

Review of compliance

GSG Nursing Homes Ltd
Albany Park Nursing Home

Region:	London
Location address:	Albany Park Nursing Home 43 St. Stephens Road Enfield Middlesex EN3 5UJ
Type of service:	Accommodation for persons who need nursing or personal care.
Date the review was completed:	March 2011
Overview of the service:	Albany Park Nursing Home is a purpose built care home registered to provide nursing care for a maximum of forty-three people. Albany Park is to provide nursing care for older people who need nursing care. It is owned by GSG Nursing Homes Ltd. The home is a detached four-storey building. All bedrooms have en-suite facilities. The home is situated in a residential area. It is close to shops, restaurants and public transport links.

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

What we found overall

We found that Albany Park Nursing Home was not meeting one or more essential standards. Improvements are needed.

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

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 7th December 2010, 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

A person when asked about how staff treated them confirmed that, "I am very happy here." This meant that staff treated people with dignity. People knew that staff respected their wishes. People told us that staff asked them how they wanted their needs to be met. A person told us "Staff are helpful." This meant that staff listened to and responded to peoples needs. People felt that they could talk to staff about is how they wish to be supported.

People told us that they liked the food. A person told us when asked about the food, "I love their cooking." People had meals that reflected their personal preferences and cultural backgrounds. People told us that they could discuss their concerns with the

operational manager. A person commented that, "I can talk to the manager if I have concerns." Peoples' concerns were listened to an action was taken to maintain their well-being. People told us that the home was kept clean. A person when asked about this said, "The home is always clean." Infection control procedures make sure that people's safety was maintained. People told us they were happy with the way staff treated them. A person when asked about the staff said, "The staff are good." People were happy with the way staff treated them. Staff treated people with respect. People feel that they can trust staff to support them.

People were not aware of how they could be involved in making changes to their care. People said they had not been involved in reviews of their care. People were not consulted about how they would be supported. One person's care plan highlighted that they may at times be in pain. However, it did not give any indication as to what might show the person was in pain. We looked at the care plans and assessments relating to tissue viability care for a number of people. We found that assessments had not been completed in detail. Assessments and care plans need to provide the necessary guidance to ensure that people receive the care they need.

The care plans we looked at did not have clear guidance as to support the wishes of people regarding their end of life needs. People may not get the care they need at the end of their lives. One person whose care plan we looked at had dementia. The person's capacity assessment did not show how this would affect their ability to take decisions. We observed that staff did not show the way they worked that they understood how do respond to peoples' varying capacity.

We found that some medicines needed on a "when required" basis had not been reordered and there was no evidence that these had been stopped by the prescriber. We found that here was not enough information for staff about some medicines being given to people. We found discrepancies in a few cases between records and medicines used. We found that the storage of some medicines was unsatisfactory and put people at risk of harm.

We saw that people were sitting at a table in the dining room/lounge for about twenty or so minutes without a member of staff. Many people spent too long on their own without staff being present. The home needs make sure that there are sufficient staff to care for people. A number of staff had completed their NVQ at levels 2 and 3. However, staff told us that they had not completed this training. Records confirmed that some staff had not been on this training. Staff need to have all the skills necessary to meet the needs of people. Most of the staff spoken to felt that they had not been supervised, guided or supported in their work with people. A member of staff told us, "Sometimes I feel I get support, sometimes not." There were no records of supervision to show that staff were getting the support they needed. Staff needs to be supported to provide the care that people need.

What we found about the standards we reviewed and how well Albany Park Nursing 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.

People told us that staff treated them with dignity and respect. However, we found that care plans did not record peoples' preferences. We saw that people were not provided with activities that met their needs. This means that people may be at risk of not being involved in decisions about their care.

Overall, we found that Albany Park Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

People told us that staff asked them how they want their needs to be met. We observed that staff spoke with people to find out how they wanted things done. However, we found that peoples' consent to care, treatment or support had not been recorded. This may lead to people not being fully consulted about their care and treatment.

Overall, we found that Albany Park Nursing Home 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 told us that staff generally met their needs. People said that staff were generally caring and supportive. However, people felt that they had not been involved in reviews of their care. Care plans did not give guidance on how the needs regarding their pain relief, tissue viability and end of life care of people should be met. The registered person has not taken proper steps to ensure that each person is protected against the risks of receiving care or treatment that is inappropriate or unsafe as care plans are incomplete and do not match the care provided.

