

Review of compliance

G Saunders R Saunders
The Yachtsman

Region:	North West
Location address:	41/42 Laidleys Walk Fleetwood Lancashire FY7 7JL
Type of service:	Care Home Service Regulated activities accommodation for persons who require nursing or personal care
Date the review was completed:	March 2011
Overview of the service:	Mr G Saunders and Mr R Saunders are a partnership and provide accommodation for persons who require personal or nursing care at one location - The Yachtsman care home. It is registered for a maximum of 32 people, and predominantly provides care for older people and people with dementia.

	<p>The Yachtsman is located on the sea front at Fleetwood. Accommodation comprises of two lounges, two dining rooms and a sun lounge. Resident accommodation is located on the ground and first floors and comprises of mainly single bedrooms and one double room. En suite facilities are available in eleven rooms. A passenger lift is available to assist residents moving from to and from the first floor.</p>
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that The Yachtsman was not meeting one or more essential standards. Improvements are needed.

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 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 07/03/2011, 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

People living in the home said that staff carry out personal care with dignity and respect at all times. One person said, "Staff are polite and friendly and knock on my door before coming in." The people we spoke to during our visit told us they were happy with the care and support they were receiving.

The relatives of one person living in the home told us they looked around The Yachtsman as well as some other homes before choosing The Yachtsman. They told us they had been given information about the home from staff when they looked around. A relative said the staff talked to them and their relative about what care they would need. People spoken to who were living in the home said they liked it at The Yachtsman. Relatives spoken to were involved in the care and support of their family member and visited the home frequently.

We asked people living in the home and their relatives about the care and support they received and were told the staff were supportive and were always cheerful. Relatives spoken to said people were well cared for and staff were cheerful and kind.

One relative we spoke to said "The whole family is very grateful for the care provided by staff and said "They are always so kind and they go the extra mile". Another relative said "The staff take good care of my husband and I am not anxious about him as I used to be."

Staff spoken to said they do not get involved in writing care plans but do write daily reports and inform senior staff of any concerns about individuals living in the home.

People spoken with told us they enjoyed the meals provided by the home. During lunch several people told the staff that lunch was excellent. One person said, "As usual that was an excellent meal, thank you".

We spoke to staff who said they had access to these and that they had read and understood them. People living in the home and staff said they could talk to the manager or senior staff if they had any concerns about care in the home and know they would investigate this.

One person living in the home said "It is always nice and clean here." Relatives spoken to said how clean and tidy they found the home. One relative said, "Everywhere is always well cleaned in this home." Staff spoken with told us they had received training in infection control and there were always plenty of aprons gloves and cleaning materials to assist with infection control.

A person living in the home said their room was kept nice and clean. A relative said that the home was safe and secure and people could not just walk in the building.

People living in the home and relatives said staff were helpful and supportive. One person living in the home said, "No matter how busy they are they always have time to smile and check you are OK. A relative said, "They look after my husband so well and I don't have to worry." One member of staff said, "There are always enough staff to care for people properly."

Relatives said that there were enough staff to meet the needs of people living in the home and people were often taken for trips out. Staff spoken to felt that there were satisfactory staff numbers on shifts to meet the needs of the people living in the home. They added that they felt well supported by the owners, manager and senior team. Relatives spoken to said staff seemed to know what they were doing and were well trained.

People we spoke to were aware of how to make a complaint and felt these would be listened to and any concern acted upon. A relative said, "I have no concerns but if I did I will go straight to one of the managers.

What we found about the standards we reviewed and how well The Yachtsman 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 this service have their privacy respected but they or where appropriate their relatives are not involved in planning their care.

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

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Procedures are mostly in place to ensure people are able to give valid consent to their care and support

- Overall, we found that The Yachtsman 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

All relevant health information is not included when reviewing care records, which affects the care and support provided.

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

Outcome 5: Food and drink should meet people's individual dietary needs

People living in the home have regular food and drink and staff assist people sensitively and effectively with their meals

- Overall, we found that The Yachtsman was meeting this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services

The care service is coordinated to support people living in the home.

- Overall, we found that The Yachtsman was meeting this essential standard.

