

Review of compliance

Mrs Audrey Zeane Redmore
Redstacks

Region:	Yorkshire & Humber
Location address:	36 Heads Lane Hessle East Riding of Yorkshire HU13 0JH
Type of service:	Care Home Service
Date the review was completed:	13/06/2011
Overview of the service:	<p>Redstacks is a privately owned care home belonging to an individual. The home is a large old house set in its own grounds and has been extended to provide accommodation for 14 older people who may have memory impairment. It is situated in a residential area of Hessle and is well maintained and decorated.</p> <p>Communal accommodation consists of two lounges and one dining room. Private accommodation consists of 12 single bedrooms and 1 twin bedroom. Good quality furniture and</p>

furnishings are provided throughout the home. People are able to bring their own possessions into the home to personalise their rooms. The garden has been specially designed to provide a safe environment for people and it is easily accessible via various exits. People can access the first floor of the premises via a stair lift and a passenger lift. There is a car park at the front of the premises for approximately five cars.

Information can be obtained from the home on request in the form of a statement of purpose and a service user guide.

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

What we found overall

We found that Redstacks 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. We looked at the following outcomes.

- 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
- Safety, availability and suitability of equipment
- Requirements relating to workers
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision
- Complaints
- Records
- Requirements relating to registered managers

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 27th April 2011, observed how people were being cared for, talked to people who used

services, talked to staff, checked the provider's records, and looked at records of people who used services.

What people told us

People told us they had been well cared for, felt respected and had made their own decisions where possible. They said they would have preferred to stay at home, but had received the care and support they needed.

They said they had been satisfied with the medication and financial arrangements in place, had been well fed and nourished and felt safe and protected from harm.

People said they had liked their bedrooms and been satisfied with the cleanliness of the home. They had had their needs met with the use of appropriate equipment although one person had found the lifting hoist to be uncomfortable. They said no one had had any cause to complain, but that they all knew who to complain to if necessary.

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

Although people had experienced basic opportunities to understand the care, treatment and support choices available to them and had made decisions about their care on a daily and practical basis, they had not had good opportunities to understand the choices in respect of having their views and experiences taken into account in the way the service was provided. People had experienced a level of privacy, dignity and independence that could have been better.

- Overall, we found that Redstacks 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 had experienced effective, safe and appropriate care, treatment and support that met their needs, but had not always protected their rights.

- Overall, we found that Redstacks 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 had been well supported to have adequate nutrition and hydration.

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

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

People had experienced a period of time when the provider had been managing the home and people had not been well enough protected from abuse or the risk of abuse because the two staff designated as managers had not been able to influence the care given to them. Also not all staff had been trained or had updated training in safeguarding adult's awareness, but they had all been sufficiently competent to handle safeguarding issues and concerns. People had their human rights appropriately respected and upheld. Since having had a safeguarding investigation the management team had learned lessons and identified training needs and had made improvements in handling safeguarding.

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

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

People had experienced appropriate levels of infection control and the home had been clean and hygienic.

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

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

People had been given their medicines at the times they needed them and in a safe way and practice had followed procedure except in one instance, which had since been remedied.

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

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

People had lived in safe, accessible surroundings that promoted their wellbeing, but the service had not obtained a legionella certificate on the hot water storage tank to show storage was safe.

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

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

People had not been at risk of harm from unsafe or unsuitable equipment, but had not always benefited from equipment that was comfortable and met their needs. Nor had they benefited from sufficient numbers of staff with appropriate moving and handling and hoist training.

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

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

People had not experienced care from staff that had been safely recruited or were 'fit' to do the job because the home had carried out but not received relevant CRB checks before they started. The management team had identified this shortfall when it completed the PCA. Staff had been medically able and had supplied references.

- 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

People had not had their health and welfare needs met by sufficient numbers of appropriate staff. The provider had not made sure there were sufficient numbers of staff with the right knowledge, experience, qualifications and skills on duty to support people.

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

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

People had not had their health and welfare needs met by competent staff because mandatory training had been allowed to lapse or had not been completed and so staff had not been given the required skills and competences.

