

Review of compliance

Lt Col & Mrs J R M Rayner
Brackley Fields Country House Retirement Home

Region:	East Midlands
Location address:	Brackley Fields Country House Halse Road Brackley Northamptonshire NN13 6EA
Type of service:	Care home service without nursing
Date of Publication:	January 2012
Overview of the service:	Brackley Fields Country House provides accommodation and personal care for up to 34 people. More information about the services offered at the home can be found in the statement of purpose available from the provider or on the home's website.

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

Our current overall judgement

Brackley Fields Country House Retirement Home 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 9 December 2011, 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 spoke with four residents. All spoke highly of the staff and the care they received. People told us that they were able to choose where they spent their time and whether they wanted to take part in activities in the home. People said they did not have to wait too long if they needed staff assistance.

What we found about the standards we reviewed and how well Brackley Fields Country House Retirement Home was meeting them

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

People were involved in making decisions about their care and support.

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

People generally experienced care that was safe and appropriate but conflicting and incomplete information in people's care plans meant that people were at risk of inappropriate care.

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

People who used the service were protected from the risk of abuse.

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

There were sufficient numbers of staff to meet the assessed needs of people who use the service.

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 quality and to act on feedback from people who use the service and their representatives. These systems did not always identify problems with care planning.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

Conflicting and incomplete information in people's care plans meant that people were at risk of inappropriate care.

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

We spoke with four residents. They told us that they were able to choose where they spent their time and whether they wanted to take part in activities in the home. Two people told us that they attended residents' meetings and completed a satisfaction survey. All four residents told us if they had any concerns they would speak to staff or to the manager.

Other evidence

We saw that routines in the home were flexible and people were able to choose how and where to spend their time. The home had a choice of communal areas for people to spend time in.

We saw the minutes of a meeting that was arranged by the home's manager for people who use their service to express their views about the service they received. We also saw satisfaction surveys completed in 2011 by residents. These showed a good level of satisfaction. Staff told us that the items raised in the questionnaires are discussed during the residents' meeting. The manager explained the actions taken to address people's comments from the surveys and residents' meeting, for example arranging for people to go out for a country drive and to go out for a shopping trip.

We spoke with three staff members who explained that staff know the residents very well and care for each in a way that respects their individual needs and preferences. We saw staff speaking to people in a respectful and courteous manner.

The manager told us that representatives from a local church visit the home every month.

Our judgement

People were involved in making decisions about their care and support.

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

There are minor concerns 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 four residents. All spoke highly of the staff and the care they received. The relative of one resident told us that she was happy with the care that her family member received.

Other evidence

We saw that people looked happy, relaxed and well presented.

We looked at care records for four people. We found they contained care plans and other information staff needed to care for and support people. We looked at people's care plans. These gave basic details of how people wanted to be cared for. We found that some information about people's needs was conflicting. For example the care plans for one person stated she had no verbal communication but then detailed that she "may repeat what is said to her." In some cases care records did not give details of how staff should meet people's needs. This meant that staff may not have all of the information they needed to care for people in the right way.

The care plan for one person stated they were at risk of urinary tract infections. The manager explained that she is encouraged to drink plenty of fluids including cranberry juice to help prevent infections. This information was not included in the person's care plan.

Care records contained details of how risks to individuals, and to staff supporting them, had been assessed and steps taken to reduce these risks. This included the risk of

developing pressure ulcers, the risk of falling and the risk of malnutrition. Records showed one person who had a pressure ulcer when she moved to the home had been given appropriate care which meant that the pressure ulcer had healed. (pressure ulcers can develop when people are unable to move their position regularly which puts excessive pressure on parts of their body.)

Records showed that any medical problems were identified and followed up with medical staff and other professionals such as the dietician and visiting specialist nurses

We spoke with three members of staff. They had a good knowledge of people's care needs. Staff told us that people's care plans were put together using information from all of the significant people in the person's life including staff and family members. We observed a staff member offering reassurance and speaking kindly to one resident who was distressed. Staff spoken with told us that people receive a good standard of care.

