Review of compliance

Mr Simon John Kidsley & Ms L June Haydon & Mr Brian Colin Haydon Green Trees Care Home	
Region:	London
Location address:	Green Trees Care Home 21 Crescent East Hadley Wood Barnet Hertfordshire EN4 OEY
Type of service:	Care Home Service without Nursing
Date the review was completed:	March 2011
Overview of the service:	Green Trees is currently registered to carry out the regulated activity Accommodation for persons who require nursing or personal care. Green Trees is a small family owned residential care home specialising in the care of the frail elderly and those who suffer dementia. The home is a detached Edwardian property located in a residential area of Hadley Wood registered to provide care and support for sixteen older people.

Summary of our findings
for the essential standards of quality

What we found overall

We found that Green Trees Care Home was not meeting one or more essential standards. We are taking enforcement action against the provider.

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:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Meeting nutritional needs
- Safeguarding people who use services from abuse
- Cleanliness and infection control
- Management of medicines
- Safety and suitability of premises
- Staffing
- Supporting workers
- Records

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 11 February 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

We spoke with people who use services during our visit to the service. They were generally complimentary about the staff. Comments included, ''The staff are kind, not rude''. People also spoke positively about the care provided. One person told us for instance, about the service, "They could be family, nothing to complain of at all".

We asked people who use the service about how easily they can get staff attention when they want it. One person told us, "I say 'Would you mind?' and they answer me." Another person told us ''Staff do pop into my room, as much as they can.'' Most people who use services that we spoke to, said that they can get staff attention when they want it. However one person told us that the on-call buzzer in their room was out of sight and that she did not know how to use it.

People who use the service generally told us that they liked the food provided. Staff provided positive support to people over lunch.

The provider gave us copies of the Quality Assurance Questionnaires they had recently received from five healthcare professionals, and six people who use services and their representatives. The vast majority of the information indicated that people were satisfied with the personal care and support offered. People who use services and their representatives were satisfied with the food provided and the standard of the premises.

What we found about the standards we reviewed and how well Green Trees Care Home was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run
People who use services had their privacy and dignity respected. However the times of hoovering sometimes had the potential to compromise the dignity of people using the service.

- Overall, we found that Green Trees Care Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights
People who use services generally experienced sufficient care and support that aimed to meet their needs. However the frequency of support provided to people in their rooms may not be sufficient to safely and effectively support them.

- Overall, we found that Green Trees Care Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 5: Food and drink should meet people's individual dietary needs
People who use services were provided and supported with adequate food and drink by the service.

- Overall, we found that Green Trees Care Home was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights
The registered provider has not made suitable arrangements to ensure that people who use services are safeguarded against the risk of abuse, because entry systems into the home was not guaranteeing the safety of people who use services.

- Overall, we found that improvements are needed for this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

The systems in the home are not fully effective to keep the home odour free and appropriately clean. This puts people who use the service at unnecessary risk of infection, and compromises their dignity.

- Overall, we found that improvements are needed for this essential standard.

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

We found cases where people who use services have been asleep, meaning they have missed their prescribed dose of medications on those occasions. We also found cases where the time of medications of some people who use services had been changed from a prescribed time of 'at night' to 1800 hours on the MAR, meaning they have had prescribed medications earlier than advised in writing by the prescribing doctor. Both of these matters may have adverse effects on the health of the involved people who use services. The registered people have failed to ensure that people who use services are protected against the risks associated with the unsafe use, administration and management of medicines by means of the making of appropriate arrangements for the recording, using, and safe administration of prescribed medicines.

- We are taking enforcement action against the provider for this essential standard.

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

Systems for upholding adequate health and safety are in place. However, the faded lounge carpet and the many items stored openly in the yard failed to provide an appropriately homely appearance to people who use services, and they present a health and safety risk.

- Overall, we found that improvements are needed for this essential standard.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

The registered provider has not ensured that weighing equipment for people who use services was properly maintained. This puts people who use services at risk of harm from not having their weight monitored.

- Overall, we found that improvements are 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 sufficient staff to meet the health and welfare needs of the people that use the service.

- Overall, we found that Green Trees Care Home was meeting this essential standard.