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

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

People are offered a choice of meals which reflects their preferences and meet their dietary needs. People's nutritional needs are assessed and appropriate action is taken to maintain their health and well-being.

Overall, we found that Albany Park Nursing Home was meeting this essential standard.

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

People can access professional advice and support. They receive the medical care they need to maintain their well-being.

Overall, we found that Albany Park Nursing Home was meeting this essential standard.

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

People told us that they felt safe and could raise concerns with the home. Staff knows how to respond to safeguarding concerns to keep people safe and protected from abuse. However, mental capacity assessments need to show what support people require to make decisions that affects their safety. Staff need to know how to respond to peoples' changing capacity to maintain their safety and well-being. There is a risk that peoples' needs may not be met if their mental capacity is not assessed.

Overall, we found that Albany Park Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

People are protected from the risk of infection. Staff know how to protect people from the risk of the spread of infection.

Overall, we found that Albany Park Nursing Home 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 who use services should have their medicines at the times they need them and in a safe way.

We found that some medicines needed on a "when required" basis had not been reordered and there was no evidence that these had been stopped by the prescriber.

We found that there was not enough information for staff about some medicines being given to people.

We found discrepancies in a few cases between records and medicines used.

We found that the storage of some medicines was unsatisfactory and put people at risk of harm.

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

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

People live in a home that is designed to meet their needs. The home provides a safe environment for people to live in.

Overall, we found that Albany Park Nursing Home was meeting this essential standard.

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

People can be confident that equipment is safe for them to use. Staff know how to use equipment safely when caring for people.

Overall, we found that Albany Park Nursing 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.

People feel confident that staff are suitable and have the skills to meet their needs. People can be confident that staff are trustworthy and suitable to work with them.

Overall, we found that Albany Park Nursing 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

People told us that staff met their needs. The home has carried out a recruitment drive to fill vacant posts. However, we saw that not enough staff were on duty to meet all the needs of 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 felt that their needs were generally being met by staff. People said that staff were supportive and knew how to meet their needs. However, staff were not receiving appropriate training, supervision and appraisal to make sure they meet the needs of people. Suitable arrangements not in place in order to ensure that staff are appropriately supported to enable them to deliver care and treatment to people.

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

Peoples are supported to make suggestions about how the home is being improved. People have access to a number of ways of sharing their opinions about the care and support they receive.

Overall, we found that Albany Park Nursing Home was meeting this essential standard.

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

People know that any concerns they raise will be addressed. People know that staff will listen to and respond to their concerns.

Overall, we found that Albany Park Nursing Home was meeting this essential standard.

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

Records are held securely so that peoples' confidentiality is maintained. Information about people's needs is accurate and up-to-date.

Overall, we found that Albany Park Nursing 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
Staff were observed to interact well with people. They called people by their preferred names. We saw that staff treated them with respect. We saw that staff knew how to communicate with people. A person when asked about how staff treated them confirmed that, "I am very happy here." This meant that staff treated people with dignity. People knew that staff respected their wishes.

People told us that they could practice their religion. People said that the home helps them to attend religious services. People confirmed that staff knew and respected their cultural and religious needs. The home meets the religious and cultural needs people to promote their well-being.

We observed that many people were just sitting without anything to do. A person told us "I feel bored". We observed that only a few people were engaged in activities. The majority of people were left doing nothing. People told us that there

were not enough activities for them to do. This meant that they were not always supported to engage in activities. Activities need to be provided that meet the needs of people.

Other evidence

We looked at peoples' care plans. We found their preferences regarding their care had not been recorded. This issue had been raised at a previous visit to the home. The home had highlighted in their provider compliance assessment that, "We are currently introducing new care plans which are individualised and person centred." Staff spoken to told us that they had not been trained in how to promote people's dignity when supporting their needs. Training records showed that no training had been provided on providing care that promotes peoples dignity. Care needs to be provided so that it reflects peoples' preferences and promotes their dignity.

Our judgement

People told us that staff treated them with dignity and respect. However, we found that care plans did not record peoples' preferences. We saw that people were not provided with activities that met their needs. This means that people may be at risk of not being involved in decisions about their care.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us
People told us that staff asked them how they wanted their needs to be met. We observed that staff spoke with people to find out how they wanted things done. A person told us "Staff are helpful." We saw that staff knew how to get peoples' consent to care and support. Staff showed us that they knew how to do this in a way that the person could understand. People told us that they were consulted about changes to their care. This meant that changes to their care were explained to them. This meant that people are supported to consent to care.

