

Review of compliance

Hessle Properties Ltd.
The Weir Residential Care Home

Region:	Yorkshire and Humber
Location address:	The Weir Residential Care Home
Type of service:	Care Home for Older People
Date the review was completed:	28/03/2011
Overview of the service:	<p>The Weir Residential Care Home is a care home that provides accommodation and personal care for older people, including those with dementia related conditions. It is owned by a small local company who have another care home in the area.</p> <p>The home is in the centre of Hessle, a small town close to Hull, in the East Riding of Yorkshire. It is close to bus and train routes and shops, cafes, pubs and other services are available close by.</p> <p>The home is built over three floors and there is a passenger lift and stair lifts to enable people</p>

	<p>to access all floors. There is a conservatory to the rear of the property that is built over two floors. Some rooms have patio doors with access to the rear garden.</p> <p>Information about the home is available from the manager in the Service User's guide.</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 Weir Residential Care Home was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we have suggested that some improvements are made.

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 31/01/2011, 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 were positive about the care they receive at the home and about the skills of the staff group.

People's comments included:

'There are so many different staff and personalities but their care and behaviour is very good'

'There is no fixed regime'.

'The care here couldn't be better'.

'No doubt about it, I am extremely well looked after'.

'The food is terrific and there is plenty to choose from'.

'The food is more than adequate. Really very good'.

We received no adverse comments from people living at the home.

What we found about the standards we reviewed and how well The Weir Residential Home was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that The Weir Residential Care Home was meeting this essential standard.

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

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that The Weir Residential Care Home was meeting this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

There are care plans in place that are based on care needs assessments but care plans should be reviewed on a regular basis to ensure that staff have up to date information to work with.

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

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

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that The Weir Residential Care Home was meeting this essential standard.

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

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that The Weir Residential Care Home was meeting this essential standard.

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

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that The Weir Residential Care Home was meeting this essential standard.

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

Health and safety audits are not taking place on hygiene and cleanliness standards to ensure that there are no unpleasant odours throughout the premises.

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

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

Improvements have been made to the policies and procedures in place at the home in relation to the management of medicines but the policy for two staff to sign handwritten entries on MAR charts was not taking place. By following the policy, the risk of errors occurring would be reduced.

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

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

Some minor repairs need to be undertaken to ensure that people are living in a home that is safe and suitable for their needs.

- Overall, we found that The Weir Residential Care Home 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

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that The Weir Residential Care Home was meeting this essential standard.

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

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that The Weir Residential Care Home was meeting this essential standard.

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

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that The Weir Residential Care Home was meeting this essential standard.

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

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that The Weir Residential Care Home was meeting 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

The quality assurance systems at the home need to be more robust so that people have the opportunity to comment about their care and to influence care practices at the home.

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

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

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that The Weir Residential Care Home was meeting this essential standard.

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

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that The Weir Residential Care Home 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.

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

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

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

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

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

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

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

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

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

Outcome 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People told us that staff respect their privacy and dignity and promote their independence as far as is possible. One person said, ‘there are so many different staff and personalities but their care and behaviour is very good’ and another said, ‘there is no fixed regime’.

Other evidence
The provider submitted a provider compliance assessment document to the Care Quality Commission (CQC) which describes in detail how this service is compliant with outcome 4 and all of the elements that form the outcome. This also provided some evidence about compliance with outcome 1. They told us that daily meetings are held with the care team to discuss health concerns, achievements and future plans and goals. This is then documented, the relevant health professionals are informed and advice is taken as appropriate. Any changes to the plan of care are documented and a staff update is given; this is also shared with the service user

and their representative where appropriate.

The provider told us in the provider compliance assessment, 'on a daily basis staff are available to help service users make informed decisions and to provide them or their representatives with information which will help them make an informed choice'.

People have a care needs assessment in place and there is some evidence that assessments and care plans are personalised and designed to promote the individual needs and wishes of the person involved.

The home gathers information to assist them in undertaking a care needs assessment about the prospective/new resident and also obtains information from the local authority when they have commissioned the placement at the home. All of this information has been used to develop individual plans of care.

Risk assessments are incorporated into individual care plans; these include an assessment about the risk of falls, manual handling and nutrition. In addition to this, there are more personalised risk assessments such as the inability to use the call bell and the risk of physical neglect.

One person told us that it was their own decision to move into the home and the care plan for another person evidenced that they initially had respite care at the home and then a 'best interest' meeting had been held to assist them in making a decision about permanent care.