Our judgement

People generally experienced care that was safe and appropriate but conflicting and incomplete information in people's care plans meant that people were at risk of inappropriate care.

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

We spoke with four residents all of whom told us they were happy with the care they received and felt safe. All four residents told us that if they had any concerns they would speak to staff or to the manager.

Other evidence

We looked the home's policy on how to safeguard adults from abuse. We saw that it contained details of the signs and indicators of abuse and details of what staff should do if the suspected that anyone is at risk of abuse.

Training records showed that all staff except one had received training in how to safeguard adults from abuse and harm.

We spoke with three members of staff about their understanding how to safeguard people living at Brackley Fields Country House. Staff explained the signs and indicators of possible abuse and how to report any possible concerns of abuse. Staff told us that they did not have any concerns about anyone living at the home.

Our judgement

People who used the service were protected from the risk of abuse.

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

We spoke with four residents who told us that they did not have to wait too long if they needed staff assistance.

Other evidence

The manager explained that he uses his knowledge of people's needs and feedback from staff to determine the number of staff needed on each shift.

We saw staff responding to people quickly when they needed help and assisting them in a calm and unhurried manner.

As well as care staff the home employs an activity coordinator who works mornings and afternoons five days a week to do group activities with people such as crafts, games and exercise.

Our judgement

There were sufficient numbers of staff to meet the assessed needs of people who use the service.

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

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

Two people told us that they attended residents' meetings and completed a satisfaction survey.

Other evidence

We saw satisfaction surveys completed in 2011 by residents on the quality of care they received. These showed a good level of satisfaction. The manager explained the actions taken to address people's comments.

The manager explained that external contractors check and service all of the wheelchairs used in the home as well as the passenger lift. We looked at an audit of the environment that was carried out on a monthly basis to check the communal areas and bedrooms. The manager explained that he walks around the home each day to check that there are no hazards and to ensure that any repairs needed are dealt with promptly.

We looked a medication audit which showed monthly checks on the recording and storage of medication.

The manager explained that the electronic recording system that the home uses to record people's care records on provided an on going audit of whether care records had been completed and updated. We looked at a print out of this audit. We saw that it did not check the quality and accuracy of the care records and had not identified the issues raised in this report concerning the conflicting or incomplete information in people's care

records.

Our judgement

There were systems in place to monitor quality and to act on feedback from people who use the service and their representatives. These systems did not always identify problems with care planning.

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 minor concerns with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We did not discuss this outcome area with anyone living at Brackley Fields Country House.

Other evidence

We found that some information in people's care records was conflicting. For example the care plans for one person stated she had no verbal communication but then detailed that she "may repeat what is said to her."

In some cases care records did not give details of how staff should meet people's needs. Some examples of this were the care plan for one person which stated that staff should "consider memory and communication aids like memory albums or picture prompt cards" but did not state whether these were in use and how staff should use them; Another care plan stated that "appropriate aids such as a low pressure mattress, specialist cushions and other aids need to be recommended by a GP or nurse." The care plan did not state any details of the actual aids the person used; Another care plan said that the person should be "given support to maintain her own personal choice of bathing preferences" but did not state what her preferences were or how staff should find out this information. This meant that staff may not have all of the information they needed to care for people in the right way.

The care plan for one person stated they were at risk of urinary tract infections. The manager explained that she is encouraged to drink plenty of fluids including cranberry

juice to help prevent infections. This information was not included in the person's care plan.

Our judgement

Conflicting and incomplete information in people's care plans meant that people were at risk of inappropriate care.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: People generally experienced care that was safe and appropriate but conflicting and incomplete information in people's care plans meant that people were at risk of inappropriate care.</p>	
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: There were systems in place to monitor quality and to act on feedback from people who use the service and their representatives. These systems did not always identify problems with care planning.</p>	
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>How the regulation is not being met: Conflicting and incomplete information in people's care plans meant that people were at risk of inappropriate care.</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

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