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

The training provided to staff helps to meet the needs of people who use services. However the lack of recent refresher training for some staff in some areas may put people who use services at risk of receiving outdated care.

- Overall, we found that Green Trees Care Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential
People are not protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them. People have not got accurate personal records regarding food. Records are not being fully completed and are not up to date. This means the Registered Person fails to ensure that people are protected from the risks of inadequate nutrition. Because personal records are not accurate, or fit for purpose.
People are not protected against the risk of unsafe or inappropriate care and treatment arising from a lack of proper information about them. People do not have accurate weight records containing documented information with regard to their care. Weight charts had not been recorded since October 2010. This means the Registered Person has failed to ensure that people's nutritional needs are identified and addressed. Because personal records are not accurate, or fit for purpose.
- Overall, we found that improvements are needed for this essential standard.

Action 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 are taking enforcement action against Mr Simon John Kidsley & Ms L June Haydon & Mr Brian Colin Haydon.

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 1:
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 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
We spoke with a person who told us ‘’The staff are kind, not rude’’.

We were introduced to the person who was visiting the home to conduct the Holy Communion of one person who uses services. The manager requested that the person was given privacy for this to be undertaken which was appropriate and ensures their privacy is respected.

Other evidence
The people that were seen at the start of the visit that were well dressed. This assists to promote their self esteem.

Staff were overheard speaking with people in a friendly manner. They asked them if they wanted to get dressed and what they wanted to wear. This makes them feel valued.

A staff member helped someone down stairs in an unhurried manner whilst talking

with her. This helped to provide the person with some reassurance.

Staff were observed asking people if they were alright before they left the room. When the staff supported people that use the service with the medication they finished the conversation by saying thank you. This is all shows respect to people who use services.

The atmosphere in the dining room was calm. However midway through lunch time the cleaner hoovered the lounge next door. This was a noisy distraction. A similar event occurred upstairs during the afternoon when someone was trying to rest. This has the potential to unsettle people using the service.

Our judgement
People who use services had their privacy and dignity respected. However the times of hoovering sometimes had the potential to compromise the dignity of people using the service. An improvement action has been made in order to maintain compliance.

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
The provider gave us copies of the Quality Assurance Questionnaires they had recently received from healthcare professionals, people who use services, and their representatives. The vast majority of the information indicated that people were satisfied with the personal care and support offered.

The people who uses services that we spoke with were generally happy with the care provided. One person told us for instance, about the service, "They could be family, nothing to complain of at all".

We asked people who use the service about how easily they can get staff attention when they want it. People were reasonably happy with responses. For instance, one person told us, "I say 'Would you mind?' and they answer me." Another person told us ''Staff do pop into my room, as much as they can.''

A person living in the home had an on-call buzzer in their room. It was out of sight and she told us she did not know how to use it. She said that sometimes she would like to call staff but did not want to cause a fuss.

Other evidence

We asked how people are checked on that do not have buzzers to call for assistance. We were informed that the policy is two hourly checks. There were no documents completed to confirm that these checks had taken place but we did see staff checking on the person during the visit to ensure their needs were met. Given that people's needs vary and they may not be able to call for assistance themselves, standard two hourly checks may not safely and effectively support people who use services.

The manager provided us with detailed information about one person who uses services before we were introduced to them in the home. This indicated that the manager had a good understanding of the person's needs and knowledge of their past history.

We saw an up-to-date bath/shower list in the office, which shows that people are being supported to have a bath or shower. This ensures they are being supported with regard to their personal care.

A staff member and the manager independently told us that one person's speech had improved since they moved into the home. The manager explained that they had had their medication reduced by their GP shortly after moving into the home, which had resulted in improvements in their condition. They could now for instance play Scrabble again. This shows that the person has progressed in key areas.

We discussed care plans with staff. They explained that care plans are reviewed every month but this will only show on the paper file if a change in the care plan is required. The care plan when printed off of the system will have a new date to indicate the change on the care plan.

We looked through the care plans and assessments of people that use the service. The care plans included for instance information on what people prefer to be called, some history about the person, and information about dietary needs which we found was consistent with the person’s food chart and what staff had told us.