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

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

People had not benefited from safe quality care, treatment and support, due to effective decision making and people and staff had not benefited from the management of risks to their health, welfare and safety, because although there was a quality assurance system, which gathered information, it had not been used effectively to monitor the service provision or to analyse the information to identify non-compliance.

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

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

People had experienced good opportunities for their comments and complaints to be listened to and acted on effectively.

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

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

People had experienced good maintenance of their personal and medical records, which had been kept secure and confidential. Other records to protect their safety and wellbeing had also been well maintained and kept secure.

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

Outcome 24: People’s needs are met because the home is managed by an appropriate person

People had not had their needs properly met because the service has not been managed by an appropriate registered person, and there had been three people sharing the responsibility to manage the home, which had resulted in inconsistency and lack of continuity.

- 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 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

Please see previous review reports for more information.

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 minor concerns with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
During the site visit to the home we interviewed three people that lived there and spoke to two others. People said they had felt well respected and had been treated well by the staff. They said they had made decisions about their daily lives, rising, dressing, where to sit and so on but really there had been very little going on to make decisions about.

One person said she had often been very frustrated about not being in charge of her life because of being in care. Another said she had wished her circumstances had been different and that she had been able to continue to live at home. She said she thought everyone else agreed with this too.

Other evidence
In April the provider submitted a PCA document to the CQC which described how the home was compliant with the outcome and all of the elements that formed the outcome. The PCA was in the provider's own format and it stated that the home

had not been completely compliant with the outcome as there had been minor concerns identified with staff training in the Mental Capacity Act (MCA) and Deprivation of Liberty (DoL) legislation.

We spoke to the unregistered manager and the acting manager and to the staff to determine whether or not staff had been competent or had understood the requirements of MCA and DoL legislation. We found that staff had not been trained in and did not understand the implications of MCA and DoL orders.

We found in discussion with staff that they had been aware of peoples' rights and told us they had cared for them in a way that respected their rights and individuality on a daily basis and according to circumstances, but we found that in practice staff made no connection to this from legislation information. Nor did staff action fully reflect what they said when it came to their practice.

An example observed during our visit to the home was when the staff gave out a hot drink mid-morning. People were asked if they wanted tea or coffee and their choice was respected, but they were also asked if they wanted some cake. Those that said yes were handed an individual piece on a paper napkin. They were not offered a plate of cake from which they could take a piece and were only told what sort of cake it was, ginger, as they were given it. This action did not respect that people in the home were adults and had the ability to choose from a plate and to choose whether or not they wanted ginger cake in the first place.

Another example observed was when one person had been introduced to us and was trying to explain her comments about something she did not like in the home. She had been interrupted and spoken over by the provider who had wanted to explain for her.

Our judgement

Although people had experienced basic opportunities to understand the care, treatment and support choices available to them and had made decisions about their care on a daily and practical basis, they had not had good opportunities to understand the choices in respect of having their views and experiences taken into account in the way the service was provided. People had experienced a level of privacy, dignity and independence that could have been better.

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 minor concerns with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
Of the people we spoke to in the home all said they had been very satisfied with the care and support from the staff. They said they received the support they needed with such as mobility, bathing, dressing, meals, seeing their GP if they had been ill and so on.

One person said they had not been comfortable in the sling hoist provided to help with mobility. Another said they preferred to live at home but realised this was not possible and so made the best of and accepted what they had. A third person said they did not wish to talk about anything personal and this was respected. They did talk about the food provided, about their feelings of having lost everything in life now, spouse, their home, their children and particularly their independence. They also said there was very little to do in the home and that they only went out with family.

People said they received help with their medication and finances and either the home, staff, or their family members, daughters and sons, took responsibility for these things.

Other evidence

In April the provider submitted a PCA document to the CQC which described how the home was compliant with the outcome and all of the elements that formed the outcome. The PCA was in the provider's own format and it stated that the home had not been completely compliant with the outcome as there had been minor concerns identified with care plans and recording of updated information about 'best interest' meetings, living wills and such as Power of Attorney.

We interviewed staff about the welfare of people and discussed this with the management team. We were told that people had assessments of need and risk assessments carried out which had been translated into care plans with action plans. Staff said they had used care plans to provide the right support to people and that the staff team and people in the home benefited from good routines and good team work.