Other evidence
Safeguarding investigations highlight that staff did not understand all the needs of people. It was also found that peoples' capacity was not assessed. We looked at a number of care plans and assessments. We found that peoples' consent to care had not been recorded. This meant that peoples' views about their care had not been sought. People need to be involved in decisions about their care.

An assessment of peoples' capacity had been carried out. However, the

assessments capacity were not individualised. They contained stock phrases. They did not explain when an individual might be able to make decisions. We spoke to staff who were not able to explain the implications of peoples changing capacity to make decisions about their care. Staff told us that they had not had training on the mental capacity. Training records showed that training on mental capacity had not been given to staff. People need to be supported to take decisions about their care and treatment.

Our judgement

People told us that staff asked them how they want their needs to be met. We observed that staff spoke with people to find out how they wanted things done. However, we found that peoples' consent to care, treatment or support had not been recorded. This may lead to people not being fully consulted about their care and treatment.

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

Accommodation for persons who need nursing or personal care. Moderate Concerns.

Our findings

What people who use the service experienced and told us

People spoken to generally felt that the home met their needs. We observed that staff generally responded to peoples' needs. One person when asked about how the home had helped her said, "I couldn't walk when I came but now I can". We observed that staff responded to peoples needs. They showed us they understood how to meet peoples' needs. People are given the support they need.

People told us that they could see their families when they wanted to. We observed that relatives were able to visit throughout the day. A person when asked about this said, "I see my daughter each week. She comes and we can go and talk in my bedroom." The home encourages people to maintain contact with their families.

People spoken to said that they felt that the staff would respond to any changes in their needs. However, they were not aware of how they could be involved in making changes to their care. People said they had not been involved in reviews of their care. People were not consulted about how they would be supported.

Other evidence

We looked at a number of assessments and care plans of people living at the home. Some of the care plans did not have an initial assessment of the person's needs before coming to live at the home. Safeguarding investigation showed that a detailed assessment of peoples' needs was not carried out in all cases. The operations manager explained that in future people would be assessed before they came to the home. She showed us an example of an assessment form. This format covered all the main areas of need. Its use had been agreed with professionals who make placements at the home. A detailed assessment of peoples' needs should be made to ensure their safety and well-being.

Care plans that we looked at did not provide detailed information about how peoples' needs would be met. For example, one person's care plan highlighted that they may at times be in pain. However, it did not give any indication as to what might show the person was in pain. There was no pain assessment detailing when pain relief should be given. Another person was identified as having a risk of seizures. The care plan did not provide guidance on when emergency medical assistance should be obtained. A relative had highlighted that staff did not appear to know how to respond when supporting a person's asthma care. Care plans need to be detailed so that people's individual needs are met.

A number of safeguarding alerts had highlighted issues with tissue viability treatments provided at the home. On a number of occasions visiting professionals found that care plans and assessments had not been carried out of people who had pressure sores. This had meant that on an occasion staff had not used the appropriate dressings. This had contributed making pressure sore of a person more severe.

We looked at the care plans and assessments relating to tissue viability care for a number of people. We found that assessments had not been completed in detail. A person had been identified as having a high risk of developing pressure sores. Their assessment had not been reviewed regularly to make sure that they were receiving the appropriate treatment. Care plans for the prevention and treatment of pressure sores did not provide a detailed plan of care. There was no guidance as to what pressure relieving equipment could be used. Nor were the dressings to be used identified in the care plans. Assessments and care plans need to provide the necessary guidance to ensure that people receive the tissue viability care they need.

Safeguarding investigations have highlighted that peoples end of life needs had not been fully documented. The care plans we looked at did not have clear guidance as to support and wishes of people regarding their end of life needs. Staff spoken to could not explain fully how peoples end of life needs would be met. Staff told us they had not received training in how to meet people's end of life needs. People may not get the care they need at the end of their lives. Peoples' end of life needs should be included in the assessment and planning of their care.

Our judgement

People told us that staff generally met their needs. People said that staff were generally caring and supportive. However, people felt that they had not been involved in reviews of their care. Care plans did not give guidance on how the needs regarding their pain relief, tissue viability and end of life care of people should be met. The registered person has not taken proper steps to ensure that each person is protected against the risks of receiving care or treatment that is inappropriate or unsafe as care plans are incomplete and do not match the care provided.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
People told us that they liked the food. A person told us when asked about the food, "I love their cooking." People told us that staff come and ask them what they would like to eat. A person said that, "I know what meal I am having." We observed that after lunch staff went to each person and explained what was available for the next meal. People were offered a choice of what they would like to eat.

