

Review of compliance

Care Quality (EM) Ltd The Hollies	
Region:	East Midlands
Location address:	Alfreton Road Sutton in Ashfield Nottinghamshire NG17 1FW
Type of service:	Care home services without nursing
Date the review was completed:	04/02/2011
Overview of the service:	The Hollies is a purpose built care home with the accommodation split over four bungalows. The home is registered to accept 18 people with learning disabilities several of whom may have difficult behaviours. Each bungalow has ramped access making it suitable for people with limited mobility. Each bungalow has its own transport; however the Hollies is also close to public transport and local shops. There is parking on site; with access through locked gates which are operated by a speaker phone. Information about the Hollies can be found in

	the service user guide and the statement of purpose, which can be found in the Hollies main office.
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Summary of our findings for the essential standards of quality and safety

What we found overall

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

The summary below describes why we carried out the 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:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Management of medicines
- Requirements relating to workers
- Supporting workers

We were made aware that Social Services had suspended their contract to place people at the Hollies.

How we carried out this review

We reviewed all the information we hold about this provider, including information provided by Social Services, carried out a visit on 26 January 2011, observed how people were being cared for, talked to people who use services, talked to staff, checked the provider's records, and looked at records of people who use services.

What people told us

During the visit we were shown around the bungalows that form the care home, and this included seeing some bedrooms, where people were willing and able to give us permission to do so. We observed staff interacting very well with the people they

were supporting, and the people who we spoke to said that they were happy living at the Hollies.

One person who showed us his room told us that he really likes living at The Hollies. For example one person told us that he enjoys taking part in numerous activities both in the care home and in the community.

In their Provider Compliance Assessment (which is a self assessment form that allows the Hollies to tell us how they are compliant) they said: "Within the separate bungalows staff photographs are displayed. They are there to ensure that people living in the bungalows know who are going to be on an early, late and night shift. Everyone has an activity programme clearly displayed in their bungalow, which is given in their preferred method of communication. Individuals also have an individual health action plan, which is their personal belonging. Information sharing with individuals includes; reviews of care, support plans developed from: "Valuing people with 'our choice' ' our health' ' our say'."

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

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

People who live at the Hollies receive care that is centred on them as individuals; however the lack of signatures and dates within care records does bring into question the accuracy of those records.

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

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

Safeguarding procedures have not been followed in the past, and this potentially left people who live at the Hollies at risk. Currently staff training in this area needs to improve, as it does not adequately ensure that staff have sufficient knowledge to keep people safe.

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

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

The procedures in place for the administration of medicine are working to keep people safe; however care plans to support those procedures, and give guidance to staff needs to improve.

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

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

Staff at the Hollies have been recruited in a safe and professional manner, therefore people who live at the Hollies have their needs met by staff who have been judged fit to work there.

Overall, we found that the Hollies was meeting this essential standard.

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

People living at the Hollies are protected by having staff who have had their performance monitored by the management of the care home.

- Overall, we found that the Hollies was meeting this essential standard.

Action we have asked the service to take

We have asked the provider to send us a report within twenty eight 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.

Other information

We requested a Provider Compliance Assessment (which is a self assessment form that allows the Hollies to tell provide information about how they are compliant with the essential standards, the regulations from the Health and Social Care Act 2008.) We asked them for information about the five outcome areas identified above.

Information has been included in this report, and some quotes have been added to demonstrate the Hollies view of their performance in relation to their compliance.

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 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
During a tour of parts of the care home we observed staff interacting very well with the people they were supporting. People living at the care home who we spoke to said that they were happy living at the Hollies.
One person who showed us his bedroom told us that he really likes living at the Hollies and he takes part in numerous activities both within the care home and out in the local community.

We saw the care files of four people who live at the Hollies, which all contained in-depth assessments that identified people’s needs, with care plans that gave staff clear guidance on how those needs should be met.

