

Review of compliance

Quality Care (EM) Limited The Hollies	
Region:	East Midlands
Location address:	20 Alfreton Road Sutton-in-Ashfield Nottinghamshire NG17 1FW
Type of service:	Care home service without nursing
Date of Publication:	July 2012
Overview of the service:	Quality Care (EM) Limited is registered to provide accommodation for maximum of 18 people who require nursing or personal care at The Hollies. Accommodation is provided within six bungalows in the same grounds. The provider must not provide nursing care as no qualified nurses are employed there.

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

Our current overall judgement

**The Hollies was not meeting one or more essential standards.
Action is needed.**

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

Why we carried out this review

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

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 14 June 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 observation as well as talking with people to help us understand the experiences of people using the service, because many of the people living at The Hollies had complex needs which meant they were not all able to tell us their experiences. We spoke with two people who told us they were happy living at The Hollies. One person said, " I like it here, it's better than my last place." When asked if they are given choices about how they live and what they do they said the staff talk with them and ask their views and wishes. Both people named their keyworkers and spoke positively about them. We observed other people with their support workers and there was continual positive interaction.

Two people told us they liked the staff who supported them. One person said, "When I get angry, the staff help me." This person's keyworker had a conversation with them about how they were supported to manage their behaviours. The person was eager to share with us a new plan which had been introduced and was helping.

The people we spoke with said that they felt safe with the staff helping them. The staff we spoke with were knowledgeable about individual needs.

We saw some completed questionnaires for people using the service. Some contained ticks in several places and it was not clear what the response was meant to be and others had clearly been completed by staff on behalf of people. We did not see any questionnaires that showed that independent advocates had been involved to assist people.

What we found about the standards we reviewed and how well The

Hollies 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.

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

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

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

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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

People were cared for, or supported by, staff with varied previous experience. Not all existing staff had been appropriately recruited and further work was needed to ensure people's safety, but effective new recruitment and selection processes were in place.

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 had introduced new systems to monitor the quality of the service and to identify, assess and manage risks to the health, safety and welfare of people using the service and others, but these systems were not fully operational.

Actions we have asked the service to take

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

We have referred the concerns to Nottinghamshire County Council. We will check to make sure that action is taken.

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

Other information

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

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

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We spoke with two people who told us they were happy living at The Hollies. One person said, " I like it here, it's better than my last place." When asked if they are given choices about how they live and what they do they said the staff talk with them and ask their views and wishes. Both people named their keyworkers and spoke positively about them. We observed other people with their support workers and there was continual positive interaction.

Other evidence

Each bungalow had "easy read" information on notice boards. This included photos of staff advising when they were on duty. Each person's individual daily activity timetable was displayed.

We read four individual files. There were systems in place to review care plans. We saw where care plans had been reviewed by keyworkers on a monthly basis and we saw records of internal and external review meetings, each recorded every six months.

The staff we spoke with said keyworkers sat with people to review their care plans to gain their views and wishes. Their comments were then used to amend and update care plans as necessary. Staff told us that people were invited to their review meetings

and some people chose to attend for a short time, some stayed for the whole of the meeting whilst other people may not attend at all. There were records to confirm this. We read in one file where the person's views had been recorded and the person had signed it. We read records of other people having been invited to attend review meetings with relatives and professionals.

We were told by the registered manager some people who did not have mental capacity and had no family or relatives to represent them they had an independent advocate. The provider might find it useful to note that this information was not recorded in the individual files we read.

We observed staff interacting with people. We observed people being given choices and spoken to in a respectful, caring and sensitive manner.

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.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We spoke with two people who use the service. They told us they liked the staff who support them. One person said, "When I get angry, the staff help me." This person's keyworker had a conversation with them about how they were supported to manage their behaviours. The person was eager to share with us a new plan which had been introduced which he liked and thought was helping them.

Other evidence

We read four individual files. The information was clearly organised and easy to read. Care plans were written in the first person and person centred. Information about likes and dislikes, communication and health needs were present. Daily routines were detailed and included the level of support required to ensure consistency and continuity in care.

We saw that staff signed a sheet to confirm they had read each person's care plan. Risk assessments were present where people had been assessed as being at potential risk. We saw to show that people's needs were regularly reviewed and they were involved in this along with their relatives.

Due to the high needs of people living at The Hollies the files contained a great deal of information. A short profile had been developed so that new staff could easily read and gain basic information to be able to meet a person's needs quickly.

