

Review of compliance

Derriford House Limited Derriford House	
Region:	South East
Location address:	Pinewood Hill Fleet Hampshire GU51 3AW
Type of service:	Care home service without nursing
Date of Publication:	January 2012
Overview of the service:	Derriford House is a privately owned and operated care home offering care and support for up to 34 older persons. All residents live in single rooms provided with en-suite toilet and washing facilities. The home is located in the North Hampshire town of Fleet, adjacent to public transport local facilities/shops, the nearby towns of Aldershot and Farnborough.

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

Our current overall judgement

Derriford House was meeting all the essential standards of quality and safety.

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 because concerns were identified in relation to:

Outcome 07 - Safeguarding people who use services from abuse

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 10 November 2011, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

Residents told us they were very happy at the home. They said that the staff were lovely, caring and very helpful.

They told us the food was good and they looked forward to mealtimes.

One relative told us that the home was wonderful, the food was good, and that they even grew their own vegetables.

Another relative told us that the home was first class, the staff were very good and issues were dealt with promptly. They told us that they believed their relatives were safe living at Derriford House.

What we found about the standards we reviewed and how well Derriford House 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 were involved in the decisions about the care provided. Care was based on their individual needs and preferences. People who used the service were treated with respect.

Overall, we found that Derriford House was meeting this essential standard.

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

The home had a care planning system to support people who used the service with their health, personal and social care needs.

Overall, we found that Derriford House was meeting this essential standard.

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

Systems were in place to ensure that staff knew how to recognise abuse and how to act if they had any concerns.

Overall, we found that Derriford 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 home had systems in place to ensure staff received the necessary training and support to care for people who used service. Staff had regular supervision meetings and appraisals to support them in their role.

Overall, we found that Derriford 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

We found residents, relatives and others were given opportunities to contribute their views about the quality of the service.

Overall, we found that Derriford House was meeting this essential 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.

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 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

People told us they were supported and enabled to do things for themselves.

They said they were encouraged to express their views and make decisions relating to their care and treatment.

Relatives informed us that they were consulted about their relatives' care needs, when appropriate.

Other evidence

We looked at a number of care plans, and saw that residents had given their consent to a care plan being developed. The care plans were detailed in content and had been developed for each individual. They documented people's wishes and preferences in relation to how their care needs were met, how they liked to spend their time and how they preferred to be supported. We saw that residents and their relatives had been encouraged to sign their care plans to confirm they were happy with them.

The manager told us that the plans, including risk assessments, were developed and regularly reviewed in consultation with the individual. The documents provided staff with guidance, to ensure that identified current and ongoing care and support needs could

be met consistently and safely. The care plans and risk assessments we looked at had been reviewed regularly and amended to reflect the changes in residents' needs.

We observed residents being encouraged to be independent and help themselves.

Throughout our visit we saw and heard that the resident's dignity was being promoted and protected, and they were being treated with respect.

Our judgement

People were involved in the decisions about the care provided. Care was based on their individual needs and preferences. People who used the service were treated with respect.

Overall, we found that Derriford House was meeting this essential 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

Residents told us they were happy with the care provided at the home.

They said that they knew they had a care plan and that staff discussed their care with them.

Other evidence

We discussed the admission procedure with the registered manager. She informed us that, prior to a person's admission to the home, a care manager from adult social and health care services would provide a care summary, which would assist them in determining if an individual's care needs could be met by the home. She also told us that a representative from the home would undertake a care needs assessment on the prospective resident and the same process would be undertaken for a person who was self-funding. This was confirmed in the care records we looked at.

The records we looked at had a pre-admission assessment in place and included for example, general health, personal and oral hygiene, activities, daily living skills, diet and nutrition, wellbeing and support needs.

The care plans we looked at reflected the care needs assessments and identified risks. The documents were detailed in content, and person focused, and gave the reader a good overview of the resident's individual health and care needs. We saw that the care plans and risk assessments had been reviewed regularly .

Discussions with staff, and observations of care indicated that they had a good level of understanding and knowledge of the needs, likes and dislikes of people living at the home.

We observed the interaction between staff and residents during lunchtime. We found that there was little in the way of discussion between staff and residents; however residents were chatting amongst themselves. Staff were seen to be standing quietly, offering assistance when it was required.

We observed that a list of activities, one each day for the month of November, had been posted on notice boards throughout the home. We found that two activity co-ordinators had been employed, and both were on duty during our visit, one on the morning shift and one on the afternoon shift.

We spoke with both activity co-ordinators and they demonstrated a good knowledge and understanding of residents' needs, likes and dislikes around daily activities. We heard a number of residents discussing the afternoon bingo whilst eating their lunch. They appeared to be looking forward to it. We also observed that a few residents had been out to the local shops and others were enjoying playing board games.

