by the Registered Manager. They showed us how they used a diary to ascertain staff availability. Staff wrote in the diary to request certain shifts. The Registered Manager showed us rotas where off duty staff had been called in to cover sickness. This was confirmed by staff employed at the service. One member of staff said, "As any home it can get short staffed, but if people ring in sick they will call to get cover."

As the Registered Manager was a registered nurse, they informed us that they would step in to assist in emergency situations. This demonstrated that the service was able to respond to changing staffing circumstances.

**Our judgement**

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

## 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 non-compliant with Outcome 16: Assessing and monitoring the quality of service provision. We have judged that this has a minor impact on people who use the service.

#### Our findings

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

Three of the people we spoke with said that if they had a problem they were happy to approach the manager with any concerns. We did not speak with the fourth person about raising concerns with the manager.

##### Other evidence

The Registered Manager showed us how they carried out regular audits of medication. They demonstrated how this was recorded on the Medication Administration Record (MAR) sheet. They checked that the amount of medication corresponded with the MAR sheet. The Registered Manager informed us that they had not uncovered any significant concerns and that any minor concerns had been followed up with the staff member who had administered the relevant medication.

We saw a book that detailed maintenance issues around the home. There was information confirming that the issues had been rectified. We were advised that the provider inspected the premises approximately every two weeks for any maintenance issues. The maintenance book confirmed a series of entries had been made during this time, reflecting the provider's inspection. This showed that the provider had systems in place to identify, assess and manage risks relating to the health, welfare and safety of people who used the service.

The Registered Manager advised us that they sent out feedback forms to people who used the service and relatives a year or two ago. We did not see the feedback forms to

verify what the Registered Manager had told us. We were informed that feedback forms are not sent out regularly.

There were no meetings held for people living at the service. This was confirmed by the people who used the service, although they said if they had a problem, they would talk to the manager. People did raise concerns with us, however, about the lack of choice of food at meal times and the lack of activities, which could have been fed back to the provider if meetings with people living at the service had been held. This, together with the inconsistent quality assurance system in place for obtaining feedback, meant that the provider could not regularly assess and monitor the quality of the services provided at the location.

**Our judgement**

The provider was not meeting this standard. The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

## Action we have asked the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<b>How the regulation is not being met:</b> People's privacy, dignity and independence was not respected.	
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<b>How the regulation is not being met:</b> The provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<b>How the regulation is not being met:</b> The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

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

# What is a review of compliance?

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

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

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

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

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