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

Staff training and ways of working, help to keep people living in the home safe from harm.

- Overall, we found that The Yachtsman was meeting this essential standard.

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

Staff follow good practice guidance regarding cleanliness and infection control

- Overall, we found that The Yachtsman was meeting this essential standard.

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

Poor practice when administering and recording medicines is placing the health and well being of people living in the home at unnecessary risk.

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

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

The home is well maintained with a pleasant, comfortable and safe environment.

- Overall, we found that The Yachtsman was meeting this essential standard.

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

There is suitable and well maintained equipment but not all staff use all equipment safely.

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

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

Recruitment procedures are not robust enough to ensure people are safe and protected and need improvement.

- 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 are sufficient staff to meet the needs of the people living in the home.

- Overall, we found that The Yachtsman 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 receive regular training and formal supervision but supervision needs to be more frequent to increase the effectiveness of care and support.

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

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Appropriate systems are in place for monitoring the quality of service people receive

- Overall, we found that The Yachtsman was meeting this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly

People know how to complain and feel that any concerns will be listened to and acted upon.

- Overall, we found that The Yachtsman was meeting this essential standard.

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

People can be confident that their records are stored securely to protect their wellbeing.

- Overall, we found that The Yachtsman was meeting this essential standard.

Action we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Other information

This is the first Planned Compliance Review for this location.

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

There are moderate concerns with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People living in the home said that staff carry out personal care with dignity and respect at all times. One person said, “Staff are polite and friendly and knock on my door before coming in.” The people we spoke to during our visit told us they were happy with the care and support they were receiving.

The relatives of one person living in the home told us they looked around The Yachtsman as well as some other homes before choosing The Yachtsman. They told us they had been given information about the home from staff when they looked around. A relative said the staff talked to them and their relative about what care they would need. People spoken to who were living in the home said they liked it at The Yachtsman.

Relatives spoken to were involved in the care and support of their family member and visited the home frequently.

Other evidence

During our visit we observed examples of good practice with people who required support with personal care. Staff treated people with respect and dignity. They told us that they encouraged people living in the home to be involved in their care, with help as needed.

Staff carry out an assessment of needs, so staff they know how best to meet their care needs but do not always involve relatives where appropriate. There was no evidence to show that people living in the home or where appropriate their relatives were involved in care planning. People need to be involved in planning their care and support needs wherever possible and there should be information showing what involvement they have in this. One relative while praising of the home was unaware that their relative had a care plan. Where appropriate it would be beneficial for some relatives of people living in the home to be involved in care planning. Relatives can provide background information to assist in developing a life history of the person. The staff members we spoke to told us they had access to the care plans and wrote daily records but only senior staff updated care plans.

The manager and staff spoken to said that they encourage people living in the home to make decisions about their lives. Where a service user does not have capacity to make a particular decision, staff involve relevant professionals using best Interests meetings to decide on capacity regarding the issue. The manager said they had recently been looking at an issue involving one person's capacity.

During the visit we saw staff supporting people to choose what they wanted to do and the food they wanted to eat. We observed that although some people were unable to answer detailed questions due to their dementia, they were involved in daily routines with staff chatting to them as they carried out tasks

Our judgement

People who use this service have their privacy respected but they or where appropriate their relatives are not involved in planning their care.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

There are minor concerns with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us
One person spoken to said staff always ask her if she is happy with plans for her and she chooses what to do. A relative spoken to said she was kept involved in her husbands care but another person’s family said they were unaware of some aspects of the care and treatment of their relation.

Other evidence
The manager said where possible service users are encouraged to make decisions regarding consent to the treatment and care provided, including consent to sharing information with other agencies. She said staff actively listen to people living in the home and where appropriate, their representatives, and act on any preferences and choices where possible. However there was no evidence of routine involvement in planning care. This is recorded in more detail in outcome one.

Where it seems that a service user does not have capacity to make a particular decision, staff involve relevant professionals using Best Interests meetings to decide on capacity regarding the issue. Staff have recently been involved in such a meeting, to deal with a health issue. Staff training on the mental capacity act and deprivation of liberty is planned for all staff. Senior staff have already received

training.