In October 2010 the East Riding of Yorkshire Council (ERYC) had investigated a complaint that was 'upheld' and had questioned the care of one person in relation to bathing, pressure care and medication. It also highlighted that pre-admission assessments had not been carried out and communicated information had been conflicting.

We viewed two people's case files and looked in care plans and found they contained appropriate documentation: needs assessments, risk assessments for moving and handling, mobility, falling, nutrition and pressure care, also reviews of care, daily diary notes, monthly summaries, monitoring charts and so on. People also had patient passports for admission to hospital. Diary notes related the care people had received and reviews of care kept up with the changes people experienced and why.

Case files we viewed had not contained any information about 'best interest' meetings, who had Power of Attorney and so on as stated in the PCA, but these may not have been necessary. The management team had been aware of the shortfall for someone however, and had addressed the issue in an action plan in the PCA. Care plans were in the process of being re-written to include a more up-to-date and person-centred approach. Some, but not all had been completed. The staff training record showed only one staff from thirteen carers had completed an 'effective person-centred care' course. This is addressed in outcome 14

Our judgement

People had experienced effective, safe and appropriate care, treatment and support that met their needs, but had not always protected their rights.

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 to told us they had been very satisfied with the provision of food, that the cook had been very good and had given them lovely meals. One person said she would be very cross if anyone took the cook away from the home. She said they had enjoyed very good 'home cooked' meals, there had been plenty of it and there had always been an alternative if what was offered had not been liked.

Another person said they had been asked by the cook on a daily basis what they had wanted preparing and if there had been any foods they particularly liked and wanted on the menu. She said they had been given very nice meals: meat and vegetables and not the cuisine of other countries.

A third person said there had only been one type of meat she had not liked and discussion with the cook enabled her to request an alternative whenever this was given. She said she had problems with managing her meals and took a while to eat, but persevered to remain independent.

Other evidence
We observed the mid-day meal given to people in the home. They had liver and sausage with mashed potatoes, sprouts, carrots and Yorkshire pudding, followed by fruit sponge and custard. It looked nourishing and smelled appealing.

Not everyone sat in the dining room for their meal, we were told that one person preferred to eat after everyone else and one person always ate in her room. There were ten people in the dining room for lunch. We observed that tables had been set with place mats, cutlery and condiments, but not with tablecloths. We saw that these were put on tables between meals and taken off before people sat down.

We were told there had been no requirements to prepare a special diet for anyone for a while, but the cook was aware of particular needs and likes. We were told that meat, fish and vegetables were freshly purchased from local suppliers.

Menus were viewed and they showed a variety of foods had been offered over a period of time, but they did not show a choice alternative, although people had said they knew they could have one. Discussion with the management team resulted in them stating they thought the menus ought to show an alternative and that they would be written out as so from then on.

Our judgement

People had been well supported to have adequate nutrition and hydration.

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
People we spoke to said they had felt safe and secure in the home. They said they had been well cared for and well looked after.

They said their finances had been looked after by either family members or by a system of safe keeping in the home. One person said they had not had money on their person or even in their rooms for some time, but that they knew who to ask if they needed any. Another person said they had been happy with the arrangement that their daughter handled her finances.

People said they had not had any need to report any incident, but would talk to one of the staff if they did.

Other evidence
In April the provider submitted a PCA document to the CQC which described how the home was compliant with the outcome and all of the elements that formed the outcome. The PCA was in the provider's own format and it stated that the home had not been completely compliant with the outcome as there had been minor concerns identified with outdated safeguarding training and staff needing to be given a guidance leaflet.

We discussed safeguarding with the management and with staff and we viewed the training records which showed that of the thirteen care staff employed only four had completed safeguarding training in September and December 2009. One staff having worked in the home for 20 months confirmed her safeguarding training had been more than 18 months ago although the record did not show her as having completed any such training at this home, so it is understood she completed it in her previous job. Evidence showed that the number of staff having completed safeguarding training was very low and there was no evidence to show they had been competence assessed. See outcome 14 Supporting workers.

Staff in discussion had been unable to demonstrate good understanding and responsibilities of safeguarding adults, other than they said they would have passed on information to their management team, but they were aware of the whistle blowing policy and their responsibilities to make sure information was passed to management.