We saw information to show that people are attending health care appointments which included the General Practitioner and hospital appointments.

Our judgement
People who use services generally experienced sufficient care and support that aimed to meet their needs. However the frequency of support provided to people in their rooms may not be sufficient to safely and effectively support them. An improvement action has been made in order to maintain compliance.

Outcome 5:
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 compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
The provider gave us copies of the Quality Assurance Questionnaires they had recently received from people who use services and their representatives. The feedback was that they were either satisfied or very satisfied with the food provided.

We observed that one person who uses services had a beaker of pineapple juice and also some toast and a cup of tea for breakfast. The person said they liked the food and that "you can ask for a cup of tea."

We observed and ate lunch with eight people who use services. The majority of the people had mince pasta and some vegetables which had been subtly added to the meal. People appeared to like the food. One person had an alternative meal of fish and mash potato which indicates that their choices were respected.

Staff encouraged people to eat their meal and were talking with them. A staff member was seen to warmly discourage one person from giving another their food which was appropriate. Therefore we concluded that staff are engaging with people during meal times.

Other evidence
We saw that there were scores on the kitchen door of a 4 star food hygiene rating certificate dated 1/10/10 from the local environmental health department.

We were told that four people had liquidized main courses and we were informed of the reason for this. We were also told about the types of food that that people could not eat and about a person that has a low fat diet which was noted in the care plan. Staff said that a number of people need help eating at lunch time so they have their food early. This allows staff to assist other people with their meal to ensure that people are supported when required.

Our judgement
People who use services were provided and supported with adequate food and drink by the service.

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
On this occasion we did not speak to people about this outcome area.

Other evidence
The management team have provided relatives with the code to access the home. This enables relatives to come and go and see their family member when they wish. We were informed this is part of the ethos of the home. The manager discussed the benefit to relatives particularly those people that visit late in the evening.

We discussed the fact that currently the measures in place mean that the safety of the people that use the service cannot be guaranteed. This is because an unauthorised person could gain access to the home without the knowledge of the service, which puts the people who use services at risk. There was agreement that the code system would be changed to eliminate this risk.

The Local Authority is currently investigating a safeguarding alert at the service and we will be informed of the outcome of the investigation on completion.

Our judgement
The registered provider has not made suitable arrangements to ensure that people who use services are safeguarded against the risk of abuse, because entry systems into the home was not guaranteeing the safety of people who use services.

Outcome 8:
Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

There are minor concerns with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
One person that uses the service pointed to the carpet and said "very clean" to indicate that it had been hoovered.

Other evidence
The bathrooms and toilets were clean and odour free from the start of the visit and there was soap in all bathrooms. There were signs in pertinent positions around the home advising people to wash their hands to help prevent infection.

There were boxes of disposable gloves available to staff in the laundry room. The manager explained that they are not kept in bathrooms as people who use services have been known to misuse them.

On entering the lounge there was an offensive odour which was also noticeable in the hallway at the start of our visit. This was discussed with the management team. The odour created an unpleasant environment for the people that use the service and their visitors.

All four dining room tables had a material underneath the table cloths. The material was badly stained which compromised infection control standards for people using the service. We spoke with the management team about this matter. They agreed to remove and replace the stained cloth.

The first seat on entering the lounge from the dining room shortly after we arrived

had a cloth cover on the seat which had crumbs on it. The seat also had ingrained stains on its red coverings which were not easy to identify due to the dark colour of the material. This puts people at unnecessary risk of infection.

The fridge and fridge freezer temperatures were at an acceptable temperature to keep food safely. This protects the health and well being of people that use the service.

There was a recent guidance memorandum to staff about dining room infection control standards. It covered topics such as changing the table clothes in the dining room regularly and closing the doors to prevent the cats entering the room during meals. It had been signed by all but one of the staff. We observed that the table cloths had been changed before lunch was served. The lounge door was kept closed and the cats were discouraged from coming into the room.

Our judgement
The systems in the home are not fully effective to keep the home odour free and appropriately clean. This puts people who use the service at unnecessary risk of infection, and compromises their dignity.