Staff showed they knew how to support people so that they enjoyed their meals. They did not patronise; they always sat next to the person they were assisting to eat. They talked to people while supporting them to eat. We saw that people appeared to be relaxed when eating their meals. They could eat at their own pace. We observed that liquidised and mashed food had been prepared for those people who found it difficult to eat. You observed that the meals looked appetising. People are supported to have their meals in a relaxed environment. Meals are prepared so that it meets the needs of people.

Other evidence
We looked at the menu and found that people were offered a choice of meals. The menu showed that a range of meals was offered in the evening. However, a nurse observed that people only got jam sandwiches for tea. We discussed this with the

operations manager. She explained that this had been raised with staff so that they new to provide a range of hot food at supper time. We asked staff about this they explained they knew to give people a choice of food at supper time. People are offered a choice of meals that meet their nutritional needs and reflect their preferences.

Care plans recorded peoples' preferences about what food they liked to eat. Nutritional assessments were being put in place. These are identified when a person might be at risk from having a poor diet. Where necessary we saw that people had been referred to the dietician. Peoples' weight was being recorded in their care plans. People's nutritional needs are being monitored and any risks to their health are addressed.

Our judgement

People are offered a choice of meals which reflects their preferences and meet their dietary needs. People's nutritional needs are assessed and appropriate action is taken to maintain their health and well-being.

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
People told us that they had been able to see their general practitioner when they want. When they asked staff to contact their general practitioner this was done quickly. People said that they had received visits from their dentist, optician and chiropodist. We saw that on the day of the visit the general practitioner visited a number of people. We observed that staff gave clear information about the needs of people to the general practitioner. A person told us, "They told me my doctor was coming today. I was able to see the doctor in private." People are able to access the medical care they need.

Other evidence
We examined some peoples' files. These showed that the home liaised with relevant health professionals such as general practitioners and social workers. Peoples care plan show that they had access to the medical care they needed. Care plans also showed that other health professionals (for example, dentists, opticians and chiropodist) had been consulted about the needs of people. People are able to get the health care they need to maintain their well-being.

Records showed that peoples' needs had been reviewed by the social worker. It has

been in safeguarding investigations that people were not being referred for continuing care assessments. Feedback from professionals told us that this issue had been addressed. The operations manager explained that she checks peoples' level of dependency to make sure that these referrals are taking place. Appropriate professionals are consulted to make sure that people get the care and support they need.

Our judgement

People can access to professional advice and support. They receive the medical care they need to maintain their well-being.

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 told us that they could discuss their concerns with the operational manager. A person commented that, “I can talk to the manager if I have concerns.” We observed that staff spoke to people in a manner that showed respect. We spoke to staff about their understanding of safeguarding people. They knew how to recognise the signs of abuse. Staff told us that they had training on safeguarding adults. This meant that people were protected from potential abuse.

People told us that they had information about what to do if they had concerns about the way they were being treated. We saw that there was a poster telling people who they should contact if they had any concerns. A person told us when asked about this, “I know what to do, there's information available.” People know how to raise concerns about issues that affect their well-being.

Other evidence
There have been a number of safeguarding issues over the last year. These

concerned the care provided to people. There has been a change of management of the home. Feedback from social care and health professionals has confirmed that the necessary improvements to safeguard people are taking place. We were sent a copy of the latest action plan which relates to the issues raised in these safeguarding investigations. It showed us that the issues had been or are being addressed. Recent feedback from professionals confirms that the home is cooperating fully and that the service has been improving.

The home has a policy of safeguarding. The operations manager is updating this policy. Training records showed that staff had received training in safeguarding adults. The operations manager explained that this will be followed up with further training. The operations manager explained that safeguarding issues are discussed at team meetings. The home monitors potential concerns and make sure they are addressed to support peoples well-being.

We looked at the mental capacity assessments for a number of people. These had been carried out by the homes staff. These assessments did not clearly explain how peoples' capacity might change at different times. We found that mental capacity assessment used stock phrases. One person whose care plan we looked at had dementia. The person's capacity assessment did not show how this would affect their ability to take decisions. Training records showed that staff had not received training on the Mental Capacity Act. We observed that staff did not from show the way they worked that they understood how do respond to peoples' varying capacity. Peoples' changing capacity to make decisions needs to be assessed. Staff needs to know how to respond to people's changing capacity to maintain their safety and well-being.

