

Review of compliance

Mrs Audrey Zeane Redmore
Redstacks

Region:	Yorkshire & Humberside
Location address:	36 Heads Lane Hessle East Riding of Yorkshire HU13 0JH
Type of service:	Care home service without nursing
Date of Publication:	October 2011
Overview of the service:	Redstacks is a privately owned care home . 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.

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

Our current overall judgement

**Redstacks was not meeting one or more essential standards.
Improvements are needed.**

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Redstacks had made improvements in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 10 - Safety and suitability of premises
- Outcome 11 - Safety, availability and suitability of equipment
- Outcome 12 - Requirements relating to workers
- Outcome 13 - Staffing
- Outcome 14 - Supporting staff
- Outcome 16 - Assessing and monitoring the quality of service provision
- Outcome 24 - 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 2 September 2011 and reviewed information from stakeholders.

What people told us

People did not raise any concerns and were happy in the home.

What we found about the standards we reviewed and how well Redstacks was meeting them

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

As this outcome was not reviewed at this visit the improvement actions previously identified remain ongoing.

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

As this outcome was not reviewed at this visit the improvement actions previously identified remain ongoing.

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

As this outcome was not reviewed at this visit the improvement actions previously identified remain ongoing.

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

As this outcome was not reviewed at this visit the improvement actions previously identified remain ongoing.

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

As this outcome was not reviewed at this visit the improvement actions previously identified remain ongoing.

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

Staffing had been amended to help in meeting the needs of the people currently living in the home.

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

Some staff had received updated training and plans were in place to ensure that all staff received the correct training prior to March 2012. However the manager needed to monitor this closely to ensure that all necessary training was completed to fully and safely meet the needs of people.

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

Some amendments had been made to the quality assurance system and these had continued in order to meet the compliance action.

Outcome 24: Services must be managed by people who are honest, reliable and trustworthy. They must also have the right skills, experience and qualifications to do the job

Action was taken to ensure that there is a registered manager in the home.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the

improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

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

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

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

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

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

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

There are minor concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We did not speak to people about this outcome area.

Other evidence

We did not review this outcome area at this visit to the service.

Our judgement

As this outcome was not reviewed at this visit the improvement actions previously identified remain ongoing.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We did not speak to people about this outcome area.

Other evidence

We did not review this outcome area at this visit to the service.

Our judgement

As this outcome was not reviewed at this visit the improvement actions previously identified remain ongoing.

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 did not speak to people about this outcome area.

Other evidence

We did not review this outcome area at this visit to the service.

Our judgement

As this outcome was not reviewed at this visit the improvement actions previously identified remain ongoing.

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 did not speak to people about this outcome area.

Other evidence

We did not review this outcome area at this visit to the service.

Our judgement

As this outcome was not reviewed at this visit the improvement actions previously identified remain ongoing.

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 did not speak to people about this outcome area.

Other evidence

We did not review this outcome area at this visit to the service.

Our judgement

As this outcome was not reviewed at this visit the improvement actions previously identified remain ongoing.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We spoke briefly to some of the people who lived in the home. They told us that they were happy living there and that they had no concerns.

Other evidence

At the last visit to the service we found that there were insufficient staff to ensure that people's needs were always met. This was at busy times, for example, mealtimes and especially during the night.

We found that there were two people in the home who required the use of the hoist and due to this there was an absolute need for two staff on duty at all times throughout the day and the night.

Following our last visit we had been sent an action plan by the managers of the home. This plan identified that there would be two staff on duty throughout the building and that this action had been taken at the time of sending the plan.

When we looked at the staffing rota we saw that there were two staff on duty throughout the day, this being a senior and a carer. Additionally throughout the week the managers of the home were also on duty and they told us that they were available to assist at busy times.

However, at weekends no additional staff were identified as being available throughout the day, although the owner of the home stated that they visited on a daily basis to offer support.

The owner and managers of the home told us that there was a housekeeper employed who also assisted at busy times. However, the duty rota only identified that there was a housekeeper employed in the home for a specified number of hours each day. It did not identify that some of these hours were for additional care support.

The duty rotas showed that at times there were two waking night staff and on some occasions there was one waking and one sleep in night staff that would be on call throughout the night. The owner told us that there was only one person that required assistance with a hoist and that this person would be attended to prior to the second member of staff going to bed. She also told us that the second staff member was able to be called upon throughout the night and if necessary they could work as the second waking night staff .

The owner and managers of the home told us that there was a representative of the owners who lived adjacent to the home and in an emergency would attend the home to assist. They told us that this was in addition to the owner and the manager being permanently on call to the home.

Our judgement

Staffing had been amended to help in meeting the needs of the people currently living in the home.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

There are minor concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We did not speak directly to people who lived in the home about this outcome.