Most relatives spoken to felt that staff involved them where appropriate, about the care of people living in the home but others although they were aware of care arrangements they did not know that a care plan was in operation.

Our judgement

Procedures are in place to ensure people are able to give valid consent to their care and support

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

There are major concerns with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
We asked people living in the home and their relatives about the care and support they received and were told the staff were supportive and were always cheerful. Relatives spoken to said people were well cared for and staff were cheerful and kind.
One relative we spoke to said “The whole family is very grateful for the care provided by staff and said “They are always so kind and they go the extra mile”. Another relative said “The staff take good care of my husband and I am not anxious about him as I used to be.”

Staff spoken to said they do not get involved in writing care plans but do write daily reports and inform senior staff of any concerns about individuals living in the home

Other evidence
During our visit we observed care practices. We saw staff supporting people living in the home. In most cases the care was effective and safe but we saw one member of staff pulling a wheelchair along a corridor backwards, with no footrests on the chair and the heels of the person in the chair being dragged along the floor. Such practice is uncomfortable and unsafe and must not happen.

Staff were assisting people with daily living tasks cheerily and sensitively, chatting to

people as they supported them in their care.

The manager said care plans are in place for each person living in the home, and they try to get as much information as possible about each person. However she acknowledged that relatives were not always approached for information where relevant. She said that personal care plans are updated on monthly basis or if an individuals condition changes.

We checked a small number of care records. We were concerned to find that after a medication increase one person's state of alertness significantly changed. Staff recorded this in daily notes but this was not picked up on care plan reviews which were carried out monthly and there was no evidence that any action was taken or medication reviewed.

The individual was observed during the visit. The person did not have lunch during the inspection due to being asleep and difficult to wake, and has missed some other meals recently. Also records show that staff have been unable to weigh the person so it is not known if there has been any weight loss. There was no evidence to show that staff were observing for weight loss. Reviews of care plans need to be accurate and take into account all issues. Any changes to health must be followed up on and records kept of any interventions.

Staff support people with activities. When we visited the home we saw that people were involved in a variety of games and activities on a regular basis. There is an activities/ light sensory room. People living in the home, relatives and staff told us about the variety of trips out and entertainers visit the home at least weekly. There are also several trips out each week. Staff supported people to go Ballroom dancing during the inspection.

Information received from social care professionals confirmed that while there have been some problems in the past, the organisation listens to any concerns and acts on these to improve care. Staff in the home work well with them and provide care that they feel is beneficial to people they are working with.

Our judgement

All relevant health information is not included when reviewing care records which affects the care and support provided.

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
People spoken with told us they enjoyed the meals provided by the home. During lunch several people told the staff that lunch was excellent. One person said, "As usual that was an excellent meal, thank you".

Other evidence
The manager said that they had information about the likes and dislikes of people living in the home and knew who had special diets and made sure that those individuals had them. A cooked breakfast is provided. The main meal is provided at lunchtime with a snack or sandwiches and soup in the evening. Hot drinks were also provided at regular intervals.

During the inspection the evening meal was about 4.30pm which is early if people do not all have a later snack. The manager said that there were also sandwiches and soup provided later in the evening but a small number of people spoken said they are offered soup or a milky drink for supper but not sandwiches. The manager should talk to people and discuss if the times for meals are satisfactory and what snacks are offered and what people would like for supper.

The lunchtime meals observed were well presented and looked and smelt appetising. People said they had enjoyed them. We observed lunch being served in a relaxed and unhurried manner. Staff members were taking time to serve people and check they were happy with their meal. They were very attentive to the needs

of anyone needing assistance during the meal quietly sitting with and supporting people. One person was very sleepy and when roused went quickly back to sleep again. Staff persevered trying to assist the person to eat but without success. They alerted senior staff, told of their intention to keep trying and recorded the lack of nutrition in his daily record.

Our judgement

People living in the home have regular food and drink and staff assist people sensitively and effectively with their meals.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us
There were no specific comments made by people who use the service with regards to this outcome.

