

Review of compliance

<p>Meeraraj Limited Copper Beech Care Home</p>	
<p>Region:</p>	<p>South East</p>
<p>Location address:</p>	<p>154 Barnhorn Road Bexhill-on-Sea East Sussex TN39 4QL</p>
<p>Type of service:</p>	<p>Care home service with nursing</p>
<p>Date of Publication:</p>	<p>November 2012</p>
<p>Overview of the service:</p>	<p>Copper Beech Care Home provides accommodation and care for up to 42 people with dementia type illnesses.</p> <p>It is situated on the outskirts of Bexhill on Sea.</p>

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

Our current overall judgement

Copper Beech Care Home was not meeting one or more essential standards. We have taken enforcement action against the provider to protect the safety and welfare of people who use services.

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 October 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not able to tell us their experiences.

We spoke to the relatives of three people, who told us they were involved with the care and treatment needs of their relatives. Relatives said that staff were kind and helpful. One relative discussed concerns about the number of agency staff that were used and how this could impact on care. Two relatives told us that the food had "really improved" with the new chef.

What we found about the standards we reviewed and how well Copper Beech 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

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

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

People did not experience care, treatment and support that met their needs and protected their rights.

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

Outcome 05: Food and drink should meet people's individual dietary needs

Although there was a choice of suitable and nutritious food and drink, due to financial circumstances people were not protected from the risks of inadequate nutrition and dehydration.

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

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

People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

The provider was not meeting this standard. We judged that this had a major impact on people using the service and action was needed for this essential standard.

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

There were not enough qualified, skilled and experienced staff to meet people's needs.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

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

Although the majority of staff had received mandatory training it was unclear how future training for staff would be provided. Staff did not receive regular supervision or appraisals.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for 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 did not have an effective system to regularly assess and monitor the quality of service that people were receiving.

The provider was not meeting this standard. We judged that this had a major impact on people using the service and action was needed for this essential standard.

Outcome 26: People who provide the service must have the financial funds to run a service that meets all essential standards of safety and quality

No evidence was seen to show that finances needed to continue to provide services as described in the statement of purpose, could be maintained to the required standard.

The provider was not meeting this standard. We judged that this had a major impact on people using the service and action was needed for this essential standard.

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 to improve. We will check to make sure that the improvements have been made.

We have taken enforcement action against Meeraraj Limited.

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

Our findings

What people who use the service experienced and told us

We used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not able to tell us their experiences.

We spoke to the relatives of three people who told us they were involved with their care and treatment needs. Two relatives told us that activities were good at the home.

Other evidence

We carried out an inspection of Copper Beech care home on 27 March 2012 where we found there was no evidence of choice or flexibility in the care we observed being delivered. People were not always treated with dignity, or spoken to with respect.

We met with the provider to discuss our concerns. The provider sent us weekly action plans that informed us Copper Beech care home was making changes to ensure these issues were being addressed. Evidence gathered at this inspection showed the provider had achieved compliance.

During the inspection we observed staff engaging with people in a kind and respectful

way. Staff allowed people to move at a pace that suited their needs. We observed staff assisting people to move. We saw that they explained what they were doing and helped people appropriately. We saw that people's dignity and comfort were maintained.

People expressed their views and were involved in making decisions about their care and treatment. We saw that mental capacity assessments were in place for all of the people whose care plans we viewed. This showed that although people did not have capacity they were able to make decisions about day to day activities.

Care plans contained information about people's likes and dislikes. These choices were used to inform the care plan. The care plans identified the time people liked to go to bed and get up. One person liked to go to bed in the early afternoon and have music playing in their room. Another care plan we viewed told us the person liked to have breakfast in their bedroom and then spend time in the lounge. This demonstrated that personal preferences were taken into account when delivering care.

We observed an activity session in the lounge. People were seen to enjoy engaging with care staff and each other during a quiz. One person was not able to hear all the questions. To facilitate their continued involvement in the activity, a staff member wrote the questions on a whiteboard. This demonstrated people were supported and their independence and involvement promoted.

People who used the service were given appropriate information and support regarding their care or treatment. The appointee manager had introduced key worker meetings for people. The provider may find it useful to note these were not in place for all the care plans we viewed. However, those that were in place demonstrated that people were involved in the decisions and choices about their care.