Other evidence

At the last visit to the home we found that insufficient staff had completed training on safeguarding adults, moving and handling, the use of the hoist and infection control. No staff had completed dementia training or had current first aid certificates and fire training, medication and health and safety training was out of date.

The managers of the service forwarded an action plan stating that a training plan had been devised and that all necessary training would be brought up to date by March 2012. As such the previous compliance action remains ongoing and we will re-assess this after the completion date.

The assistant manager told us that staff were completing training via internet courses and that these included, the Mental Capacity Act, Deprivation of Liberty (DOL) training, safeguarding vulnerable people and Dementia care. She told us that staff completed each course a couple of sections at a time and that she was monitoring these with people.

The proposed registered manager told us that he had sourced additional funding to assist with training which covered first aid, food hygiene and health and safety. He told us that a training provider had been sourced to provide training on fire safety and moving and handling training.

We looked at staff records and saw that some training had been completed. Records showed, seven staff had completed fire safety, eight had completed moving and three had completed safeguarding adults training.

The assistant manager told us how staff are shown the systems for the handling and the administering of medication when they are inducted into the home and that their practice is observed prior to them undertaking this task as part of their normal duties alone. However, staff were not routinely observed in the administration of medicines as part of their supervision and no formal training had been undertaken.

Our judgement

Some staff had received updated training and plans were in place to ensure that all staff received the correct training prior to March 2012. However the manager needed to monitor this closely to ensure that all necessary training was completed to fully and safely meet the needs of people.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We did not speak directly to people who lived in the home about this outcome.

Other evidence

At the last visit to the home we found that the quality assurance system had not been used entirely effectively and that it did not cover management issues as it had not highlighted non compliant outcomes 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 had not been part of the auditing process.

We looked at the action plan that the managers had provided and saw that the areas of shortfall within the quality assurance system were to be identified and addressed by October 2011. As such the previous compliance action remains ongoing and we will re-assess this after the completion date.

We looked again at the quality assurance system on this visit and saw that it had been amended. We saw that an audit of people's bedrooms that had been completed by the staff. A report summarising the findings of this audit had been completed identifying future actions.

We looked at the quality assurance system which had a plan for the year including a management audit, and a personal care and ancillary care audit.

The managers told us how the management audit had highlighted the need for additional health and safety training.

Our judgement

Some amendments had been made to the quality assurance system and these had continued in order to meet the compliance action.

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 it is managed by an appropriate person.

What we found

Our judgement

There are minor concerns with Outcome 24: Requirements relating to registered managers

Our findings

What people who use the service experienced and told us

We did not speak directly to people who lived in the home about this outcome.

Other evidence

At the last visit to the home we found that the unregistered manager, who is now the assistant manager had changed her hours to part time with the owner encouraging the assistant manager to job share in managing the home on a daily basis.

The owner had also managed certain aspects of the home herself. This had resulted in confusion within the staff team about who was actually the manager of the home.

We were advised that a director of the business and senior manager was to apply to be the registered manager of the home and we advised that this matter was now urgent and that the CQC may consider enforcement action for services that had outstanding compliance actions to have a registered manager in post by April 2011. As such the previous compliance action remains ongoing.

At this visit we spoke to the owner, proposed manager and assistant manager for the home.

We were told that the proposed manager (a director) was also the manager for another service within the organisation and was processing their application for the other service prior to applying to be the registered manager for Redstacks.

They told us that they had completed their Criminal Record Bureau (CRB) check and were awaiting their Doctors report to be able to process their application.

Our judgement

Action was taken to ensure that there is a registered manager in the home.

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	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>Why we have concerns:</p> <p>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 in to account in the way the service was provided.</p>	
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>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>	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p>Why we have concerns:</p> <p>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	Regulation 16 HSCA 2008 (Regulated	Outcome 11: Safety, availability and suitability of

	Activities) Regulations 2010	equipment
	<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 hoist training.</p>	
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<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 relevant CRB checks before they started. The management team had identified this shortfall when it completed the PCA.</p>	
Accommodation for persons who require nursing or personal care	Regulation 6 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 24: Requirements relating to registered managers
	<p>Why we have concerns: There is not an appropriately registered manager working in the home who would assist in ensuring that people's needs were fully met and that there was a consistent approach to the provision of care and support within the home.</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 14 days of this report being received.

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

Compliance actions

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

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>How the regulation is not being met: There are not adequate numbers of staff who have received mandatory training to ensure that peoples needs are met by competent and skilled staff at all times.</p>	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>How the regulation is not being met: The quality assurance systems in the home are not completed and used fully to ensure that any shortfalls in care are identified and addressed.</p>	

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

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

The provider's report should be sent to us within 14 days of 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 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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