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 major concerns with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us
One person was asked about medication. They said, “You get tablets to wake you up". They confirmed that having medication was fine and that it could be refused.

We observed people being asked if they wanted their medication. Staff dispensed the medication in a hygienic manner, and encouraged people to take their medications in a respectful and involving manner.

Other evidence
When we arrived at the service the medication trolley was unattended in the hallway and not secured to the wall. This failed to keep medication appropriately secure.

We looked at the current Medication Administration Records (MAR) of people who use services, and compared some of these entries with the relevant medication containers in the medication trolley. We also asked to look at the most recent copied prescriptions for everybody, and were supplied with copies for ten out of the fourteen people who were receiving medication according to the MAR.

Administrations on the MAR were up-to-date, and there were no gaps in administration recordings. There was also the good practice of the service listing what each medication was for, in front of each person’s MAR.

We found four cases where the current MAR of the person using services had a number of administrations marked to indicate that the person was asleep. The registered manager confirmed that these people were asleep, and clarified that the person did not therefore receive that prescribed dose of medication.

This means that there were seven occasions within the 19-day period up to our visit when one person who uses the service did not receive their prescribed dose of five medications. There were nine occasions within the same period when another person did not receive their prescribed dose of four medications. There were four occasions within a six-day period up to our visit when a third person did not receive their prescribed dose of one medication. There were two occasions within an eight-day period of the current MAR when a fourth person did not receive their prescribed dose of one medication. Failure to receive these prescribed medications put these four people at risk of their health conditions not being treated properly.

There were also four out of twelve administrations within a four-day period on the current MAR of one of these people when they did not receive their prescribed dose of two short-term antibiotic medications through being recorded as asleep. This person was not appropriately supported to overcome the infection that these antibiotics were prescribed for through regular administration, which put them at risk of their health conditions not being treated properly.

We also looked at the previous MAR for one person, to confirm that documented GP input had resulted in timely acquisition of short-term medications. The MAR showed that the course took six days to complete instead of the five prescribed for, because the person was marked as asleep for two consecutive doses of the twice-daily medication. This person was not appropriately supported to overcome the infection that this antibiotic was prescribed for through regular administration, which put them at risk of their health conditions not being treated properly.

We found three cases where the current MAR of the person using services had a number of administrations being given at 1800 hours, contrary to the prescribed instructions on the medication containers and their copied prescriptions stating ‘at night’.

In one case, the person had had three medications earlier than the prescriber intended for the previous 18 days. The other two people had each had one medication earlier than the prescriber intended across the previous 18 days. This may have had an adverse effect on the three people’s health.

Our judgement

We found cases where people who use services have been asleep, meaning they have missed their prescribed dose of medications on those occasions. We also found cases where the time of medications of some people who use services had been changed from a prescribed time of 'at night' to 1800 hours on the MAR, meaning they have had prescribed medications earlier than advised in writing by the prescribing doctor. Both of these matters may have adverse effects on the health of the involved people who use services. The registered people have failed to ensure that people who use services are protected against the risks associated with the

unsafe use, administration and management of medicines by means of the making of appropriate arrangements for the recording, using, and safe administration of prescribed medicines. We are taking enforcement action against the provider 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

There are minor concerns with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
The provider gave us copies of the Quality Assurance Questionnaires they had recently received from people who use services and their representatives. All of the responses noted that people were satisfied when asked about the premises.

One person told us they had a nice room. They confirmed that there was nothing to trip them up.

Other evidence
We saw several rooms that were used by people who use the service. The bedrooms were personalised with people's individual items such as photographs, birthday cards, a radio, a television and plants. This reflects people's particular preferences.

We observed that the carpet in the lounge was badly faded. This lack of maintenance of the carpet fails to promote a homely atmosphere for people who use services. The feedback from the management team was that ' it was the wrong colour for the job'. It was confirmed that the lounge carpet was going to be replaced and a date was provided regarding this.

There was documentation showing that health and safety checks around the home were frequent and up-to-date. However, there were many items stored openly in the yard, much of which appeared to be broken and awaiting disposal. This is a

potential health and safety hazard as well as providing an unpleasant appearance. We discussed this with the management team who agreed that these items would be removed by the end of the week.