There was evidence within the care plans that people had access to other professionals such as GPs, social workers, chiropodist and speech and language therapists (SALT). There was evidence throughout the care plans that people's relatives were involved in their care. All the visitors we spoke with told us they were involved with their relatives care and treatment decisions.

Our judgement

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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 non-compliant with Outcome 04: Care and welfare of 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

We used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not able to tell us their experiences.

We spoke to the relatives of three people, who told us they were happy with the care that the home provided. One person told us that staff were fantastic and couldn't do enough for them. They told us their relative was always clean, tidy and well cared for.

Other evidence

We carried out an inspection of Copper Beech care home on 27 March 2012 where we found people did not always experience effective, safe and appropriate care, treatment or support that met their needs. People living in the home including those with challenging behaviour did not have their assessed risks or identified support needs met.

We met with the provider to discuss our concerns. The provider sent us weekly action plans that informed us Copper Beech care home was making changes to ensure these issues were being addressed. Evidence gathered at this inspection showed significant shortfalls remained.

At the time of the inspection 28 people were living at the home. We looked at four care plans. All care plans contained a record of people's medical history, details of the next of kin, information about people's religious needs, an assessment of daily living, and

risk assessments. Assessments included mobility, personal hygiene, eating and drinking and continence. However, care plans and risk assessments were not updated when needs changed. For example, in relation to a resident with swallowing difficulties. The care plan and risk assessments had not been reviewed and did not reflect this person had a change to their care needs. The care plan stated this person was able to eat independently. The risk assessment did not reflect the increased risks and there was no information for staff on how to minimise these risks.

People living at the home had a range of complex care needs and challenging behaviour. These were related to their dementia type illnesses. Some of the care plans and risk assessments informed staff how to support people. For one care plan viewed the person was identified as displaying challenging behaviour when receiving personal care. There were guidelines for staff which identified triggers and actions to take including diversion tactics.

We saw one person who displayed challenging behaviour. Staff dealt with the situation with care and understanding. They were able to distract the person and encourage them to engage in another activity. Later, we saw a member of staff sitting in the lounge. She told us she was sitting with a person who had been agitated a short while previously. This person appeared calm and relaxed.

We saw that care plans and risk assessments were reviewed monthly. However, for one person's there was no date on the original care plan. We saw that there were inconsistencies in care plan and risk assessment reviews.

We saw risk assessments were in place for people who had bed rails. Staff told us that one person no longer required bedrails. We looked at the bedrail risk assessment and saw this had been amended to reflect the change. However, this alteration had been made on the original assessment and had not been dated or signed and there was no evidence of a full assessment. In addition, the bed rail assessment review stated there were no changes to care. As bed rails were integral to the beds at Copper Beech care home it was unclear if staff were using the bed rails. This could leave the person at risk of harm or injury if bed rails were used inappropriately.

For a second person who no longer required bed rails we saw that the bed rails risk assessment and care plan had been updated appropriately.

For a third person we saw that bedrails were in place and the persons next of kin had consented to their use. However, there was no risk assessment in place or guidance for staff on how to ensure the safety of the person when the bed rails were in use.

Staff told us about a person who had recently fallen. We saw care plans for physical health and mobility. The care plan for physical health stated this person was immobile, unable to stand unaided and remained in bed. The mobility assessment instructed staff how to move this person safely. Since this person had fallen the care plans and risk assessments had not been updated to reflect the changed need. The falls risk assessment review stated that a fall had been sustained and a review was needed. We saw that staff were completing half hourly checks on this person. However, there was no information in the care plans to inform staff of this which meant that the checks may not have been completed. In addition, the care plan had not been updated to show this persons change in care needs. It was unclear how staff who did not know this person

would be able to deliver safe and appropriate care.

Staff told us about another person who required subcutaneous fluids. They told us this person had become unwell and dehydrated. There was no care plan in place which related to subcutaneous fluids being administered. Staff told us this person had removed the infusion, therefore it was being administered at night. There was no risk assessment in place to reflect the associated risks of the treatment. As this person removed the infusion staff and visitors could be at risk of a needle stick injury and there was no risk assessment in place to minimise these risks. Information contained within the care plan would not enable staff to deliver safe and appropriate care.

People who lived at the home had dementia type illnesses, many were frail and elderly. They were not able to tell staff about the care that they required. Although many of the staff knew the people well and were able to respond to their needs, there was a high use of agency staff. Without the relevant risk assessments and guidance these staff would not be able to provide safe care to individual people that minimised any risks to them or staff.