People living at the home told us that staff promote their independence and that they are able to make decisions about their day to day lives, such as where to spend the day and what to have for meals. One person said, 'there is no fixed regime'.

We asked people if they get the opportunity to discuss any changes in their care plan and whether staff explain to them why they are taking their medication. One person told us that, however busy staff are, they have seen them take the time to explain to people what their medication is for and one person said, 'If I have an enquiry I get a good answer'.

We also asked people if they could choose whether to have a male or female carer. The people we spoke to seemed unconcerned about this issue and one person told us, 'It doesn't bother me personally. They all know what they are doing'.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

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

The provider is compliant with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us
We did not speak to people living at the home about this outcome but we observed the interaction between residents and staff on the day of our visit, and looked at a selection of individual care plans.

Other evidence
At the time of the previous inspection in July 2010 we found that people had been involved in the assessment and care planning processes, and that family members or other representatives were consulted appropriately.
At this visit we found that care records include information about a person's wishes for their personal and emotional care. Those people who are able to understand the content of their care plan should be encouraged to sign it to evidence their involvement and agreement.
Some people do not have the capacity to make decisions about their care planning; it is possible that staff have used their observations skills and their knowledge of the person concerned to make decisions about assessments and care plans. However, this is not made clear. Those people who are able to understand the content of their

care plan should be encouraged to sign it to evidence their involvement and agreement.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

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
We chatted to people who live at the home and observed care practices on the day of our site visit.
One person told us, ‘the care here couldn’t be better’ and another person said, ‘No doubt about it, I am extremely well looked after’.

Other evidence
The provider submitted a provider compliance assessment document to the Care Quality Commission which describes in detail how this service is compliant with this outcome and all of the elements that form the outcome. They told us that daily meetings are held with the care team to discuss health concerns, achievements and future plans and goals. This is then documented, the relevant health professionals are informed and then advice is taken as appropriate. Any changes to the plan of care are documented and a staff update is given; this is also shared with the service user and their representative where appropriate. However, when we checked care records, we saw evidence of annual care plan reviews but insufficient evidence they had been reviewed on a monthly basis.

The provider also told us, ' all service users, depending on their level of capacity, are involved in developing their plan of care, their risk management and the daily choices they make. Managers will talk situations through with the service user giving them advice and professional information, which will hopefully limit the risk factor and promote a good balanced outcome. The service users wishes will always be respected. If service users are unable to participate then a person acting on their behalf will be asked to contribute information in their best interests'.

On the day of our site visit we checked two care plans to assist us in assessing various outcomes. We saw that information is gathered at the time of a person's admission to the home, including care needs assessments and care plans obtained from the local authority. This information is then used to devise an individual plan of care. We saw that some people have respite care at the home prior to making a decision about permanency.

We saw that care plans include useful information for staff to follow regarding each individual's support needs and other information such as their religious beliefs and their social interests. However, care assessments and care plans have not been signed by people or their representatives and it is not clear what level of consultation has taken place when the plan of care was being devised, or how care plans had been developed for people who lacked capacity.

Everyone has a risk assessment in place to record the risk of falls, moving and handling and nutrition. We noted that the Malnutrition Universal Screening Tool (MUST) is used and that additional risk assessments are undertaken when there are particular concerns about nutrition. One person had a risk assessment in place entitled 'dehydration and nourishment' and we saw that an appointment had been made with a dietician so that advice could be sought on this person's particular dietary needs. People are weighed on a regular basis as part of nutritional screening and these records are retained in their care plan. Although we did not see fluid and food intake charts in the records we checked, the manager assured us that these were in place for people who were considered to be at risk, but that these were stored separately. Records evidence that some people are prescribed food supplements and we saw that these were stored securely in the medication room.

Body maps are used to record any sore areas or injuries and we noted that people have been provided with pressure care equipment to promote tissue viability. Some risk assessments record a person's need for pressure area care but this was included in a more general risk assessment. We recommend that one risk assessment form be used per topic so that there is a clear record of the risks involved, the level of risk and the action that should be taken to control the risk.

The assessments undertaken about a person's moving and handling needs also include information about the equipment that should be used by staff and the number of staff that are needed to undertake manual handling tasks; this helps to promote the safety of the person concerned.

We saw that people see their GP when needed and that there is a record of the reason for this contact and the outcome. There is a record of visits from a chiropodist and optical prescriptions were seen, and we saw that one person had details in their care plan about a 'named' district nurse.

