

Review of compliance

Mrs S Poordil and Mr M Poordil
Thornfield Care Home - Lymington

Region:	South East
Location address:	8 Milford Road Lymington Hampshire SO41 8DJ
Type of service:	Care home service without nursing
Date of Publication:	November 2011
Overview of the service:	<p>The provider is registered to provide the following regulated activity:</p> <p>Accommodation for persons who require nursing or personal care.</p> <p>The service provides accommodation and personal care for up to 17 older people, including those with a physical disability, sensory impairment or dementia.</p>

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

Our current overall judgement

Thornfield Care Home - Lymington was not meeting one or more essential standards. Improvements are 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 20 October 2011, checked the provider's records, 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

People we spoke with said that staff were respectful and polite. We were told how the service encouraged and supported people's autonomy and independence as much as possible. During our visit people were observed being spoken with and supported in a friendly and respectful manner. They told us they were getting the care and support they needed and that staff treated them well. Staff were "always ready to help" and responded quickly if they asked for assistance.

People said that the food provided was good and there was always plenty to eat and drink. They said that they could have an alternative meal to the main menu if they wished. Visitors were always made to feel welcome.

People told us that they felt safe and were well cared for in the home. They felt that the staff were caring and had the qualities and skills to perform their work well. They told us that the service providers were "approachable and kind". They said that they could raise any concerns and were confident they would be responded to appropriately.

What we found about the standards we reviewed and how well Thornfield Care Home - Lymington was meeting them

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

People were supported in ways that promoted their independence and were involved in

making decisions about their care. Overall, we found that the service was meeting this essential standard.

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

People who use the service received care, treatment and support that met their changing health and welfare needs. Overall, we found that the service was meeting this essential standard.

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

Staff training and procedures were in place to ensure that people who use the service were protected from abuse, or the risk of abuse, and unsafe practices. Overall, we found that the service was meeting this essential standard.

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

Staff received supervision and ongoing training to support them to meet people's needs. However, we had concerns that some staff may not be able to communicate effectively with all of the people who use the service and other staff, to ensure that the care and support of people was not compromised. Overall, we found that improvements were 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

There were systems in place to monitor the quality and safety of the service that people received. Overall, we found that the service was meeting 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.

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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

People we spoke with said that staff were respectful and polite. We were told how the service encouraged and supported people's autonomy and independence as much as possible. During our visit people were observed being spoken with and supported in a friendly and respectful manner.

Other evidence

We saw a sample of care plans that had been signed by a person using the service to show that they agreed with the plans. Other records showed that the service assisted people, or others acting on their behalf, to understand the care and support choices that were available and to express their views as to what was important to them. The Deputy Manager demonstrated her understanding of how the Mental Capacity Act applied to the service being provided.

Personal profiles that included people's likes and dislikes, for example food preferences, were recorded in their care plans. The Deputy Manager and the Housekeeper told us how they check that people are still happy with their chosen meals. We saw records of house meetings, at which menus and other activities were discussed.

The provider told us that people were encouraged to visit the home prior to any decision being made about moving in. The terms and conditions of residence state that the first four weeks after admission is a trial period to ensure that the placement works for both parties involved.

Our judgement

People were supported in ways that promoted their independence and were involved in making decisions about their care. Overall, we found that the service was meeting this essential standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

People we spoke with told us they were getting the care and support they needed and that staff treated them well. They said that staff were "always ready to help" and responded quickly if they asked for assistance. They told us that visitors were always made to feel welcome.

People said that the food provided was good and there was always plenty to eat and drink. They said that they could have an alternative meal to the main menu if they wished.

We observed staff supporting people in ways that upheld their dignity and promoted their independence as much as possible.

Other evidence

We looked at a sample of care records for people using the service. These contained assessments of individual's care and welfare needs and guidance for staff on how to meet them. Monthly evaluations were recorded to check that the information was up to date and any necessary changes had been made. The records also showed the service involved and co-operated with external health and social care professionals to promote people's health and welfare.

We found that it was sometimes difficult to track the care provided to individuals, due to the way that records were written and stored. The Deputy Manager assisted in finding the information we asked for. Daily care notes provided evidence that the care was

being delivered to meet the assessed needs as stated in the care plans. Individual risk assessments were included in each care plan, including people's mobility and risk of falls.

Through a sample of records and discussion with the Deputy Manager, it was apparent that on occasions during the late afternoon staff had dressed some people for bed. The Deputy Manager explained that for two people this was part of their care plan carried out on the advice of the District Nurse, due to the risk of pressure sores. This had not been the case for another person and the Deputy Manager was able to show us a record of how she had addressed the issue with staff. During our visit we did not observe people being dressed for bed early.