Our judgement

People did not experience care, treatment and support that met their needs and protected their rights.

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

Outcome 05: 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 non-compliant with Outcome 05: Meeting nutritional needs. 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

We used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not able to tell us their experiences.

People we spoke with told us they were enjoying their food. Relatives that we spoke with told us the food was good. One relative told us they ate lunch at the home themselves several times a week.

Other evidence

People were provided with a choice of suitable and nutritious food and drink. People were offered a choice of meals. The chef knew people well and was able to support them in their choices. A choice of hot drinks and biscuits were served throughout the day. Cold drinks were served with main meals. If people required specialist or pureed diet this was provided. People's food likes and dislikes were recorded in the care plan. For one person we saw they liked sugar in their tea. A second person liked 'traditional' meals. This demonstrated that people's personal preferences, likes and dislikes were taken into account.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People who required assistance with feeding were seen to be supported appropriately by staff. Staff sat at the table with people and engaged with them throughout the meal. For people who did not require assistance staff were available to provide support if required.

There was evidence in the care plans that the malnutrition universal screening tool (MUST) and nutritional assessments were in place and reviewed and recorded monthly. People were weighed monthly.

In one of the care plans viewed we saw involvement with the speech and language therapist (SALT). There was guidance for staff how to safely feed this person. This included the type of food and position the person should be sitting in.

Staff told us about one person who had a change in their nutritional needs. This person was now receiving a pureed diet and subcutaneous fluids. We looked at their care plan. The care plan and risk assessments had not been reviewed and did not reflect the changed need. The care plan stated this person was able to eat independently. A physical health care plan dated 4 October 2012 stated this person should be weighed weekly. A nutritional care plan, which was not dated, informed staff this person should be weighed monthly. This person had been weighed alternate months. It was therefore unclear how staff identified this persons dietary care needs. This person was at risk of receiving inadequate or inappropriate nutrition due to the inconsistency information and processes followed.

Concerns were raised as staff told us, that on occasions, they purchased food for the people in the home. We saw receipts that supported this. Due to financial constraints the home was unable to obtain food supplies from local contractors. We were shown evidence that large sums of money were owed to food suppliers. We saw evidence that these companies would no longer supply food to the home. This raised concerns about the ability of the home to continue to provide suitable and nutritious food.

Our judgement

Although there was a choice of suitable and nutritious food and drink, due to financial circumstances people were not protected from the risks of inadequate nutrition and dehydration.

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

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 non-compliant with Outcome 10: Safety and suitability of premises. We have judged that this has a major impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

We carried out an inspection of Copper Beech care home on 27 March 2012 where we found that due to a lack of maintenance throughout the home, areas such as the conservatory and garden were unsafe and unusable. We met with the provider to discuss our concerns. The provider sent us weekly action plans that informed us Copper Beech care home was making changes to ensure these issues were being addressed. Evidence gathered at this inspection showed significant shortfalls remained.

All bedrooms viewed were seen to be clean, tidy and personalised.

The conservatory remained unfit for use by people living at the home. The roof was leaking and had caused the flooring to lift. Therefore the room was not safe to use as although the flooring had been secured there was still a trip hazard for people. The risks that this disrepair created were heightened by the fact that many of the people who lived at the home had dementia and complex health needs, this made them extremely vulnerable. For people with dementia type illnesses there is often the capacity for them to wander, unaware of what the risks are around them. This placed their safety and welfare at risk.

The provider had written to tell us repair work was due to start the following week. We did not see any documentary evidence to confirm this.

There was a secure fenced area outside the conservatory. This area was currently not safe for people to use as a number of paving tiles had lifted. Due to their dementia type illnesses people were not able to maintain their own safety. They were unaware of the risks and hazards the environment may pose. The garden remained uneven and therefore unsafe for people to use.

There were areas throughout the home that required maintenance. This included damage to a door and wall areas in the main corridor. There was a hole in one bedroom wall.

Staff that we spoke with told us that water in the en suite showers did not drain properly. On occasions this had caused flooding in the main corridor. We saw evidence of water damage on two ensuite doors.

We looked at maintenance records. We saw that water temperatures were tested monthly. These did not reach the required temperature to ensure that the people who lived in the home were protected from the risk of legionnaires disease. We were advised that a plumber was required to rectify the problem. However, the home was unable to access a local plumber due to financial restraints.