Our judgement

People told us that they felt safe and could raise concerns with the home. Staff know how to respond to safeguarding concerns to keep people safe and protected from abuse. However, mental capacity assessments need to show what support people require to make decisions that affects their safety. Staff need to know how to respond to peoples' changing capacity to maintain their safety and well-being. There is a risk that peoples' needs may not be met if their mental capacity is not assessed.

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
We observed that the home was clean. We saw staff carrying out cleaning around the home. We saw that toilets and bathrooms were clean. People told us that the home was kept clean. A person when asked about this said, "The home is always clean."

Disposable gloves and aprons were available for staff when they assisted people with personal care. Staff disposed of these when they finished assisting people. We observed that staff washed their hands after providing personal care, or when assisting people to eat. We saw that hand wash and disposable towels were available for the use of staff and people. People are protected from the risk of infection.

Other evidence
The operations manager explained that she currently has the lead responsibility for the prevention of infection. She explained that the policy is currently being reviewed. This will make sure that it provides clear guidance on how the risk of infection should be addressed. Training records showed that half of the staff had had training in the last year in infection control. After the visit to the home the operations manager provided evidence to show that this training would be repeated. This will make sure all staff are up-to-date and understand how to prevent the risk of cross infection.

We spoke to staff about how they prevent cross infection. Staff knew how to work in away that minimise the risk of cross infection to people. They confirmed that they had access to the necessary equipment to prevent cross infection.

Our judgement

People are protected from the risk of infection. Staff know how to protect people from the risk of the spread of infection.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are moderate concerns with outcome 9: Management of medicines
Accommodation for persons who require nursing or personal care moderate concern

Our findings

What people who use the service experienced and told us
We observed lunchtime medicines being given to people and they were given correctly. We saw that the nurse took time to give people their medicines and treated people respectfully. We observed that some people had to wait for their 12pm medicines until 2pm.

Other evidence
Some people are prescribed medicines to be given” when required”. Protocols are not available for these medicines. These are needed to provide information to staff to make sure these medicines are given consistently and appropriately. This is particularly important if people have dementia or communication difficulties because they may not be able to say when they need these medicines. Some people were without these medicines, including pain relief and an angina spray, because they had not been reorded this month. There was no evidence in care records that these had been stopped by the prescriber, so these people could have been left in pain.

The eye drops being used for some people, which were labelled to be discarded 28 days after opening, were being used beyond 28 days which could increase the risk

of contamination and put people at risk of getting an infection.

We checked several medicines to see if they had been given as recorded, and in two cases, doses had been recorded as given but had not been. The number of tablets given for medicines which have a variable dosage, e.g. one or two tablets, was not being recorded so it wasn't clear how many had been given. A cream was being used for one person which had not been prescribed for them.

On one floor, 11 out of 12 people did not have their allergy status recorded on their medication records. This could put people at risk of being prescribed or given medicines that they are allergic to.

There were some issues with the storage of people's medicines. We found a prescribed medicine in the trolley which was not on their current medication chart so had not been given this month. We found a prescribed medicine for a person living on the ground floor stored on another floor so this was not recorded on their current medicines chart. Storage of prescribed creams kept in people's rooms was not secure, these were stored on top of bedside tables as lockable storage for medicines is not provided in people's rooms. Some doses of medicines had been removed from blister packs and were being stored unlabelled in a plastic pot on a shelf together with another person's medicines. This increases the risk of medicines being given to the wrong person. Medicines requiring refrigeration were not stored at the correct temperatures for long periods and could have deteriorated.

We found that no audits on medicines were being done by the homes management so issues with medicines management were not being picked up. Staff had received no refresher training in medicines handling in the last two years. There were no information leaflets available for people's medicines if they wanted to know more about their medicines.

Our judgement

People who use services should have their medicines at the times they need them and in a safe way.

We found that some medicines needed on a "when required" basis had not been reordered and there was no evidence that these had been stopped by the prescriber.

We found that there was not enough information for staff about some medicines being given to people.

We found discrepancies in a few cases between records and medicines used.

We found that the storage of some medicines was unsatisfactory and put people at risk of harm.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us
People were able to access all parts of the home safely. You saw that there were signs showing evacuation routes to be used in the event of fire. There are a number of sitting rooms and areas where people could meet with relatives in private. People are provided with a safe and accessible place to live.