We saw a photographic ‘life story’ for one person who lives at the care home, this showed the person taking part in a range of different activities, and in most of the photographs the person was smiling or laughing. We spoke to this person about the activities, and they said: “I really enjoy it here, as I have things to do. Where I was before I came here, I just used to get myself into trouble because I was bored.”

Other evidence

The care files contained information and clear guidance as to how people wish to be supported. However, these plans lacked dates and signatures, which meant that it was not possible to tell how current the information was, or who had written the care plan.

Risk assessments to guide staff, and minimise risks of people coming to harm were in place where relevant, and we saw a Mental Capacity Act assessment that had been completed and included information from several other agency's.

We spoke with two members of staff about working at the Hollies. Both had attended relevant training in how to meet people's needs and keep them safe, although they said that this training was in need of updating.

We spoke to the manager of the training company who delivers the training to the Hollies, and she said that in the past training had not been delivered effectively. However, the issues which had caused this had now been addressed and a new schedule of training for all staff at the Hollies had been produced. This was due to start at the beginning of February. This training would cover the entire mandatory (those required by law) areas, as well as a number of other topics identified as staff training needs.

In their Provider Compliance Assessment the care home said: "In the assessment of care planning process, it has become evident that certain people are unable to participate in information sharing. In these cases, we can support the person to communicate on a level of their understanding by using Makaton (a form of sign language), Widget (a computer programme to aid communication) and DVD's. Information gathered from transitional and past history assessments, general risk assessments and guidelines, can be incorporated into initial support plans with the aim of ongoing review and assessment and made available to staff prior to admission.

Our judgement

People who live at the Hollies receive care that is centred on them as individuals; however the lack of signatures and dates within care records does bring into question how current the records are, and who had written them.

Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

There are minor concerns with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
We spoke to a number of staff members, who were knowledgeable about their roles and responsibilities with regard to safeguarding adults from abuse. However, current training is lacking in this area, as records showed that not all staff were up to date with their safeguarding training, which potentially leaves people at risk. We spoke with the person responsible for training and she was able to provide us with an extensive list of planned training covering all mandatory areas, including safeguarding adults. This training is taking place over the next two weeks and all staff are scheduled to attend. The training manager said that systems had not been followed through in the past, and some staff had missed essential training, including safeguarding adults updates.

Other evidence
Due to the unpredictable nature of some people's behaviours, each of the bungalows had a signing in system for visitors, which included reading and agreeing to a policy of how to respond in any situation that may occur whilst in the bungalow.

This responsive review was triggered by concerns raised by colleagues from social services with regard to safeguarding procedures at the Hollies. As a result of those concerns, social services had suspended their contract to place people at the

Hollies.

The Hollies safeguarding policies and protocol were seen, and procedures were discussed with three members of staff including the manager. All three members of staff were able to identify the reporting and recording procedures for safeguarding adults.

The training manager told us that a safeguarding officer had recently been appointed at the Hollies to co-ordinate any and all safeguarding activity. This person would be the point of contact for safeguarding referrals, with the aim of improving continuity.

In their Provider Compliance Assessment they said: "All staff receive training equality and diversity, and staff are given an understanding of valuing people, best interest and safeguarding training. Great emphasis is placed on individual's rights and choices, towards resident's maximising their potential and having their choices adhered to (wherever is practically possible.)"

Our judgement

Safeguarding procedures have not been followed in the past, and this potentially left people who live at the Hollies at risk. Currently staff training in this area needs to improve, as it does not adequately ensure that staff have sufficient knowledge to keep people safe.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are minor concerns with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us
We did not observe medication being given to people during our visit, and most of the people we spoke to were not able to give us any information relating to their medication.

Other evidence
Medication Administration Record sheets (used to record when people are given or receive their medication) showed that staff were following the medication procedures and recording relevant information. We also saw that important information about the person who was receiving the medication was recorded, and was available to the staff member administering the medication at the time that they gave the person their medication. We saw the facilities at the care home for storing medication, and these were safe and secure.