We discussed the records kept of safeguarding issues and outcomes and we were told that there had only been one safeguarding investigation carried out when officers of the ERYC had visited in October 2010 and investigated a complaint, mentioned in outcome 4 Care and welfare of people who use services. The complaint had also been a safeguarding issue, which related to poor general care, poor pressure area care and reporting of it to the relevant healthcare organisation and which was investigated as 'upheld'. The ERYC had informed CQC of the outcome.

The management team told us they had learned lessons from this experience, knew what action to take and had identified staff training needs as well, but action to ensure all staff had been trained had not been taken to remedy the shortfall in a timely manner, six months later. See outcome 14 Supporting workers. There had been no other safeguarding investigations.

We looked at a sample of peoples' records for money held in safe keeping and completed a balance check. We found that the system used had been well maintained and records had been accurately kept, while balances were also accurate. There had been a large amount of money saved for one person though and the home was asked to check on the level of insurance cover available for money held on the premises.

Our judgement

People had experienced a period of time when the provider had been managing the home and people had not been well enough protected from abuse or the risk of abuse because the two staff designated as managers had not been able to influence the care given to them. Also not all staff had been trained or had updated training in safeguarding adult's awareness, but they had all been sufficiently competent to handle safeguarding issues and concerns. People had their human rights appropriately respected and upheld. Since having had a safeguarding investigation the management team had learned lessons and identified training needs and had made improvements in handling safeguarding.

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
People we spoke to said they had been satisfied with the cleanliness of the home and that their rooms had been well kept. They said they had lived in a nice home.

Other evidence
We had not assessed this outcome with regard to the 'Code of Practice for Health and Adult Social Care on Prevention and Control of Infections and Related Guidance' because at the last inspection the home had been clean, comfortable and hygienic and staff had completed infection control training.

We looked at training again and found that the unregistered manager, five care staff and the housekeeper had completed DVD training on infection control in June 2010. Eight other staff had not done the course according to the training record. See outcome 14 Supporting Workers.

We observed that the home was clean and odour free and that staff had used personal protective equipment when they assisted people with care. There had been paper towel dispensers fitted to communal bathrooms and toilets, and the kitchen and laundry since the last inspection. The housekeeper had maintained good standards.

Our judgement
People had experienced appropriate levels of infection control and the home had

been clean and hygienic.

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

The provider is compliant with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us

People we spoke to said they had been very satisfied with the arrangements for handling their medication and they said they had not wanted to take charge of it for fear of forgetting to take it or taking it incorrectly or at the wrong time. They said they had been given their medication appropriately as far as they could remember.

Other evidence

In April the provider submitted a PCA document to the CQC which described how the home was compliant with the outcome and all of the elements that formed the outcome. The PCA was in the provider's own format and it stated that the home had been compliant. It gave a fairly good account of how medications are well handled.

We checked the storage and administration of medication and looked at the medication administration record (MAR) sheets. We found that storage was in a locked medication trolley in a locked cupboard and that there was also a lockable fridge for storage of medicines needing to be kept cold. There had been some controlled drugs stored and administered in the past but there had been none recently. A controlled drug cupboard and register were available. There was also a returns system and record used for any unused or refused medicines.

The rest of the medication had been administered from a monitored dosage system. We observed staff administering medication and found they had followed procedure and had given it to people safely. The MAR sheets had been accurately maintained.

There had been a complaint made in October 2010 about psychotic medication not being given five consecutive nights in a row for one person, which had been investigated by the ERYC and had been 'upheld'. The reason given for the person not getting this medication was because she had been asleep when staff went to give it. The home staff had been made well aware of the importance of and procedures for ensuring people got their medicines as prescribed and had changed their practice to follow procedure.

The training record showed that the unregistered manager, eight staff and the cook had completed a medication administration handling course in the last two years and one of the staff confirmed this in interview.

Our judgement

People had been given their medicines at the times they needed them and in a safe way and practice had followed procedure except in one instance, which had since been remedied.

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
We had not spoken directly to people who used services in assessing this outcome.