Other evidence
Discussion with the manager and staff members confirmed that people have access to their General Practitioner and other health and social care professionals. There have been some issues of concern in recent months but these issues have been addressed in the main and most health and social care professions felt that The Yachtsman were providing an effective service.

There have been several visits from health and social care professionals in recent months regarding concerns about care. However most of the concerns have been dealt with. We spoke to some who said they were satisfied with the care now provided at The Yachtsman and that Senior staff ask for and take advice when needed.

One health and social care profession said that relationships with the home were good and they listened to advice and acted on it.

Our judgement
The care service is coordinated to support people living in the home.

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

The provider is compliant with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
We spoke to staff who said they had access to these and that they had read and understood them. People living in the home and staff said they could talk to the manager or senior staff if they had any concerns about care in the home and know they would investigate this. They told us they had received training in the protection of vulnerable adults and most staff showed understanding of the procedures to be followed in the event of any allegations or suspicion of abuse or neglect. Staff members spoken to said they would report any concerns they had about care practices to the appropriate people to make sure people living at the home are kept safe.

Other evidence
The home has procedures in place for dealing with allegations of abuse. The manager said that she was familiar with the mental capacity act and that staff were receiving training on this. She had been involved in mental capacity and deprivation of liberty assessments and that these had ensured the correct support to the people involved. However she was not aware that she needed to contact us about any deprivations of liberty. Concerns about care had been acted on and the manager knew to alert the Local Authority about any possible safeguarding issues.

Our judgement

Staff training and ways of working help to keep people living in the home safe from harm.

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

The provider is compliant with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
One person living in the home said “It is always nice and clean here.” Relatives spoken to said how clean and tidy they found the home. One relative said, “Everywhere is always well cleaned in this home.” Staff spoken with told us they had received training in infection control and there were always plenty of aprons gloves and cleaning materials to assist with infection control.

Other evidence
When we visited the home it was clean, tidy and mostly free from any offensive smells. One bedroom seen had an unpleasant odour and needed attention. The manager said the carpet was cleaned several times a week and was being cleaned that afternoon. She added alternative flooring was being looked at for this room. Other bedrooms seen were clean and free from unpleasant smells. A tour of the building confirmed lounge and dining areas and bathroom and toilet areas were clean and hygienic. We observed staff throughout the day. They ensured good infection control and prevented cross infection with their working practice.

There is an infection control lead in place who has compiled an infection control file covering relevant areas. The infection control lead also provides training to staff.

Hand washing liquid and paper towels were readily available, as were gloves and aprons. Hand gel and information regarding hand washing was available in bedrooms and for people entering and leaving the building.

Our judgement

Staff follow good practice guidance regarding cleanliness and infection control.

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 moderate concerns with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us
There were no specific comments made by people who use the service with regards to this outcome.

Other evidence
The manager states that no one who lives at the Yachtsman manages their own medication. There has been a recent change of medication system but staff have said that despite some advantages of the system, prescriptions have been delivered late or not at all resulting in staff having to collect them. They have therefore reverted back to the original medication system. Staff were completing refresher training on medication management on the morning of the visit.

We checked a sample of medication and medication administration records. The medication administration records sampled all showed three occasions in the last month where staff had not signed the record to say medication had been administered or refused. In most cases the medication for that date and time was no longer in the medication dosette, suggesting that it had possibly been administered but not signed for. On one occasion the medication remained in the dosette but there was no record of why it had not been administered. Medication at other times had been signed for as required. Most of these errors showed that the member of staff had not signed for the medication for any resident we checked on

that date and time. These errors suggest that some staff are not administering medication as the procedure states and this practice is unsafe. Staff should be checking each resident's medication against their MAR sheet and signing when each person's medication is checked and administered.

There have been twice daily audits of medication but these were at the same times each day and missed some times of administration and the errors had not been picked up. The audit needs amending to ensure regular checks cover a mix of or all times of day.

Staff administering medication were not familiar with the reasons medication was prescribed or the side effects of particular medications. Information must be available so that staff know about the medication people living in the home take, what effect it should have and any side effects it may cause.

Our judgement

Poor practice when administering and recording medicines is placing the health and well being of people living in the home at unnecessary risk.