Our judgement

The home had a care planning system to support people who used the service with their health, personal and social care needs.

Overall, we found that Derriford House was meeting this essential standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

Residents told us they felt safe living at Derriford House.

Relatives commented that they believed their relative was safe and well cared for at the home.

Other evidence

Staff informed us that they were aware of the home's 'protection of vulnerable adults' procedures. We discussed scenarios with them in respect of potential safeguarding issues. They were clear as to the procedure to be followed if they suspected or observed someone was being abused. They informed us that they would contact the manager or a senior member of staff at the home immediately and ensure the person was safe from harm. Staff told us they had undertaken training regarding protecting vulnerable adults from abuse. We saw training records that confirmed what staff had told us.

Staff told us that prior to starting work they had to provide at least two references and a Criminal Records Bureau check.

Staff also talked to us about the home's whistleblowing procedures. They told us that they would have the confidence to use this procedure if the need arose.

We looked at daily care records written by staff and did not see any entries that gave us cause for concern.

We looked at the safeguarding policy and procedure and found that it included the local authority multi-agency safeguarding procedures. The provider confirmed that they worked collaboratively with the local authority to safeguard and protect the welfare of people who used the service. We found that they attended local authority safeguarding meetings when required.

Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Therefore, people could be sure that any decisions were made in their best interests and were reviewed in line with appropriate guidelines.

We were shown records regarding a Deprivation of Liberty Safeguard application referral made by the home in respect of one resident.

Our judgement

Systems were in place to ensure that staff knew how to recognise abuse and how to act if they had any concerns.

Overall, we found that Derriford House was meeting this essential standard.

Outcome 14: Supporting staff

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 staff

Our findings

What people who use the service experienced and told us

People told us that staff knew how to care for them properly.

Relatives told us that the staff were good and that they knew what they were doing.

Other evidence

Staff talked to us about the induction they had undertaken. They told us that their induction included a number of training courses, for example, food hygiene, fire safety, health and safety, hand washing, moving and handling and protecting adults from abuse. We found that the induction period at the home was 12 weeks. Managers told us that following this period, an appraisal was carried out to check that the member of staff was competent in their role. Care staff spoken with confirmed this.

We were told that a number of courses were offered via Social-Care TV on line training. All staff had been issued with passwords to enable them to access this. Managers told us that staff were given time to complete these courses whilst at work, or at home if more convenient. Care staff spoken with confirmed what we had been told.

We looked at training records regarding this training and saw that a number of training courses had been undertaken, for example; Control of Substances Hazardous to Health (COSHH), infection control, hydration, washing, basic food hygiene, first aid awareness, mental capacity and deprivation of liberty safeguards, person centred care, record keeping, diversity and equality, continence promotion and dementia care.

Staff told us that they were well supported by the senior staff at the home. They told us

that managers were always available if they required support. We asked staff if they received one to one supervision meetings with a manager or senior staff. We were told that they had. We saw records that confirmed this.

Our judgement

The home had systems in place to ensure staff received the necessary training and support to care for people who used service. Staff had regular supervision meetings and appraisals to support them in their role.

Overall, we found that Derriford House was meeting this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

People told us that they were asked their views about the service.

Other evidence

We asked the provider and manager about the arrangements in place at the home for monitoring the quality of the service.

We were informed that the senior management team met on a monthly basis. We looked at the records kept regarding these meetings, and found saw that there was a record of discussions around identified risks and issues.

The manager informed us that she spent time walking around the home on a daily basis to check the quality of care provided. Staff confirmed that the manager had spent time speaking with residents and observing the practices at the home.

We saw records of monthly visits made by the provider. As part of this audit, the provider spoke with three residents and three staff to ask their views on the service. We saw that issues arising from these visits had been discussed at the monthly managers' meeting and had been addressed.

Staff told us that the providers spent a considerable amount of time at the home.

We observed relatives and residents speaking with the provider during our visit. It was evident that they felt comfortable and confident in his company, because they spoke

with him in a friendly and familiar way. Relatives and residents told us that the provider was always around and was very approachable. They said that they were confident that any issues brought to his attention would be dealt with in a timely manner.

During our visit, we observed people being spoken with and supported in a sensitive, respectful and professional manner. This included assessment of their satisfaction and having their needs met.

Incidents were reported and had been reviewed to identify trends.

Our judgement

We found residents, relatives and others were given opportunities to contribute their views about the quality of the service.

Overall, we found that Derriford House was meeting this essential 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.

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 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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