We did not see any information about end of life care in the care plans we checked, although we did note that staff are due to receive in-house training on this topic during 2011 and that they have previously undertaken training on palliative care. The provider told us in the provider compliance assessment that people are asked about their end of life care and pain management at the time of their admission.

Our judgement

There are care plans in place that are based on care needs assessments but care plans should be reviewed on a regular basis to ensure that staff have up to date information to work with.

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 told us that the food at the home is good. One person said, ‘the food is terrific and there is plenty to choose from’ and another said, ‘the food is more than adequate. Really very good’.

Other evidence
Care plans evidence that the MUST nutritional tool is used to assess a person’s risk around nutrition and well being. This includes a nutritional profile and weight charts; these evidence that people are weighed on a regular basis as part of nutritional screening.
The manager told us that, where concerns are identified, food and fluid intake charts are used to monitor a person’s nutritional intake.
Appointments are made with dieticians when additional advice is needed about a person’s care, and we saw that there was a dietician visiting the home on the day of our site visit. Some people have been prescribed food supplements to improve the nutritional value of their food and fluid intake; these are recorded on medication administration record (MAR) charts.
In one of the care plans we checked we saw that risk assessments had been undertaken on nutrition and hydration and that the care plan included very detailed information about the person’s dietary needs, including that photograph prompts were available to assist the person in choosing meals.

We saw that staff have had training on food and mealtimes, food presentation and hygiene/food handling during 2010.

We spoke to three people about meal provision at the home and all told us that the food is good. One person said that the food is well cooked and another said that it was very good and there was always a choice.

On the day of our site visit we saw that there was a menu on display and this recorded a choice of meal at lunchtime and tea time.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

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
We have not spoken directly to people who use services in assessing this outcome.

Other evidence
The local authority have been undertaking quality reviews at the home and the home have been cooperating with this process.
The service fully cooperated with the safeguarding adults team when they investigated some allegations during 2010.
In the random inspection report of 26/07/2010 we recorded, 'An allegation was made as part of the safeguarding alert that people were not able to see GP's and other health care professionals as required. Daily records and medical appointment records evidenced that people are supported to see district nurses, GP's and other health care professionals as and when needed and/or requested. We did not see any information that led us to believe that people needed or had requested medical attention and this had been refused or ignored'.
The provider told us in the provider compliance assessment for Outcome 4, 'it is set out in the homes policy that, on discharge from the care home setting, staff ensure that if a service user is leaving the service for a short period or permanently that a well documented plan of care and instructions is sent with them. This will include their personally developed passport, which will hopefully ensure a positive outcome'.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

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 chatted to people who live at the home and observed care practices on the day of our site visit. We talked to staff about their understanding of policies and procedures in place at the home on safeguarding adults from abuse. They were able to explain the various types of abuse and what action they would take if they became aware of poor practice or an incident of abuse.

Other evidence
The provider submitted a provider compliance assessment document to the Care Quality Commission which describes in detail how this service is compliant with this outcome and all of the elements that form the outcome. They told us, 'the management of the home ensures that all staff have regular training in relation to safeguarding, deprivation of liberty and the mental capacity act. The training takes place on different levels depending on the staff job roles. This training develops all staffs understanding and gives them the knowledge they need to identify all forms of abuse or potential abuse. Through this training and the supervision staff receive it makes the service a much safer place to live'. They added, 'All staff are given up to date handbooks to keep giving clear guidance or the procedure they should follow should they be alerted to any form of abuse'. On the day of our site visit we saw

that information about safeguarding adults from abuse was displayed on the staff notice board.

The manager told us that she attended safeguarding training for manager's of care services on 25/01/2011 and that the deputy manager is booked on this training on 18/02/2011. The training information we subsequently received from the manager recorded that eleven of the 20 members of staff have already undertaken training on safeguarding adults from abuse, and that this training would be provided again during 2011. In addition to this, records evidence that more than 50% of staff have undertaken training on dementia care; this helps staff to understand the particular care needs of people with dementia.

The manager is new in post and told us that she has sent one safeguarding alert to the local authority since her appointment; this was about an altercation between three service users. She said that she had contacted the safeguarding team for advice before submitting the alert.