We walked round the home and found that bedrooms were generally well decorated. We saw that people had personal items such as photographs and ornaments in their rooms. These reflected their personal interests and cultural backgrounds. Staff explained bedrooms were going to be redecorated. People's bedrooms are personalised.

People told us that the home was generally well decorated. They felt that in some places the home was in need of redecoration. A person told us when asked about the home decor, "It's in need of some improvement." We observed that the basement dining/lounge was not attractive and the carpets were stained. People need an environment that is appropriately decorated.

Other evidence
The homes provider compliance assessment highlighted that, "A refurbishment

action plan has been approved and is ongoing." We discussed the planned redecoration of the home with the operations manager. She explained that the provider had already begun to plan for the redecoration of the home. After the visit to the home the operations manager showed us evidence to confirm that a plan to redecoration of the home was taking a place. Feedback from other professionals confirmed that work has commenced on the redecoration of the home.

We saw from records that any minor repairs were addressed to make sure that people were safe. Records confirmed that relevant checks were taking place to ensure the continued safety of the home. Certificates showed us that gas and the electrics had been tested. Staff told us that they had received training in fire safety. Records relating to the maintenance of the fire alarm system were sent to us after the visit to the home. These showed that the fire alarm had recently been checked to make sure that it was in working order. Records of the weekly and monthly checks carried out on the fire alarm were up-to-date. This meant that the home is maintained to make sure that people are safe.

Our judgement

People live in a home that is designed to meet their needs. The home provides a safe environment for people to live in.

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 observed that that all equipment was in working order. We found that equipment had been chosen to meet the needs of people. For example, we saw there were a range of hoists to meet the needs of people. People told us that equipment was in working order and available when they needed it. They said that broken items were repaired. People can be confident that equipment is available and safe to be used to meet their needs.

We saw that people used a range mobility aids. We found that these were appropriate for peoples' needs. We observed that these were safe for people to use. Staff could explain how way helps people to move safely around the home. People have the necessary mobility aids to support their independence.

Other evidence
The operations manager explained she has introduced a system of checking that equipment is in working order. Equipment has been checked by the relevant professional to ensure that it is safe for people. We saw certificates of inspection for the hoists and lifts. These were in dates and showed there were no issues of

concern.

Staff spoken to understood how to use the equipment to meet the needs of people. They understood how to use the hoists. Staff explained that they had been trained in how to do this safely. We observed that staff knew how to use equipment safely. Staff said that broken equipment would be replaced. They explained that they had a system for reporting equipment that might need to be repaired or replaced. We saw this record it recorded what action had been taken and if equipment had been replaced. Equipment is provided to meet the needs of people.

Our judgement

People can be confident that equipment is safe for them to use. Staff know how to use equipment safely when caring for people.

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 observed the staff knew how to care for people. Staff had time to listen and to explain how they would be supporting them. People told us that the staff treated them well. We observed that people were relaxed when staff were assisting them. People are treated as individuals by their staff.

People told us they were happy with the way staff treated them. A person when asked about the staff said, "The staff are good." People were happy with the way staff treated them. They said that staff generally understood their needs. People are confident that staff will respond to their needs.

Other evidence
Staff told us that they had been through a thorough recruitment process. This has included the completion of an application form, references and a criminal records check. Staff said they had been asked about how they would work with people who lived at the home.

No new staff had been appointed to work at home since the last visit. At the last visit

all recruitment records were complete. At the visit we asked for evidence of the registration status of nurses working at the home. These were sent to us and showed that all nurses had an up-to-date registration with the relevant professional body. The operations manager explained that she would be recruiting staff. The operations manager has developed a detailed recruitment process. People are supported by staff who have been through a detailed recruitment process.

Our judgement

People feel confident that staff are suitable and have the skills to meet their needs. People can be confident that staff are trustworthy and suitable to work with them.

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
Accommodation for persons who need nursing or personal care. Moderate Concerns.

Our findings

What people who use the service experienced and told us
People told us that staff were available to meet their needs. People said that at times staff did not come to help them as quickly as they want. We observed that there were times when people were left without staff support. For example, meals were served at 12 noon but it was not served for everyone at the same time. Some people had to wait for their meals for about 45minutes. There is not enough staff available to meet the needs of people. This may put them at risk and mean their needs are not being met.

The majority of people needed support with their meals. We observed that there was not enough staff available to help them. On another occasion we saw that people were sitting at a table in the dining room/lounge for about twenty or so minutes without a member of staff. Many people spent too long on their own without staff being present. There were five staff on shift to care for people most of whom were frail. The home needs make sure that there are sufficient staff to care for people.