It was dark when the inspection was completed and we noted that there was no outside lighting and the paving slabs outside the reception area were broken and unstable. The external fire exits were also unlit. This presented a trip hazard to staff, visitors and people living in the home when entering or leaving the premises.

The driveway to the home was very uneven. Following our inspection of 27 March 2012 the provider informed us he would be unable to resurface the whole drive. However, the pot holes would be filled. There was no evidence that any work had been undertaken. This remained a slip and trip hazard to people, staff and visitors using the premises.

People who lived at the home were extremely vulnerable. They had dementia type illnesses and the ability to wander. People were able to move freely around the home and would therefore be at serious risk of harm and injury due to the areas around the home and grounds that required maintenance.

We saw wires hanging from an external wall. It was unclear why these were there. We did not see any evidence of an electrical safety certificate.

The appointee manager informed us that when the portable appliance testing was due this had not been carried out as the provider was unable to pay for this. However, the appointee manager had paid for this to ensure the safety of people using the equipment.

We saw a range of maintenance audits. These had highlighted areas that required attention. However, there was limited evidence that any action had been taken to address these shortfalls or protect the frail and very vulnerable people who lived there.

Our judgement

People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

The provider was not meeting this standard. We judged that this had a major impact on people using the service and action was needed for this essential standard.

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 non-compliant with Outcome 13: Staffing. 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

We spoke to people using the services but their feedback did not relate to this standard.

Two visitors we spoke with said that on occasions it was difficult to find staff as they were very busy. One visitor expressed concern about the number of agency staff that were used. They told us they were concerned that different staff did not know their relative well and this could compromise the care provided.

Other evidence

We carried out an inspection of Copper Beech care home on 27 March 2012 where we found that the staffing levels were not sufficient to meet the needs of the people living at the home. The layout of the home made it difficult for one registered nurse (RN) to provide a safe level of cover. The chef did not have the relevant qualifications or experience.

We met with the provider to discuss our concerns. The provider sent us weekly action plans that informed us Copper Beech care home was making changes to ensure these issues were being addressed.

Since our last inspection the home had recruited more staff. There was a new chef in post who had the appropriate skills and training. One visitor we spoke with told us "the food is lovely since the new chef took over."

According to the duty rota there were two RN's on duty during the day and seven care staff. This included one member of care staff required to provide one to one care for one individual. At night there was one RN and four care staff. The rota demonstrated that this level of staff was maintained. However, we were told that there remained a high use of agency staff.

We were told that the provider was currently recruiting staff. We were informed the current vacancies were two RN's, and six care staff. To address the current shortfall agency staff had frequently been used but this was to be reduced as the new staff took up their posts.

Concerns were brought to our attention that a local agency, that had been providing regular agency staff to the home, had stopped supplying staff due to outstanding debts. The home was currently being supplied with staff from outside the local area. As a result these agency staff had, on occasion, arrived late for shift and on one occasion not arrived at all.

When agency staff had not arrived for work or if agency staff were not available staff in post would cover the shift. This relied on the goodwill of staff however, there was no guarantee staff would always be able to fill this shortfall. This would leave people at risk of harm as there would be insufficient qualified, skilled or experienced staff to meet people's needs.

The provider could not be confident that agency staff would be at work as expected. In addition agency staff did not know the residents. Due to their complex needs, this left people receiving care from staff who did not have a working knowledge of people who lived at the home.

Our judgement

There were not enough qualified, skilled and experienced staff to meet people's needs.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential 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 non-compliant with Outcome 14: Supporting workers. 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

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

We carried out an inspection of Copper Beech care home on 27 March 2012 where we found that not all staff had received regular supervision or appraisals. Staff had not received training for challenging behaviour.

We met with the provider to discuss our concerns. The provider sent us weekly action plans that informed us Copper Beech care home was making changes to ensure these issues were being addressed.

Most staff had received appropriate professional development. The training matrix showed that out of 39 staff, 23 had received infection control training updates and 28 had received safeguarding vulnerable adults training updates. We saw that 33 staff had received moving and handling training updates and 27 had received dementia training updates. We were informed that limited future training had been booked for staff due to ongoing financial restraints within Copper Beech care home.

The appointee manager had booked supervision dates for all staff until 2013. We saw that not all staff booked to have supervision had received it and the appointee manager told us she was often unable to undertake supervision. This was due to competing demands for her time and care staff workload. The appointee manager had not received supervision since July 2012.