The provider told us that the service had a contingency plan in place, to ensure that the needs of people using the service would continue to be met in the event of an emergency.

Our judgement

People who use the service received care, treatment and support that met their changing health and welfare needs. Overall, we found that the service was meeting this essential standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

People told us that they felt safe and were well cared for by staff.

Other evidence

Training records confirmed that staff had attended safeguarding of vulnerable adults training. Staff we spoke with were aware that they must report all cases of concern to the appropriate person. The provider told us they had a policy on abuse and aggression towards people using the service and staff, which provided information about how to minimise the risk of this happening. All staff had received training in Health and Safety and were monitored to ensure that safe working practices were used when delivering care and support.

Care and support plans contained guidance for staff on how to respond positively to any challenging behaviours and report to the appropriate person. We also saw a sample of staff supervision records, which showed that discussions were held to ensure that staff understood about treating people with dignity and respect.

Staff personnel records included pre-employment checks, written references and interview notes. The provider said that staff were only allowed to work following the appropriate checks and the first three months of employment were on a trial basis. New staff were monitored closely and people using the service were consulted to ensure that any issues were addressed.

Our judgement

Staff training and procedures were in place to ensure that people who use the service were protected from abuse, or the risk of abuse, and unsafe practices. Overall, we found that the service was meeting this essential standard.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

There are moderate concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People told us that they felt that the staff had the qualities and skills to perform their work well. They told us that staff were responsive and caring.

A person using the service told us that there were "no problems regarding language barriers". They said that the "staff are kind and responsible; even when the bosses are away". However, we had concerns that some staff may not be able to communicate effectively with all of the people who use the service and other staff, to ensure that the care and support of people is not compromised.

Other evidence

We found that it was not possible to converse with some staff about the basic requirements of care work, as English was not their first language. They did not demonstrate that they had a good understanding of the communication needs of people who use the service.

Some staff told us that they would like to improve their English speaking skills. We saw staff appraisal records for 2010, which identified areas for further training and development. This included communication and the "need to improve in reading and writing English in order to fully understand the care plan, policies and procedures." Another appraisal record also referred to language skills and a "substantial amount of training required as regards to record keeping". We saw that induction records were kept and one of these stated that the staff member was "going to school to improve English". There was a lack of current records to show how staff development and competency in this area was being monitored and supported by the provider.

The Deputy Manager told us how she observed staff working as part of her supervisory role. For example, to ensure that appropriate mobility aids were used and that staff approached people in the right way and explained what they were doing, when providing personal care. We also saw some examples of this in supervision records.

We saw a sample of staff records, which showed that induction and further training, including refresher training, was provided. Staff we spoke with confirmed that they were receiving ongoing training, including moving and handling and dementia awareness.

The provider supplied us with information after our visit which told us that some staff needed to improve their verbal communication skills. These staff are allocated to work with a senior member of staff. The provider said they would support staff through regular supervision and spend time talking with staff to improve their command of the English language. They would encourage staff to take further English courses and they would talk with people using the service and relatives to obtain feedback.

Our judgement

Staff received supervision and ongoing training to support them to meet people's needs. However, we had concerns that some staff may not be able to communicate effectively with all of the people who use the service and other staff, to ensure that the care and support of people was not compromised. Overall, we found that improvements were 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 compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People told us that the service providers were "approachable and kind". They said that they could raise any concerns and were confident they would be responded to appropriately.

Other evidence

The provider carried out surveys of people's views and experiences of the service, including relatives, staff and health and social care professionals. At the time of our visit, a small number of responses to the 2011 annual quality assurance questionnaire had been returned and these were positive. We did not see evidence of feedback or actions taken as a result of previous quality audits. Records of house meetings were kept, which showed that people using the service were consulted and encouraged to express their views.

The provider told us that they continuously monitor the service to ensure that any risks are identified and minimised. Care plans were reviewed on a monthly basis and any changes were discussed with the person using the service and/or their relatives or representatives.

Procedures were in place for reporting accidents and incidents and there was a system to record and respond to any concerns or complaints about the service. Copies were also held of notifications the provider had sent to us.

Our judgement

There were systems in place to monitor the quality and safety of the service that people received. Overall, we found that the service was meeting 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 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>How the regulation is not being met: Staff received supervision and ongoing training to support them to meet people's needs. However, we had concerns that some staff may not be able to communicate effectively with all of the people who use the service and other staff, to ensure that the care and support of people was not compromised.</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.

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

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

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

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

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

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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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