On the day of our visit to the home we became aware of a potential safeguarding incident. We checked the controlled drugs book and the records indicated that there was a missing Temazepam tablet. The manager told us that this was not the case; the person had been given the medication on the wrong day (it was prescribed for alternate days). She said that she had contacted the GP, who said that no harm would occur as a result of this error, and she met with staff to explain the importance of correct administration. The manager did not contact the safeguarding team at the time but she contacted the safeguarding team whilst we were present. We advised the manager to contact the safeguarding team for advice whenever medication errors occur.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

Outcome 8: Cleanliness and infection control

What the outcome says

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us
When asked if the home is always clean, tidy and free from odours, one person said, 'Yes, spot on' and another said, 'Yes, absolutely and wonderful staff'.

Other evidence
The training information supplied by the service records that staff had training on infection control during 2010 and that this is to be provided again in 2011. This document does not have details of the number of staff who have undertaken training and when we asked the manager for this information, she told us that three staff out of a staff group of 20 have undertaken training on infection control.
Training on Control of Substances Hazardous to Health (COSHH) and continence are also included on the training plan.
The staff rota supplied by the service evidences that there are sufficient staff on duty to maintain good hygiene standards; there are usually two domestic staff on duty each day.
We observed that staff use personal protective clothing appropriately.
There was a slight unpleasant odour on entering the building and we noted that two bedrooms had slight odours, but otherwise the home was found to be clean and hygienic. The home should introduce health and safety audits to ensure that hygiene standards are maintained.

Our judgement

Health and safety audits are not taking place on hygiene and cleanliness standards to ensure that there are no unpleasant odours throughout the premises.

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 minor concerns with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us
People told us that the management of medicines is satisfactory. One person said, 'staff are not overpowering but always make sure we get tablets down us' and another person told us that staff are sometimes 'run off their feet' but they still explain to people what their medication is for.

Other evidence
The provider submitted a provider compliance assessment document to the Care Quality Commission which describes in detail how this service is compliant with this outcome apart from the element 9D, where they recorded, 'The homes medication file on each service user holds information on each drug and what it used for and what the side effects are. We are developing staff knowledge at present and we are encouraging staff to inform service users what the medication is they are taking and what they are taking it for, encouraging them to have a better understanding of their medication needs and requirements'. The provider submitted a satisfactory action plan for this to be achieved and on the day of our site visit we observed that some records already had this information in place.

The provider also told us, 'the home has recently had a full review of all medication policies and procedures. Within this review each service users current medication

was reviewed ensuring each medication was appropriate for the individual and that the medication was still beneficial to the person. Following the review, concerns and queries were undertaken with the service user's GP; some prescriptions were changed and updated on the GP's systems. This auditing has now been added to the monthly care plan review'.

On the day of our site visit we checked the medication records for the two people we were pathway tracking, plus an additional person. We observed that medication records are audited, including the balances of medication held. MAR charts are accompanied by an information sheet that records current medication prescribed, any known allergies, the name of the pharmacist, the person's date of birth and the name of their GP. In addition to this, the records we checked included information about the person's wishes for administration, such as, 'x's medication is placed in their hand for administering'. A long term service user had a photograph attached to their records but the records for two new service users did not; a photograph assists new staff with identification and reduces the risk of errors occurring.

We noted on some MAR charts that hand written entries had not been signed by two staff. This is needed to ensure that the correct information has been transcribed from the packaging to the MAR chart, to reduce the risk of errors occurring.

Our judgement

Improvements have been made to the policies and procedures in place at the home in relation to the management of medicines but the policy for two staff to sign handwritten entries on MAR charts was not taking place. By following the policy, the risk of errors occurring would be reduced.

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
People living at the home told us that they are happy with their bedroom accommodation.

Other evidence
We toured the premises on the day of our site visit. We saw that there were sufficient bathing and toilet facilities for the number of people accommodated at the home, and that some people have en-suite facilities. People told us that they were happy with their bedroom accommodation. There is sufficient communal space to allow people a choice of seating areas and a separate dining room.

We found some rooms that needed attention; a velux window in one bedroom did not have an opening restrictor, there was a broken window pane in a downstairs bedroom and the light cover was not fitted properly in the downstairs shower room. The manager assured us that these defects would be put right within 24 hours. The manager told us that the providers visit the home on a regular basis to undertake day to day repairs and we have seen them at the home on our previous visits.

We saw steredent tablets in one bedroom and advised the manager that a risk assessment should be undertaken for the use and storage of this product. Steredent poses a risk of choking or ill health should it be swallowed accidentally.

There was a mop bucket stored in a shower room; it was agreed that this would be stored in the nearby cleaning cupboard.