Staff that we spoke with were open and honest about their concerns in relation to the current financial position of the home.

Our judgement

Although the majority of staff had received mandatory training it was unclear how future training for staff would be provided. Staff did not receive regular supervision or appraisals.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for 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 non-compliant with Outcome 16: Assessing and monitoring the quality of service provision. We have judged that this has a major impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

We carried out an inspection of Copper Beech care home on 27 March 2012 where we found there was evidence that some quality monitoring had taken place. However, this was very limited and needed further development.

We met with the provider to discuss our concerns. The provider sent us weekly action plans that informed us Copper Beech care home was making changes to ensure these issues were being addressed.

We saw that a number of audits had taken place. These included maintenance and infection control. Following the inspection we were sent a copy of an audit by an external provider. All audits seen highlighted areas that required action. However, there was limited evidence that any action had been taken to address these shortfalls.

We spoke with the appointee manager who told us she was aware of the shortfalls. However, due to financial constraints and time spent undertaking non-managerial duties these issues had not been addressed.

Incident and accident forms were in place. However, no analysis or reviews for trends had taken place. In addition, there was no evidence that any learning took place or that

processes were developed to avoid repetition.

We saw from the external providers audit that recent satisfaction surveys had been sent to residents and their families.

Following the inspection we wrote to the provider about our concerns, driven by the information we had received over the home's financial difficulties, we found during the inspection process. We asked the provider to provide an action plan to demonstrate how these shortfalls would be addressed, based on the current financial difficulties the home was experiencing.

We asked for a remedial action plan in relation to the non-compliance and financial difficulties, from the provider, to be produced within a short timescale, whilst we considered what regulatory actions to take.

In the interim the local authority and an outside contractor provided support to monitor the safety of residents and whether appropriate care was taking place at the home.

The action plan we received from the registered provider was not sufficiently robust and did not demonstrate how the current financial concerns would be addressed and thus how service users would not be placed at risk. As a result of this, a meeting was held with the provider and other parties (including his bank) to see if a viable support plan could be put in place to deal with the home's current financial difficulties and allow continued provision of care at the home.

Following discussions with these parties, a viable support plan was put in place, with the bank's support and the use of external consultants, for an agreed period.

The current provider has nominated the external consultancy firm to be registered as the Nominated Individual, who will then become directly responsible for the day to day running of the home.

In addition, to the above, Copper Beech care home is under a safeguarding plan by the local authority. This means the local authority will be working with and supporting the home. This will help to ensure the monitoring of the safety and welfare of people living at the home.

The Commission will continue to monitor the care provided by the home and management consultancy and will review any ongoing plans for when the initial period of support by the bank has ended.

Our judgement

The provider did not have an effective system to regularly assess and monitor the quality of service that people were receiving.

The provider was not meeting this standard. We judged that this had a major impact on people using the service and action was needed for this essential standard.

Outcome 26: Financial position

What the outcome says

This is what people who use services should expect.

People who use services:

* Can be confident that the service provider is able to meet the financial demands of providing safe and appropriate services.

What we found

Our judgement

The provider is non-compliant with Outcome 26: Financial position. We have judged that this has a major impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

We carried out an inspection of Copper Beech care home on 27 March 2012 where we found the financial position of the organisation was in question.

We met with the provider to discuss our concerns. The provider sent us weekly action plans that informed us Copper Beech care home was making changes to ensure these issues were being addressed.

Evidence found during the inspection indicated that there remained significant financial concerns at the home. Staff told us that they would often buy food to ensure there were adequate supplies for the residents. They showed us evidence that large sums of money were owed to local companies. This included food suppliers, staffing agencies, training providers and local maintenance contractors.

We were told these companies would no longer provide services to Copper Beech Care Home. This compromised the health, safety and welfare of people who lived at the home. There was no evidence of a contingency plan to address these concerns.

The Care Quality Commission had not received the required statutory notification setting out the Home's current financial difficulties.

As a result of this, a meeting was held with the provider and other parties (including his bank) to see if a viable support plan could be put in place to deal with the home's current financial difficulties and allow for the continued provision of care at the home.

Following discussions with these parties, a viable support plan was put in place, with the bank's support and the use of external consultants, for an agreed period.