Our judgement
Systems for upholding adequate health and safety are in place. However, the faded lounge carpet and the many items stored openly in the yard failed to provide an appropriately homely appearance to people who use services, and they present a health and safety risk.

Outcome 11:
Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

There are minor concerns with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us
On this occasion we did not speak to people about this outcome area.

Other evidence
The toilet had adjustable hand-rails each side of it and the bath had a bath chair fitted. There was a bathroom sign on the door and the doors were lockable from the inside to ensure that privacy can be maintained.

The stairs had a chair lift. The manager told us this was a back up if the lift broke down. This would continue to ensure that people could move around the home freely.

The weighing scales were broken and had not been repaired for at least three months, which meant that people had not had their weight checked for this time and any changes could not be monitored. This placed people at risk from not having their weight monitored

Our judgement
The registered provider has not ensured that weighing equipment for people who use services was properly maintained. This put people who use services at risk of harm from not having their weight monitored.

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 compliant with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
On this occasion we did not speak to people about this outcome area.

Other evidence
When we arrived at the service at 8:30am there were two staff on shift. Three other staff including the registered manager and activities worker arrived at approximately 9am. We were told that people are provided with breakfast after being assisted to get up and this appeared to be the case on the morning of the visit.

The manager explained that there are two staff on shift in the morning as well as the afternoon plus the management team. The cook works from 10am to 2pm six days per week. The deputy cooks the meals on their day off. At night there is a waking night and a sleep-in staff on duty. We were told the service does not use agency or bank staff.

The rota does not reflect the manager's hours worked because the rota has not been filled in for her. This is referred to further in the recording section of the report, outcome 21.

Our judgement
There were sufficient staff to meet the health and welfare needs of the people that use the service.

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
On this occasion we did not speak to people about this outcome area.

Other evidence
The manager said that food hygiene training takes place every three years. A recent internal refresher course has been undertaken. Staff had completed questionnaires for assessment of their competency. A sample of questions showed that staff had an understanding of the topic. We were told that the cook has completed a four day food hygiene course. This all means that the service promotes people's wellbeing as food is prepared safely.

The manager told us that she is not qualified to teach manual handling but a company was brought in to cover this topic along with infection control and safeguarding. We were provided with information in relation to the National Vocational Qualification (NVQ). This showed that six staff had completed NVQ in care at level 2 or above, and that some other staff were currently taking an NVQ course. This helps to ensure that staff have the knowledge and skills to meet people’s individual needs.

We were told that the management team are currently trying to assess staff abilities in relation to training needed. The training records we saw showed that some staff had not had refresher training in key areas for too long. For instance, four staff had not had documented training on awareness and prevention of abuse since 2006,

and five staff had not had documented training on medication since 2007. This could put people who use services at risk of receiving outdated care.

Our judgement
The training provided to staff helps to meet the needs of people who use services. However the lack of recent refresher training for some staff in some areas may put people who use services at risk of receiving outdated care. An improvement action has been made in order to maintain compliance.

Outcome 21:
Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

There are moderate concerns with outcome 21: Records

Our findings

What people who use the service experienced and told us
On this occasion we did not speak to people about this outcome area.

Other evidence
We looked at the individual records of the food eaten by people who use services . A system was in place but records had not been sufficiently completed and were not up to date. This means that there was not a clear record of what people had actually eaten. This was discussed with the management team, who agreed that staff were not recording the information required.

We also looked at people's weight charts. These had been completed monthly until October 2010 but three months had since elapsed where recording had not taken place. The management team told us additionally that the weight seat had been broken for a number of weeks. This means that the service has not been monitoring the weight of people who use services for three months, which is an unnecessary health and nutritional risk.

Given that both sets of these records had not been completed effectively it was difficult to monitor if people's nutritional needs were effectively met.

There were no records to confirm that the policy of two hourly checks on people in their bedrooms was taking place for those people that did not have a buzzer in their bedroom or could not use one. This means they may be at risk of checks not taking place which does not promote their wellbeing.

We were informed that the deputy manager completed night checks at the home which is good practice but the service could not provide documented information in relation to these visits.