We saw Mental Capacity assessments and best interest decisions had been completed

correctly. Due to the specific needs of one person we saw the Deprivation of Liberty Safeguards had been implemented with involvement of the Local Authority. Appropriate action had been taken to ensure the person was safe and their rights protected.

Our judgement

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

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

The people we spoke with said that they felt safe with the staff helping them.

Other evidence

We spoke with four members of staff. Three had received safeguarding training and were due to have their refresher training within the next month. One person who had been employed since October 2011 had not received their training. When asked about their understanding of safeguarding all the staff spoken with were able to describe different types of abuse and said they would report any concerns to the team leader, house manager or safeguarding manager.

Our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 09: 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

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We did not ask people about their medication and none was needed during the time of our visit.

Other evidence

We saw care planning for medication was included within the support plans and these were signed by staff to show they had read them. We saw that the medication was stored correctly and systems were in place to record medication received. Staff told us that usually, medication was administered in the office by two people. They gave an example where a person may choose to have their medication in their bedroom which was respected.

We checked the medicine administration record (MAR) sheets in two bungalows and found all regular medication administered had been initialed as given. The provider might find it useful to note that recording of medicines to be given only when needed (PRN) was inconsistent. Some staff had recorded X or / and some had left the box blank. This meant that the records did not immediately indicate if the medicine had been given or not without further investigation. Where PRN medicines had been given we did note that staff had recorded on the reverse of the sheet to explain why it was given.

We checked the storage and records of controlled drugs in one bungalow and saw that the register was kept as required and controlled drugs were held securely.

Our judgement

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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 non-compliant with Outcome 12: Requirements relating to workers. 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 observed people with staff and we saw positive interaction. The staff we spoke with were knowledgeable about individual needs.

Other evidence

We had received information about the lack of thorough recruitment procedures being followed. The local authority had investigated and asked for action to be taken. During this inspection we looked at a sample of five of the staffing records. We found that some had previous experience in care and others had not. We saw that checks had been carried out before people started work, but, for two staff there had been concerns resulting from checks with criminal records and for one of these, there was no reference from the last employer. These people had commenced work at the home without an effective assessment carried out to ensure people using the service would be safe. One representative for the provider informed us that some staff had been dismissed, but secondary risk assessments were still to be carried out on others during the following two weeks. Meanwhile, these staff continued to work at the service and the potential risks were unknown. The registered manager had recently employed new staff and we saw that appropriate procedures had been followed with these.

Staff we spoke with said they had received an induction when they started. They told us they shadowed an experienced member of staff for two or three weeks. During this time they were not counted in the staffing numbers.

The manager said the organisation was in the process of introducing a new induction programme provided by Skills for Care. It was planned that new staff would be

supported to complete the programme over twelve weeks.

Our judgement

People were cared for, or supported by, staff with varied previous experience. Not all existing staff had been appropriately recruited and further work was needed to ensure people's safety, but effective new recruitment and selection processes were in place.

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 moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

We saw some completed questionnaires for people using the service. Some contained ticks in several places and it was not clear what the response was meant to be and others had clearly been completed by staff on behalf of people. We did not see any where independent advocates had assisted people to complete them.

Other evidence

The registered manager had new audit tools for monitoring the care and support given at the service. We did not see evidence of working in practice. For example, there was no evidence of the registered manager or bungalow managers carrying out regular spot checks on the medication practices. The manager told us this was done but not recorded. Also, we looked at incident records. These were completed in full by staff present at the time, but there were no records of comments by the manager about any follow up action required or the need for a risk assessment and revision of care plan.

The area manager told us that there was now a new system for quality auditing. He had not yet carried out any monthly reviews of the running of the service, but intended to start these soon.

We read family satisfaction surveys dated April 2012. The results had not yet been analysed. One comment was a complaint about the reduction in the use of transport. We saw this had been dealt with under the complaints procedure with a response given and a satisfactory conclusion had been reached.

We also read employee satisfaction surveys dated April 2012 and the manager said that he was responded to these with people individually and that some systems would be changed.

Our judgement

The provider had introduced new systems to monitor the quality of the service and to identify, assess and manage risks to the health, safety and welfare of people using the service and others, but these systems were not fully operational.

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 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>How the regulation is not being met: The provider had introduced new systems to monitor the quality of the service and to identify, assess and manage risks to the health, safety and welfare of people using the service and others, but these systems were not fully operational.</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 14 days of the date that the final review of compliance report is sent to them.

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

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

What is a review of compliance?

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

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

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

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

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

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

Information for the reader

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