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

The provider is compliant with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
A person living in the home said their room was kept nice and clean. A relative said that the home was safe and secure and people could not just walk in the building.

Other evidence
The owners have continued to upgrade the home to provide more comfortable accommodation including new windows and a porch at the front of the home. There are several lounge areas and two dining areas located on the ground floor. Large flat screen televisions are in place in each lounge, to provided easy viewing for people living in the home. Communal areas are generally well maintained and decorated. Aids and adaptations are available around the home to meet the needs of people who live there.

Bedrooms are mostly well personalised to provide a pleasant and comfortable personal space. One bedroom had an unpleasant odour which would not be nice to sleep in or spend time in. The manager said that this was being cleaned later in the day and was cleaned regularly. All other areas smelt fresh and pleasant. There is also a rolling programme of redecoration which helps to ensure the décor is satisfactory.

The manager showed us how the owners, herself and staff made sure that the home was safe for people living in the home, staff and visitors. Staff know what action to take in an emergency. Security arrangements are in place to prevent

unauthorised access to the home and people living in the home have call alarms to assist them to seek aid when needed.

Our judgement

The home is well maintained with a pleasant, comfortable and safe environment.

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
There were no specific comments made by people who use the service with regards to this outcome.

Other evidence
Equipment seen as we toured the building looked in good condition and had been well maintained and stored safely. The information sent prior to the visit clearly stated that equipment was regularly serviced and policies and procedures were in place. Most equipment was used correctly and safely, the exception being a member of staff pulling a wheelchair backwards without using footrests. This was neither a comfortable or safe way to transport someone.

Our judgement
There is suitable and well maintained equipment but not all staff use all equipment safely.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

There are moderate concerns with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
Staff spoken to said they had received induction training when they started working in the home. One member of staff said her induction included moving and handling, food hygiene, health and safety and care in the home.

Other evidence
Some areas of the recruitment procedure are satisfactory but others are not. Some staff files were checked. Some had a full work history but others did not. One person had only partially completed the application form. The references taken up for some staff were not appropriate - one member of staff had a reference from a close relative. One person did not have reference from the last employer but from someone else. Where a reference was not positive, there had been no action taken to get a further reference or no evidence of any assessment of risk regarding employing someone with a poor reference. ISA checks and criminal records bureau disclosure were in place and a staff induction is carried out when staff start working in the home.
There are recruitment related policies and procedures in place and staff are aware of these.

Our judgement
Recruitment procedures are not robust enough to ensure people are safe and protected and need improvement.

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
People living in the home and relatives said staff were helpful and supportive. One person living in the home said, “No matter how busy they are they always have time to smile and check you are OK. A relative said, “They look after my husband so well and I don’t have to worry.” One member of staff said, “There are always enough staff to care for people properly.”

Relatives said that there were enough staff to meet the needs of people living in the home and people were often taken for trips out. Staff spoken to felt that there were satisfactory staff numbers on shifts to meet the needs of the people living in the home. They added that they felt well supported by the owners, manager and senior team.

Other evidence
We observed care practices throughout our visit and saw staff being patient and understanding with the people they were supporting. Staffing levels were satisfactory to meet the needs of the people living in the home and allowed several people to go out on a trip out during the visit.

Our judgement
There are sufficient staff to meet the needs of the people living in the home.

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

There are minor concerns with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
Relatives spoken to said staff seemed to know what they were doing and were well trained.

Other evidence
As part of the review the manager provided records confirming all staff had access to a structured training and development programme ensuring the people in their care are being supported by a well trained and competent staff team. These include mandatory training covering the principles of care, safe working practices, safeguarding issues and specialist training for dementia and end of life care. The staff members we spoke to felt the training they were receiving provided them with the skills and knowledge to provide a good service. The manager informed us during the review that most staff hold at least a level 2 National vocational qualification in health and social care. Staff feel that completing this qualification has helped them provide good quality care.

There are regular staff meetings held. Staff are receiving formal supervision but this is not being carried out as frequently as it should be. Staff supervision allows the member of staff and manager or other nominated person to meet regularly and look at the care practice of the member of staff and the care practice in the home, and any improvements that can be made. They also look at future plans in the home, training and the individuals career develop.