Our judgement
People are not protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them. People have not got accurate personal records regarding food. Records are not being fully completed and are not up to date. This means the Registered Person fails to ensure that people are protected from the risks of inadequate nutrition. Because personal records are not accurate, or fit for purpose.

People are not protected against the risk of unsafe or inappropriate care and treatment arising from a lack of proper information about them. People do not have accurate weight records containing documented information with regard to their care. Weight charts had not been recorded since October 2010. This means the Registered Person has failed to ensure that people's nutritional needs are identified and addressed. Because personal records are not accurate, or fit for purpose.

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	17	Outcome 1: Respecting and involving people who use services
	Why we have concerns: People who use services had their privacy and dignity respected. However the times of hoovering sometimes had the potential to compromise the dignity of people using the service.	
Accommodation for persons who require nursing or personal care	9	Outcome 4: Care and welfare of people who use services
	Why we have concerns: People who use services generally experienced sufficient care and support that aimed to meet their needs. However the frequency of support provided to people in their rooms may not be sufficient to safely and effectively support them.	
Accommodation for persons who require nursing or personal care	23	Outcome 14: Supporting workers
	Why we have concerns: The training provided to staff helps to meet the needs of people who use services. However the lack of recent refresher training for some staff in some areas may put people who use services at risk of receiving outdated care.	

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 14 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	11	Outcome 7: Safeguarding people who use services from abuse.
	How the regulation is not being met: The registered provider has not made suitable arrangements to ensure that people who use services are safeguarded against the risk of abuse, because entry systems into the home was not guaranteeing the safety of people who use services.	
Accommodation for persons who require nursing or personal care	12	Outcome 8: Cleanliness and infection control
	How the regulation is not being met: The systems in the home are not fully effective to keep the home odour free and appropriately clean. This puts people who use the service at unnecessary risk of infection, and compromises their dignity.	
Accommodation for persons who require nursing or personal care	15	Outcome 10: Safety and suitability of premises
	How the regulation is not being met: Systems for upholding adequate health and safety are in place. However, the faded lounge carpet and the many items stored openly in the yard failed to provide an appropriately homely appearance to people who use services, and they present a health and safety risk.	
Accommodation for persons who require nursing or personal care	16	Outcome 11: Safety, availability and suitability of equipment
	How the regulation is not being met: The registered provider has not ensured that weighing equipment for people who use services was properly maintained. This put people who use services at risk of harm from not having their weight monitored.	

Accommodation for persons who require nursing or personal care	20	Outcome 21: Records
	How the regulation is not being met: People are not protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them. People have not got accurate personal records regarding food. Records are not being fully completed and are not up to date. This means the Registered Person fails to ensure that people are protected from the risks of inadequate nutrition. Because personal records are not accurate, or fit for purpose. People are not protected against the risk of unsafe or inappropriate care and treatment arising from a lack of proper information about them. People do not have accurate weight records containing documented information with regard to their care. Weight charts had not been recorded since October 2010. This means the Registered Person has failed to ensure that people's nutritional needs are identified and addressed. Because personal records are not accurate, or fit for purpose.	

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 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.

Enforcement action we have taken to protect the welfare and safety of people using this service

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.

Enforcement action we have taken			
Warning Notice This action has been taken in relation to:			
Regulated activity	**Regulation or section of the Act**	**Outcome**	**To be met by** (if applicable)
Accommodation for persons who require nursing or personal care	13	Outcome 9: Management of Medicines	11 March 2011
	How the regulation or section is not being met:	**Registered manager:**	
	We found cases where people who use services have been asleep, meaning they have missed their prescribed dose of medications on those occasions. We also found cases where the time of medications of some people who use services had been changed from a prescribed time of 'at night' to 1800 hours on the MAR, meaning they have had prescribed medications earlier than advised in writing by the prescribing doctor. Both of these matters may have adverse effects on the health of the involved people who use services. The registered people have failed to ensure that people who use services are protected against the risks associated with the unsafe use, administration and management of medicines by means of the making of appropriate arrangements for the recording, using, and safe administration of prescribed medicines.	Ms L June Haydon	

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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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