Other evidence
We had not intended to assess this outcome but some sample evidence had been viewed in relation to some of the maintenance and safety of the premises. There were up to date landlord's gas safety, electrical installation and wiring, passenger lift and fire safety system certificates seen. There was no legionella safety certificate for the hot water storage tank.

We viewed all of the communal areas of the home and some private bedrooms. The lounge, dining room and kitchen had been well maintained and were clean, well decorated and furnished. The laundry, bathrooms and toilets were appropriate and clean and water temperatures had been controlled by thermostatic control valves. Upper floor bedrooms had been fitted with window restrictors.

Our judgement
People had lived in safe, accessible surroundings that promoted their wellbeing, but the service had not obtained a legionella certificate on the hot water storage tank to show storage was safe.

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
We had only spoken to one person directly in assessing this outcome. She said she had found the sling hoist uncomfortable, but realised it needed to be used.

Other evidence
In April the provider submitted a PCA document to the CQC which described how the home was compliant with the outcome and all of the elements that formed the outcome. The PCA was in the provider's own format and it stated that the home was complaint. It said there was appropriate and well maintained equipment for lifting and that staff had been trained to use it and that other equipment had only used after completing risk assessments.

We viewed some sample maintenance certificates for the lifting and bath hoists and found these to be up to date. We saw some risk assessments on moving and handling in case files.

We viewed the staff training record and found that the unregistered manager and five care staff had completed moving and handling training and the same staff except one had completed hoist training. Evidence showed there had been

insufficient numbers of staff with this training. Staff in interview confirmed one had completed the training in February 2010 and the other had not completed it for over two years. See outcome 14 Supporting staff.

We discussed the use of the sling hoist for the two people we were told used and needed it for mobility and we asked that the home checked with the physiotherapist and/or occupational therapist to ensure the right size slings were available and to ensure people had a sling each for hygienic reasons.

Our judgement

People had not been at risk of harm from unsafe or unsuitable equipment, but had not always benefited from equipment that was comfortable and met their needs. Nor had they benefited from sufficient numbers of staff with appropriate moving and handling and hoist training.

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 minor concerns with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
We had not spoken directly to people who used services in assessing this outcome.

Other evidence
In April the provider submitted a PCA document to the CQC which described how the home was compliant with the outcome and all of the elements that formed the outcome. The PCA was in the provider's own format and it stated that the home was compliant but that CRBs had to be received before staff started and that training needed to be planned. It said that policies and procedures for recruitment had been in place and that pre-employment checks had been carried out.

We viewed two staff recruitment files and interviewed two other staff about their recruitment experiences. We found that files had evidence to support that staff began working in the home before they had received a Criminal Records Bureau (CRB) check and in one case before the protection of vulnerable adults 'first' check. Other supporting documentation was appropriate: for identification, for suitability to do the job (although one staff's references had been from a sister home), for Skills for Care induction and training and for medical fitness. Staff also had contracts of employment.

Staff confirmed one of them had sent a letter to the home to ask if there were any

jobs and had been given an interview without having to follow equal opportunities legislation and the other had answered an advertisement, but was not sure if others had been interviewed.

Our judgement

People had not experienced care from staff that had been safely recruited or were 'fit' to do the job because the home had carried out but not received relevant CRB checks before they started. The management team had identified this shortfall when it completed the PCA. Staff had been medically able and had supplied references.

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

There are moderate concerns with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
We had not spoken directly to people who used services in assessing this outcome.

Other evidence
In April the provider submitted a PCA document to the CQC which described how the home was compliant with the outcome and all of the elements that formed the outcome. The PCA was in the provider's own format and it stated that the home was not compliant and had a major concern. It said staff health checks had been done, staffing numbers had been maintained to meet peoples' needs and a professional body had been used to ensure staffing employment was followed. It said the home needed to do night staff health checks on an annual basis.

We discussed the staffing levels with management and with the staff and we viewed the staffing roster. We found that management and staff agreed there had been insufficient staffing at busy times throughout the day, namely teatime and at weekends, and especially during the night. The home had two care staff plus a senior or unregistered manager on duty throughout the day and one waking and one on-call staff at night.