There is a current gas safety certificate in place and there was evidence that all stair lifts and the passenger lift have been serviced within the last 12 months. An annual test of the fire alarm system, fire extinguishers and emergency lighting took place in October 2010 and there is a fire risk assessment in place. Weekly in-house tests of the fire alarm system are undertaken by staff and fire drills also take place.

Our judgement

Some minor repairs need to be undertaken to ensure that people are living in a home that is safe and suitable for their needs.

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

The provider is compliant with outcome 11: Safety, availability and suitability of equipment

Our findings

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

Other evidence
We toured the premises on the day of our site visit. We saw that some people have been provided with bed rails to promote their safety whilst in bed. This information is also recorded in care plans, accompanied by a bed rail risk assessment.
We were shown maintenance certificates that evidence that mobility hoists and bath hoists have been serviced appropriately.
Some people have been provided with pressure care equipment to promote tissue viability and reduce the risk of pressure sores developing. We saw no evidence to suggest that this equipment was not suitable for its stated purpose.

Our judgement
The evidence suggests there is no area of non-compliance with this outcome.

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

The provider is compliant with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
We have not spoken directly to people who use services in assessing this outcome. We spoke to staff and examined recruitment records on the day of our site visit to the home.

Other evidence
We checked the recruitment records for four members of staff on the day of our site visit. These evidenced that people complete a satisfactory application form that records any gaps in their employment history, their qualifications and training and the name of two referees.
References are received by the provider prior to the person commencing work at the home. We did see evidence of references headed 'To whom it may concern'. In this instance it seems that these were additional references that were supplied by the prospective employee but we reminded the manager that such references are not sufficient to evidence that a person is suitable to work with vulnerable people. Only references requested by the employer and returned to the employer provide satisfactory evidence.
We saw that people had Independent Safeguarding Authority (ISA) first checks and Criminal Records Bureau (CRB) checks in place. Start dates were not clearly recorded so it was not possible to check that CRB checks had always been received

prior to someone commencing work at the home. This information needs to be recorded so that there is evidence that, if people commence work prior to CRB clearance, they only work under the supervision of a named worker.

We did not see any evidence that people are given an up to date job description but we did note that people receive a staff handbook.

Information in people's individual records evidences that they undertake training on the particular needs of the people they are employed to care for, for example, dementia awareness, stroke awareness and nutrition. The training information provided by the service records that training sessions are provided on communication, independence, individuality and diversity and personal care.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

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 have not spoken directly to people who use services in assessing this outcome. We observed staffing levels on the day of our site visit and examined the staff rotas that were sent to us by the service.

Other evidence
In January 2011 the provider submitted copies of the staff rotas for three weeks to CQC as requested. These evidence that the service is compliant with this outcome and all of the elements that form the outcome.
The rotas record that there are four care staff on duty each morning, three care staff each afternoon/evening and two care staff overnight. In addition to this, the manager is present at the home on five days per week, Monday to Friday.
There are eight ancillary staff employed at the home, including cooks, kitchen assistants and domestic staff. This enables care staff to concentrate on personal care and other tasks directly with people living at the home.
We observed that these staffing levels were in place on the day of our site visit.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
We have not spoken directly to people who use services in assessing this outcome. We talked to the manager about staff training on the day of our site visit and examined the staff training information that was sent to us by the service. Staff told us that they have a cupboard where all training information is stored so that they can refer to it to keep their practice up to date.

Other evidence
In January 2011 the provider submitted some information about staff training to CQC as requested. This evidences that the service is compliant with this outcome and all of the elements that form the outcome.
Three staff have attended training on stroke awareness in January 2011. The manager attended the Safeguarding Adults from Abuse manager's awareness training on 25/01/2011 and the deputy manager is booked on this training on 18/02/2011.
The information provided recorded that a wide variety of training sessions had been undertaken by staff during 2010, including safeguarding adults from abuse, confidentiality, fire safety, first aid at work, food and mealtimes, infection control, dementia care and pressure area care.
There is no overall record available of which staff have attended each training session, so it is not possible to determine if all staff have undertaken core training

and whether staff are due to have refresher training. For example, although training records evidence that infection control training has been made available to staff, it does not record that only three staff have accessed this training. The manager agreed to collate this information so that it would be available to ourselves and others in the future.

We saw the training plan for 2011; this training is to be delivered 'in house' every Tuesday and Friday. The Weir Residential Care Home has a 'sister' home in the same town; they have a training room that is used by staff from both homes. The training planned includes moving and handling, adult protection, infection control, fire safety, food hygiene, care planning, first aid, health and safety and end of life care.