Other evidence

We looked at the rota it did not clearly show which staff were on duty at any given time. The operations manager explained that this would be updated. After the visit we received information to show that the rota had been updated. Professionals told us that the rota has been improved so that it now clearly shows the number of staff on duty at any particular time.

We spoke to the operations manager about a current staffing level of the home. She explained that there were a number of vacancies for both nursing and care staff. A recruitment process already begun for these posts. After the visit we received information operations manager to confirm that the recruitment process had been completed and new staff appointed. We discussed with the operations manager the issues with the current level of staff. Given the needs of people this needs to be reviewed to make sure that sufficient staff are always available. Peoples' safety and well-being may be undermined if there are not sufficient staff.

The home currently has a compliance condition that a registered manager is in post by 1 April 2011. We discuss this with the operations manager who was able to show us that a recruitment process for a new manager had commenced. After the visit we received confirmation that a new manager had been appointed. The manager will need to register with the commission.

Our judgement

People told us that staff met their needs. The home has carried out a recruitment drive to fill vacant posts. However, we saw that not enough staff were on duty to meet all the needs of 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
Accommodation for persons who need nursing or personal care. Moderate Concerns.

Our findings

What people who use the service experienced and told us
We saw that staff generally understood people's needs. People told us that they felt that staff understood how to support them. A person told us when asked about how staff treated them said, "The staff are wonderful." people told us that staff worked together to meet their needs. A person when asked about this commented, "I am happy here." We observed that staff relied on each other for support. People feel that staff knows how to meet their needs.

Other evidence
We found that the training matrix showed that staff had not been trained in mandatory areas, such as manual handling, administration of medication and food hygiene. Staff spoken to confirmed that they had not had this training in the last year. The operations manager told us that she would be putting a training plan in place to make sure that staff has this training. Staff needs to have all the skills necessary to meet the needs of people.

Most of the staff we spoke to felt that they had not been supervised, guided or supported in their work with people. A member of staff told us, "Sometimes I feel I get support, sometimes not." There were no records of supervision available. The

operations manager said that she would be putting in place a supervision process. This would ensure that staff receives the support and guidance they need. Staff needs to be supported to provide the care and support that people need.

Staff told us that they had not received an appraisal. They were not clear about how they should develop their skills to meet the needs of people. There were no records of appraisals taking place in the last year. The operations manager explained that an appraisal system was being introduced. Staff needs to be appraised so that they develop the skills and understanding needed to care for people effectively.

Our judgement

People felt that their needs were generally being met by staff. People said that staff were supportive and knew how to meet their needs. However, staff were not receiving appropriate training, supervision and appraisal to make sure they meet the needs of people. Suitable arrangements not in place in order to ensure that staff are appropriately supported to enable them to deliver care and treatment to 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

The provider is compliant with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
People told us that they felt that staff listened to them and responded to any suggestions they made about the home. We observed that staff listened to people and asked for their opinion about things that matter to them. People told us that there had been meetings where they could discuss their views of the home. Staff listened to people and act on their views.

People told us that they had not recently had a survey about their views of the home. One person said, "They told us the surveys will be sent out soon." People told us that they knew about the suggestion box. They knew that this could be used to suggest ways to improve the home. People are involved and can suggest ways to improve the home.

Other evidence
The operations manager who explained that a survey of peoples' views of the home would be carried out in January 2011. After the visit we received confirmation that surveys had been sent out to relatives and people. Responses had been reviewed.

An action plan had been prepared to address areas highlighted by the survey.

The home has provided us with minutes from recent peoples' and relatives meeting. This showed that people and relatives were involved in what was happening in the home. The operations manager told us that she would be looking at ways to involve more relatives in these meetings. For example, by holding them at different times on different days. We observed that a suggestion box was available for people and relatives to share their ideas about the home. The home has provided ways for people to share their views of the care they receive.

Our judgement

Peoples are supported to make suggestions about how the home is being improved. People have access to a number of ways of sharing their opinions about the care and support they receive.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

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

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us
People told us that they knew how to make a complaint. One person confirmed that, "I have a copy of the complaints policy. I know what to do if I don't like something." People said that they felt confident to talk to staff about any issues regarding their care. One person said that she had raised an issue with a member of staff and that, "They listened and it was sorted out." We observed that staff knew how to respond to peoples' requests. We saw that people were comfortable talking to staff. People are able to raise concerns about the home. They know that staff can be trusted to listen to them, and take their concerns seriously.