In view of the fact that there had been two people in the home that required use of a hoist for their mobility it had been identified that there was a need for an absolute

minimum of two staff on duty at all times, day and night, with a third or fourth during the day at busy times. This was to ensure people were only hoisted by two staff as was required of lifting and handling legislation. It was no longer appropriate to have one staff on night duty and a staff on call outside of the building. Two waking night staff and extra staff at busy times were required to meet the needs of people in the home. This was to be addressed as quickly as possible.

We were also told by staff that there had been a period of time when they did not know what the weekly roster should be because the provider had been compiling it on a weekly basis and no one had been given a regular shift pattern to work. The management team agreed to devise a rotating roster that met peoples' needs that staff could follow after consulting them about it so as to ensure continuity for staff and continuity of care for people in the home.

Our judgement

People had not had their health and welfare needs met by sufficient numbers of appropriate staff. The provider had not made sure there were sufficient numbers of staff with the right knowledge, experience, qualifications and skills on duty to support people.

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 moderate concerns with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
We had not spoken directly to people who used services in assessing this outcome.

Other evidence
In April the provider submitted a PCA document to the CQC which described how the home was compliant with the outcome and all of the elements that formed the outcome. The PCA was in the provider's own format and it stated that the home had not been compliant, as there had been a moderate concern about staff training. It said induction and mandatory training had been provided for staff but that updating of training had not been carried out.

We discussed training with the management team and with the staff and we viewed the training records. We found that sufficient staff had not completed training in safeguarding adults, moving and handling and hoist use and infection control. No staff had done dementia training or had a current first aid certificate, and fire safety for all but one staff, medication administration for seven staff and health and safety training for all but one staff was out of date.

Staff had confirmed they had not completed up to date training and said they had needed refresher courses.

Discussion had been held with the unregistered manager and she had been

instructed to fully identify what training was needed, ensure staff completed it and then ensure she checked staff competence in between training updates.

Our judgement

People had not had their health and welfare needs met by competent staff because mandatory training had been allowed to lapse or had not been completed and so staff had not been given the required skills and competences.

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 moderate concerns with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
We had not spoken directly to people who used services in assessing this outcome.

Other evidence
In April the provider submitted a PCA document to the CQC which described how the home was compliant with the outcome and all of the elements that formed the outcome. The PCA was in the provider's own format and it stated that the home had been compliant. It said that audits and surveys had been carried out and that the system annually collated information to determine shortfalls. It was also annually appraised.

We viewed the information held on quality assurance and saw some of the surveys and audits completed. We did not see a recent appraisal or collation of information as we were told these still needed writing up.

We decided the quality assurance system had not been used entirely effectively or that it did not cover management issues as it had not highlighted the outcomes that had not been complied with such as recruitment, staffing levels and staff training. The quality assurance system had not been developed to include or assess all

areas of the service performance.

In discussion with staff they said they had not been part of the auditing or quality assessing process and did not know what it entailed, though they said they had been asked to improve in areas where it identified shortfalls, but they could not be specific about this.

Our judgement

People had not benefited from safe quality care, treatment and support, due to effective decision making and people and staff had not benefited from the management of risks to their health, welfare and safety, because although there was a quality assurance system, which gathered information, it had not been used effectively to monitor the service provision or to analyse the information to identify non-compliance.

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
We had not spoken directly to people who used services in assessing this outcome.

Other evidence
We were told by the management that there had been no complaints made for a long time other than the one made to the ERYC which they had investigated in October 2010. The complaint record therefore showed no other complaint issues. We interviewed staff who said that people had made grumbles and niggles known to them and they had been dealt with appropriately.

We had been unable to check to see if the complaint procedure had been properly used and had been effective because it had not been tested.

Our judgement
People had experienced good opportunities for their comments and complaints to be listened to and acted on effectively.

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

We had not spoken directly to people who used services in assessing this outcome.

Other evidence

We viewed a sample of records held in peoples' case files and maintained in the office and found records had been accurately kept and were up to date. Staff in interview told us they had assisted in completing such as care plans, diary notes and risk assessments, while management told us they had identified the need to make sure such as training records and recruitment records had been maintained.

Our judgement

People had experienced good maintenance of their personal and medical records, which had been kept secure and confidential. Other records to protect their safety and wellbeing had also been well maintained and kept secure.