Records seen in staff files evidenced that they have undertaken a variety of core and refresher training and that some of this training took place during 2010. We saw that the staff rota recorded time allocated to staff to work towards National Vocational Qualification (NVQ) awards.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

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 have not spoken directly to people who use services in assessing this outcome.

Other evidence

We saw evidence that staff have meetings where they are able to raise concerns, make suggestions and receive relevant information. The most recent staff meeting was on 11/01/2011 and we saw that all but three staff attended the meeting and that staff were required to sign a document to evidence that they had read the minutes. Various issues were discussed at this meeting including the completion of food/fluid/turn charts, the length of time taken to turn off buzzers, key worker records, that key workers are going to start compiling memory boxes for people, that mandatory training is due to start in February 2011 and that the person administering medication should not be disturbed whilst they are undertaking this task. The previous staff meeting was held in November 2010. At this meeting staff were told that training on the new care plan format would be provided.

There is evidence that questionnaires have been sent out in the past to people who live at the home and to others. One was distributed to service users about catering and food in October 2010 and a visitor's questionnaire was sent out in September

2010. There is no record of how this returned information was collated or used to improve practice at the home.

We saw that reviews of care plans take place on an annual basis; these are organised by the local authority who commission the placement. We saw in records that people who attended reviews expressed satisfaction with the care they or their relative receives.

The manager told us that they have compiled a letter to be sent out to relatives about the new management arrangements at the home, and that the letter also invites people to make comments or express complaints about the care provision. She told us that a resident's meeting would be arranged after these letters have been sent out so that they could address any issues raised.

We saw that medication records are now audited to ensure accuracy in recording, safe storage, stock held etc. The manager told us that she has also started to audit the care plans and that room checks/kitchen checks are also undertaken. As previously recorded, these audits needs to be broadened to include all aspects of health and safety at the home.

Our judgement

The quality assurance systems at the home need to be more robust so that people have the opportunity to comment about their care and to influence care practices at the home.

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 told us that they had nothing to complain about but that they would speak to any of the staff if they had a complaint. One person said, 'In the first instance I would speak to staff, as they are very approachable. Staff would arrange for me to speak to the manager'.

Other evidence
The Quality Risk Profile (QRP) compiled by the Care Quality Commission records that there have been no complaints received by CQC about this service during the last twelve months.

We asked the manager how people are informed about the complaints procedure and she told us that it is recorded in the service user's guide, and that everyone living at the home has a copy of this document. She said that people are also told verbally. The manager told us that they are in the process of writing to all relatives to inform them about the new management arrangements at the home. We saw a copy of the letter and it includes the statement, 'we hope to hear from yourselves with any comments or complaints'.

We saw that there is a complaint log and a complaints form ready for use should anyone request a copy.

The complaints log records several complaints that have been made by service users, including the details of the complaint and the outcome. This evidences that people feel able to express their opinions and make complaints when necessary, and that appropriate action is taken by the manager or provider.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

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 have not spoken directly to people who use services in assessing this outcome.

Other evidence
Appropriate records are held at the home, including care assessments and care plans, recruitment records, staff training records, records about meal provision and health and safety information about the equipment used by service users and staff. Some of these need to be expanded to provide a more robust record including medication documentation and quality assurance information.
We saw that documentation is retained for future reference and that it is stored in accordance with the Data Protection Act 1998.

Our judgement
The evidence suggests there is no area of non-compliance with this outcome.

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	4
	Why we have concerns: There are care plans in place that are based on care needs assessments but care plans should be reviewed on a regular basis to ensure that staff have up to date information to work with.	
Accommodation for persons who require nursing or personal care	12	8
	Why we have concerns: Health and safety audits are not taking place on hygiene and cleanliness standards to ensure that there are no unpleasant odours throughout the premises.	
Accommodation for persons who require nursing or personal care	13	9
	Why we have concerns: Improvements have been made to the policies and procedures in place at the home in relation to the management of medicines but the policy for two staff to sign handwritten entries on MAR charts was not taking place. By following the policy, the risk of errors occurring would be reduced.	
Accommodation for persons	15	10

who require nursing or personal care	Why we have concerns: Some minor repairs need to be undertaken to ensure that people are living in a home that is safe and suitable for their needs.	
Accommodation for persons who require nursing or personal care	10	16
	Why we have concerns: The quality assurance systems at the home need to be more robust so that people have the opportunity to comment about their care and to influence care practices at the home.	

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.

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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