Other evidence
We spoke to staff who told us that they understood the importance of listening to people when they raise concerns about the home. The operations manager said that she was updating the complaints policy. She will be discussing this with staff so that they are clear about their responsibilities. After the visit we received feedback from professionals to confirm that this had been done.

We looked at the complaints record. It showed that there had been one complaint in the last year. This had been dealt with. There was a clear record of the investigation and the follow-up action. The operations manager explained complaints will be

responded to promptly so that they can be used as a means to improve peoples' care. We received feedback after the visit from professionals that one further complaint had been received. They told us that this was being handled appropriately.

Our judgement

People know that any concerns they raise will be addressed. People know that staff will listen to and respond to their concerns.

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
On this occasion we did not speak to people about this outcome area.

Other evidence
We saw that people's records were being held securely. Staff could explain why it was important to maintain confidentiality of information about people. They knew that personal information should only be shared with the individual concerned or their relative. The operations manager explained that information is held securely in line with the Data Protection Act. A policy was available stating how records should be handled in line with Data Protection Act.

A new system is being used use to record information about people's needs. The operations manager explained that this would make sure that records were up-to-date. After the visit we received a feedback from the operations manager and professionals to confirm this that the system had been introduced. Peoples' information is managed so that their confidentiality is maintained. Peoples' records contain up to date information about their needs.

Our judgement

Records are held securely so that peoples' confidentiality is maintained. Information about people's needs is accurate and up-to-date.

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 need nursing or personal care.	17	Outcome 1: Respecting and involving people who use services.
	<p>Why we have concerns: People told us that staff treated them with dignity and respect. However, we found that care plans did not record peoples' preferences. We saw that people were not provided with activities that met their needs. This means that people may be at risk of not being involved in decisions about their care.</p>	
Accommodation for persons who need nursing or personal care.	18	OUTCOME 2 Consent to care and treatment.
	<p>Why we have concerns: People told us that staff asked them how they want their needs to be met. We observed that staff spoke with people to find out how they wanted things done. However, we found that peoples' consent to care had not been recorded. This may lead to people not being fully consulted about their care and treatment.</p>	
Accommodation for persons who need nursing or personal care.	11	Outcome 7 Safeguarding people who use services from abuse.

	<p>Why we have concerns: People told us that they felt safe and could raise concerns with the home. Staff knows how to respond to safeguarding concerns to keep people safe and protected from abuse. However, mental capacity assessments need to show what support people require to make decisions that affects their safety. Staff need to know how to respond to peoples' changing capacity to maintain their safety and well-being. There is a risk that peoples' needs may not be met if their mental capacity is not assessed.</p>
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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 need nursing or personal care.	9	Outcome 4 Care and welfare of people who use services.
	<p>How the regulation is not being met: People told us that staff generally met their needs. People said that staff were generally caring and supportive. However, people felt that they had not been involved in reviews of their care. Care plans did not give guidance on how the needs regarding their pain relief, tissue viability and end of life care of people should be met. The registered person has not taken proper steps to ensure that each person is protected against the risks of receiving care or treatment that is inappropriate or unsafe as care plans are incomplete and do not match the care provided.</p>	

Accommodation for persons who require nursing or personal care.	13:2	Outcome 9 Management of Medicines.
	<p>How the regulation is not being met: People who use services should have their medicines at the times they need them and in a safe way. We found that some medicines needed on a "when required" basis had not been reordered and there was no evidence that these had been stopped by the prescriber. We found that there was not enough information for staff about some medicines being given to people. We found discrepancies in a few cases between records and medicines used. We found that the storage of some medicines was unsatisfactory and put people at risk of harm.</p>	

Accommodation for persons who need nursing or personal care.	23	Outcome 14 Supporting Staff.
	<p>How the regulation is not being met: People felt that their needs were generally being met by staff. People said that staff were supportive and knew how to meet their needs. However, staff were not receiving appropriate training, supervision and appraisal to make sure they meet the needs of people. Suitable arrangements not in place in order to ensure that staff are appropriately supported to enable them to deliver care and treatment to people.</p>	
Accommodation for persons who need nursing or personal care.	22	Outcome 13 Staffing
	<p>How the regulation is not being met: People told us that staff met their needs. The home has carried out a recruitment drive to fill vacant posts. However, we saw that not enough staff were on duty to meet all the needs of people.</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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