The Commission will continue to monitor the home and consider all plans for the ongoing provision of care at Copper Beech once the initial period of support from the bank has ended.

Our judgement

No evidence was seen to show that finances needed to continue to provide services as described in the statement of purpose, could be maintained to the required standard.

The provider was not meeting this standard. We judged that this had a major impact on people using the service and action was needed for this essential standard.

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 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	How the regulation is not being met: Although there was a choice of suitable and nutritious food and drink, due to financial circumstances people were not protected from the risks of inadequate nutrition and dehydration.	
Diagnostic and screening procedures	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	How the regulation is not being met: Although there was a choice of suitable and nutritious food and drink, due to financial circumstances people were not protected from the risks of inadequate nutrition and dehydration.	
Treatment of disease, disorder or injury	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	How the regulation is not being met: Although there was a choice of suitable and nutritious food and drink, due to financial circumstances people were not protected from the risks of inadequate nutrition and	

	dehydration.	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: There were not enough qualified, skilled and experienced staff to meet people's needs.	
Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: There were not enough qualified, skilled and experienced staff to meet people's needs.	
Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: There were not enough qualified, skilled and experienced staff to meet people's needs.	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting workers
	How the regulation is not being met: Although the majority of staff had received mandatory training it was unclear how future training for staff would be provided. Staff did not receive regular supervision or appraisals.	
Diagnostic and screening procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting workers
	How the regulation is not being met:	

	Although the majority of staff had received mandatory training it was unclear how future training for staff would be provided. Staff did not receive regular supervision or appraisals.	
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting workers
	How the regulation is not being met: Although the majority of staff had received mandatory training it was unclear how future training for staff would be provided. Staff did not receive regular supervision or appraisals.	
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
	How the regulation is not being met: The provider did not have an effective system to regularly assess and monitor the quality of service that people were receiving.	
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: The provider did not have an effective system to regularly assess and monitor the quality of service that people were receiving.	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: The provider did not have an effective system to regularly assess and monitor the quality of service that people were receiving.	
Accommodation for persons who require nursing or personal care	Regulation 13 CQC	Outcome 26: Financial

	(Registration) Regulations 2009	position
	How the regulation is not being met: No evidence was seen to show that finances needed to continue to provide services as described in the statement of purpose, could be maintained to the required standard.	
Diagnostic and screening procedures	Regulation 13 CQC (Registration) Regulations 2009	Outcome 26: Financial position
	How the regulation is not being met: No evidence was seen to show that finances needed to continue to provide services as described in the statement of purpose, could be maintained to the required standard.	
Treatment of disease, disorder or injury	Regulation 13 CQC (Registration) Regulations 2009	Outcome 26: Financial position
	How the regulation is not being met: No evidence was seen to show that finances needed to continue to provide services as described in the statement of purpose, could be maintained to the required standard.	

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.

Enforcement action we have taken

The table below shows enforcement action we have taken because the service provider is not meeting the essential standards of quality and safety shown below. Where the action is a Warning Notice, a timescale for compliance will also be shown.

Enforcement action taken			
Warning notice			
This action has been taken in relation to:			
Regulated activity	Regulation or section of the Act	Outcome	
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services	
	How the regulation or section is not being met:	Registered manager:	To be met by:
	People did not experience care, treatment and support that met their needs and protected their rights.		16 November 2012
Regulated activity	Regulation or section of the Act	Outcome	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services	
	How the regulation or section is not being met:	Registered manager:	To be met by:
	People did not experience care, treatment and support that met their needs and protected their rights.		16 November 2012
Regulated activity	Regulation or section of the Act	Outcome	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services	
	How the regulation or section is not being met:	Registered manager:	To be met by:

	People did not experience care, treatment and support that met their needs and protected their rights.		16 November 2012
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Enforcement action taken

Warning notice
This action has been taken in relation to:

Regulated activity	Regulation or section of the Act	Outcome	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises	
	How the regulation or section is not being met:	Registered manager:	To be met by:
	People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.		16 November 2012
Regulated activity	Regulation or section of the Act	Outcome	
Diagnostic and screening procedures	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises	
	How the regulation or section is not being met:	Registered manager:	To be met by:
	People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.		16 November 2012
Regulated activity	Regulation or section of the Act	Outcome	
Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises	
	How the regulation or section is not being met:	Registered manager:	To be met by:

	People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.		16 November 2012
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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
Audience	The general public
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