Outcome 24: Requirements relating to registered managers

What the outcome says

This is what people who use services should expect.

People who use services:

- Have their needs met because the home is managed by an appropriate person.

What we found

Our judgement

There are major concerns with outcome 24: Requirements relating to registered managers

Our findings

What people who use the service experienced and told us
We had not spoken directly to people who used services in assessing this outcome.

Other evidence
In April the provider submitted information in the form of a document to the CQC which described how the home was compliant with the outcome and all of the elements that formed the outcome. The information was in the provider's own format and it stated that the home had not been compliant and that there had been a moderate concern with the registering of a manager.

We interviewed the management team and the staff about the continuity of the manager arrangements, as there had been a compliance condition stated on the provider's 'notice of decision' to transfer her application for registration, which should have been met by 1st April 2011.

We were told that the unregistered manager in post had changed her full time status to part time on return from maternity leave, to suit her personal needs. So the

provider had continued to encourage the acting manager to assist and job share in managing the home on a daily basis. The provider had also been managing certain aspects of the business herself over the last year. This had resulted in there being much confusion in the staff team about who the actual manager was and no one had taken full responsibility for the role. There had also been a period of miscommunication between management and staff.

We were told that the unregistered manager had not submitted an application to become registered because of being on maternity leave and that on her return working part time had also delayed the application. We were told it had been decided very recently that Mr Jeff Donnelly, a senior management employee at Redstacks and a director of another care business was to submit an application to become registered.

We advised that an application for a registered manager was now extremely urgent, as the CQC could soon be considering enforcement action with any service that had an outstanding compliance condition to have a registered manager in post by 1st April 2011.

Our judgement

People had not had their needs properly met because the service had not been managed by an appropriate registered person, and there had been three people sharing the responsibility to manage the home, which had resulted in inconsistency and lack of continuity.

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	1
	<p>Why we have concerns: Although people had experienced basic opportunities to understand the care, treatment and support choices available to them and had made decisions about their care on a daily and practical basis, they had not had good opportunities to understand the choices in respect of having their views and experiences taken into account in the way the service was provided.</p>	
Accommodation for persons who require nursing or personal care	15	10
	<p>Why we have concerns: People had lived in safe, accessible surroundings that promoted their wellbeing, but the service had not obtained a legionella certificate on the hot water storage tank to show storage was safe.</p>	
Accommodation for persons who require nursing or personal care	16	11
	<p>Why we have concerns: People had not always benefited from equipment that was comfortable and met their needs. Nor had they benefited from sufficient numbers of staff with appropriate moving and handling and hoist training.</p>	
Accommodation for persons who require nursing or personal care	21	12
	<p>Why we have concerns: People had not experienced care from staff that had been safely recruited or were 'fit' to do the job because the home had carried out but not received</p>	

	relevant CRB checks before they started. The management team had identified this shortfall when it completed the PCA.	
Accommodation for persons who require nursing or personal care	9	4
	<p>Why we have concerns:</p> <p>People had experienced effective, safe and appropriate care, treatment and support that met their needs, but had not always protected their rights.</p>	

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	22	13
	<p>How the regulation is not being met: People had not had their health and welfare needs met by sufficient numbers of appropriate staff. The provider had not made sure there were sufficient numbers of staff with the right knowledge, experience, qualifications and skills on duty to support people.</p>	
Accommodation for persons who require nursing or personal care	23	14
	<p>How the regulation is not being met: People had not had their health and welfare needs met by competent staff because mandatory training had been allowed to lapse or had not been completed and so staff had not been given the required skills and competences.</p>	
Accommodation for persons who require nursing or personal care	10	16
	<p>How the regulation is not being met: People had not benefited from safe quality care, treatment and support, due to effective decision making and people and staff had not benefited from the management of risks to their health, welfare and safety, because although there was a quality assurance system, which gathered information, it had not been used effectively to monitor the service provision or to analyse the information to identify non-compliance.</p>	
Accommodation for persons who require nursing or personal care	6	24
	<p>How the regulation is not being met: People had not had their needs properly met because the service had not been managed by an appropriate registered person, and there had been three people sharing the responsibility to manage the home, which had resulted in inconsistency and lack of continuity.</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 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.

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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