The staff members we spoke to said they were well supported by senior people in

the home. They felt senior staff were approachable and willing to listen.

Our judgement

Staff receive regular training and formal supervision but supervision needs to be more frequent to increase the effectiveness of care and support.

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
There were no specific comments made by people who use the service with regards to this outcome.

Other evidence
Systems are in place for quality assurance. There are regular staff meetings. This gives the manager the opportunity to impart any information and to discuss any issues, concerns or ideas about the home. The manager also speaks to people living in the home and their relatives regularly. Several relatives had informal meetings with the manager about their family member during our visit. The manager said she had an 'open door' policy and relatives were clearly comfortable approaching staff.

The manager also informed us the home has had the Investors in People award renewed until February 2013. This award helps businesses to improve their business performance and focuses on training and development and quality assurance.

Surveys are regularly sent out to residents and their relatives. The manager said they generally get positive feedback about the service they are providing but will act

promptly if a weakness in the service being provided has been identified. She also told us she audits areas of care in the home on a regular basis.

Resident meetings have started and are being held each month. People living in the home and their relatives complete surveys annually. The manager said they generally get positive feedback about the service they are providing but will act promptly if a weakness in the service being provided has been identified.

Our judgement

Appropriate systems are in place for monitoring the quality of service people receive.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us
People we spoke to were aware of how to make a complaint and felt these would be listened to and any concern acted upon. A relative said, "I have no concerns but if I did I will go straight to one of the manager's."

Other evidence
The manager said in information provided as part of the review that complaints information is displayed in the sun lounge and people living in the home are told how to complain in the residents meeting which are now held. There have been no formal complaints from people living in the home or their relatives but healthcare professionals recently expressed some concerns and these were quickly acted upon to improve care.

Our judgement
People know how to complain and feel that any concerns will be listened to and acted upon.

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

The provider is compliant with outcome 21: Records

Our findings

What people who use the service experienced and told us
There were no specific comments made by people who use the service with regards to this outcome.

Other evidence
During the visit we looked at a small number of records maintained by staff. These were stored securely. Training records show that staff undertake regular training with records kept of this.

Our judgement
People can be confident that their records are stored securely to protect their wellbeing.

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	9 & 16	4. Care and welfare of people who use services & 11. Safety, availability and suitability of equipment
	Why we have concerns: There is suitable and well maintained equipment but not all staff use all equipment safely.	
accommodation for persons who require nursing or personal care	21.	12. Requirements relating to workers.
	Why we have concerns: Recruitment procedures are not robust enough to ensure people are safe and protected and need improvement.	
accommodation for persons who require nursing or personal care	23	14. Supporting staff
	Why we have concerns: Staff receive regular training and formal supervision but supervision needs to be more frequent to increase the effectiveness of care and support.	

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

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

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

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

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
accommodation for persons who require nursing or personal care	17 & 18.	1. Respecting and involving people who use services 2. Consent to care and treatment
	How the regulation is not being met: People who use this service have their privacy respected but they or where appropriate their relatives are not involved in planning their care.	
accommodation for persons who require nursing or personal care	9	4. Care and welfare of people who use services
	How the regulation is not being met: All relevant health information is not included when reviewing care records which affects the care and support provided.	
accommodation for persons who require nursing or personal care	13.	9. Management of medicines
	How the regulation is not being met: Poor practice when administering and recording medicines is placing the health and well being of people living in the home at unnecessary risk.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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

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

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

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

Enforcement action we are taking

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. Where the action is a Warning Notice, a timescale for compliance will also be shown.

Enforcement action being taken			
Enter_enforcement_action			
This action is being taken in relation to:			
Regulated activity	Regulation or section of the Act	Outcome	Timescale (if applicable)
Enter_activity	Reg_no_or_Section_Act	Enter_outcome_no. and title	Enter_timescale
	How the regulation or section is not being met:	Registered manager:	To be met by:
	Copy and paste the 'our judgement' text from the end of the 'our findings' section in each relevant outcome above	Include the name of the registered manager if relevant or put N/A	dd_mm_yyyy

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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