We looked at four people’s personal files and care plans. One person had a care plan for the administration of ‘as required’ (PRN) medication. The care plan said, “to use de-escalation techniques,” this was to be used before the administration of the medication, and if successful would mean that the medication would not need to be administered. However the care plan did not identify what these de-escalation techniques were, or how they might be used. It also did not say if any of these techniques had been particularly successful, and therefore which should be used

first.

In their Provider Compliance Assessment the Hollies said, “all prescribed medication is provided by a local pharmacy. A robust system is in place to ensure that stocks of medication are available and also to ensure that stock piling does not take place. As required medication (PRN) is documented and highlighted on a Medication Administration Record sheet. PRN medication is kept separate from every day medication and is checked and accounted for per shift. The Hollies ensure that staff attend regular medication training. Staff medication training is within legislation of the Medicines Act 1968.”

Our judgement

The procedures in place for the administration of medicine are working to keep people safe; however care plans to support those procedures, and give guidance to staff needs to improve.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
We spoke to two people who live at the Hollies regarding the staff, and staffing levels. Both said that they thought there were enough staff, and that the staff were “nice.” Observations during the inspection did not raise any concerns about staffing levels.

Other evidence
We saw six staff files, and each file contained the necessary documentation to demonstrate that staff had been recruited in a safe and appropriate manner. Documents seen included Criminal Records Bureau checks, application forms, two written references, and evidence of a medical assessment that the person is fit to do the job. Discussions with three members of staff identified that staff had been through a formal recruitment process, and had not started work until all of the necessary checks had been completed successfully.

The policy and procedure for staff recruitment was seen and discussed with the acting manager, the policy was detailed and provided guidance about the staff recruitment of staff.

In the Provider Compliance Assessment the Hollies said “all staff are subject to Independent Safeguarding Authority and Criminal Records Bureau checks along

with immigration checks. This is explained at interview and there is documentation within the recruitment process to evidence this. Two references are also required prior to induction. “

Our judgement

Staff at the Hollies have been recruited in a safe and professional manner, therefore people who live at the Hollies have their needs met by staff who have been judged fit to work there.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
The people who we spoke to were not able to give any insight into staff training or supervision, or voice an opinion on what direct effect this had on the care that they received.

Other evidence
We spoke to two members of staff, who said that they felt well supported, and that they were receiving regular formal support from their managers in the form of face to face meetings where they were able to discuss any concerns, and their progress within their job role. Both members of staff said that there was a staff appraisal system in place to monitor their development. Documentary evidence in the form of the minutes of these face to face meetings, and appraisal documentation were seen, which further demonstrated that staff were well supported and supervised.

The policy for formal staff supervision was seen and discussed with the acting manager. This policy identified that staff should receive formal support from their line manager, in the form of one to one, face to face meetings.

In their Provider Compliance Assessment, the Hollies said: “All supervisions are carried out by senior staff that have had the appropriate training for this. An umbrella system operates at the Hollies, where the registered manager/ deputy manager

supervises the bungalow managers. The bungalow managers supervise the seniors, and the seniors supervise the care workers and bank staff.”

Our judgement

People living at the Hollies are protected by having staff who have had their performance monitored by the management of the care home.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care.	11	7 Safeguarding people who use services from abuse
	Why we have concerns: Safeguarding procedures have not been followed in the past, and this potentially left people who live at the Hollies at risk. Currently staff training in this area needs to improve, as it does not adequately ensure that staff have sufficient knowledge to keep people safe.	
Accommodation for persons who require nursing or personal care.	13	9 Management of Medicines
	Why we have concerns: The procedures in place for the administration of medicine are working to keep people safe; however care plans to support those procedures, and give guidance to staff needs to improve.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

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

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.	9	4 Care and welfare of people who use services.
	<p>How the regulation is not being met: People who live at the Hollies receive care that is centred on them as individuals; however the lack of signatures and dates within care records does bring into question how current the records are, and who had written them.</p>	

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 28 days of this report being received.

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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

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

Information for the reader

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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA