

Review of compliance

Sirona Care & Health CIC
Midsomer Norton Community Resource Centre

Region:	South West
Location address:	Combe Lea Residential Care Home Greenacres, Midsomer Norton Radstock, Bath Somerset BA3 2RD
Type of service:	Care home service without nursing
Date of Publication:	December 2011
Overview of the service:	Midsomer Norton Community Resource Centre accommodates 30 people over two floors. Fifteen people whose primary care need relates to dementia are based on the first floor (Gardners Row) and 15 people whose care needs are around personal care are based on the second floor (Willow View).

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

Our current overall judgement

Midsomer Norton Community Resource Centre was not meeting one or more essential standards. Improvements are needed.

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

Why we carried out this review

We carried out this review 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 27 October 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We spoke with people who use the service and they told us "I like it here the staff are nice and they are kind". Others told us "the general care is fine". Our observations on Gardeners Row were that staff treated people in a kind and respectful way, making sure they went at an appropriate pace and encouraged people, for example, to choose where they wanted to be after lunch. Staff were also seen to be checking that people had eaten and had sufficient lunch and a drink. One person said "I don't eat meat but there is a vegetarian option". We observed little staff interaction on Willow View, however feedback from people using the service was positive. People said "we get as much help as we need, my key worker will do anything". One person said "there's not much going on". During our visit we saw some people being visited by their families and staff told us that relatives often visit as the majority of people had lived locally prior to moving to the service.

People are able to keep in touch with their relatives, one telling us "I have my own phone so I can call my son and keep in touch. He speaks with the staff to keep updated". People told us "I like the television and my own company, I have a choice to join in or not, the staff keep me updated on what's happening".

We found that three risk assessments for manual handling had not been completed for all people using the service. Where a risk was identified this had not been assessed.

What we found about the standards we reviewed and how well Midsomer Norton Community Resource Centre was meeting them

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

People who use the service understand the care support and choices available to them. People and their relatives can express their views and are provided with information to make informed decisions.

Overall, we found that Midsomer Norton Community Resource Centre was meeting this essential standard

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

Most people who use the service receive care and support that is person centred with their needs being regularly reviewed, however there are some instances where this is not the case. People are able to identify their key worker and have the opportunity to build relationships with them. Risk assessments are not always undertaken routinely or where risk may be identified.

Overall we found that improvements were needed for this essential standard

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service are supported by staff that have been trained to recognise signs of abuse and are aware of the actions to take if abuse is suspected

Overall, we found that Midsomer Norton Community Resource Centre was meeting this essential standard

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

People who use the service have their needs met by staff that are supported to provide care and treatment. Staff are trained, supervised and appraised and encouraged to acquire further skills relevant to the work they undertake.

Overall, we found that Midsomer Norton Community Resource Centre 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

People who use the service benefit from safe quality care and support due to management of risks to their health. The provider monitors the quality of the service taking account of complaints, investigations and learns from incidents and adverse events.

Overall, we found that Midsomer Norton Community Resource Centre was meeting this essential standard

Actions we have asked the service to take

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

improvements have been made.

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

Other information

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with people who use the service who told us that they are able to choose to have their meals in the dining room or in their own rooms. There is a choice for all meals with people being asked what they would like the day before. If someone does not like what is on the menu there is a selection of other meals and snacks available with a list of these displayed in the dining room. One person said "I don't eat meat but there is a vegetarian option".

People told us "I like the television and my own company, I have a choice to join in or not, the staff keep me updated on what's happening".

During our visit we saw some people being visited by their families and staff told us that relatives often visit as the majority of people had lived locally prior to moving to the service.

People are able to keep in touch with their relatives, one telling us "I have my own phone so I can call my son and keep in touch. He speaks with the staff to keep updated". Some relatives told us that communication with staff had not been good and that they had not been asked to complete a life history or provide staff with background information. They were unsure of the processes as their relative was staying at the home on a trial period. People who use the service, and their families, sign a 'terms and conditions' agreement once a placement is made permanent. They are also given a service user guide which the manager told us is currently being updated.

People are able to bring some of their own furniture to their rooms and we saw many had done this and had their own pictures on the walls.

We saw that the minutes of the last meeting for people who use the service and their families was displayed on the notice board. These meetings are held each month with topics of discussion around ideas for trips being a key part. People did not have any complaints and said "if I had a complaint I would speak to the senior, or tell my son if something was wrong".

All of the bedrooms have their own ensuite facilities and people told us that staff were respectful "always knocking on the door before they come in" and "they are all very nice and respectful". In one care record it was documented that staff were to respect the person's wishes that only their key worker was to assist them in having a shower. This was evidence that staff acknowledge and respect people's wishes and treat them with privacy and dignity.

Other evidence

We did not gather any other evidence for this outcome.

Our judgement

People who use the service understand the care support and choices available to them. People and their relatives can express their views and are provided with information to make informed decisions.

Overall, we found that Midsomer Norton Community Resource Centre was meeting this essential standard

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We spoke with people who use the service and they told us "I like it here the staff are nice and they are kind". Others told us "the general care is fine". Our observations on Gardeners Row were that staff treated people in a kind and respectful way, making sure they went at an appropriate pace and, for example, encouraged people to choose where they wanted to be after lunch. Staff were also seen to be checking that people had eaten and had sufficient lunch and a drink. We observed little staff interaction on Willow View, however feedback from people using the service was positive. People said "we get as much help as we need, my key worker will do anything". One person said "there's not much going on". Our observations at the time of our visit was that there was no activity on the Willow View floor during the morning with most people sat in the dining room with the television on, or in their room.

Staff that we spoke with told us that there is an activity co-ordinator on Willow View who runs a session each day. Staff also take part in activities such as playing cards, reading the 'Daily Sparkle', a reminiscence news sheet, doing puzzles and quizzes. On Gardeners Row after lunch we observed staff playing dominos and spending time with individuals. The weekly programme was on display on each floor for music and other group activities.

We saw a display of photographs from some of the trips that people who use the service had been on. People told us that they had enjoyed these trips.

People who use the service were able to tell us who their key worker was and what they did for them. This was supported through speaking to staff who were clear on the key worker role which included care plan reviews and attending to personal needs. The care plan reviews are completed every month with a record made of any changes and

the care plan being signed by the key worker, a senior care worker and the person using the service. Families also sign if the person using the service is unable to do so.

Other evidence

We reviewed five care plans and assessments which included personal care, diet, mobility, emotional needs and medical needs. There was also a daily programme which outlined the support people required and what they liked to do during the day. These were seen to be written in a person-centred way apart from one example for a person who had been with the service for approximately five weeks. Despite there being comprehensive information from previous care providers', the care plan and daily programme were not person centred. There was little background information for this person with no life profile which could have been used as a source of information. There was also confusion regarding whether a special diet was required with different needs being recorded and staff being unable to clarify the correct one. Conflicting information may lead to staff delivering incorrect care.

For one person the care plan gave guidance that they required staff assistance to mobilise and that this would vary depending on how the person was feeling. There was no manual-handling assessment for this person to provide staff with guidance on the use of any aids for moving such as on to the bed and from sitting to standing. This person could on occasions use a Zimmer frame but this was not documented. A lack of assessment could lead to staff placing themselves or the person at risk if the correct manual handling technique was not used. Two other people had not had a manual handling assessment.

Where one person had a medical condition we saw that their care plan gave clear guidance and that staff had access to medical information in order to ensure the person received the correct care.

Risk assessments are in place for general risks, moving and handling, nutrition and falls. We saw that assessments for risk of falls were completed when a person had a fall rather than it being an assessment of the risk of falling. We saw minutes of the latest staff meeting in October 2011 which stated that falls and manual handling assessments should be done within 24 hours of admission. The manager told us this was a new policy and that some staff had begun to complete the falls assessments but that not all were doing so at present. Where one person had fallen we saw that a risk assessment was in place.

Our judgement

Most people who use the service receive care and support that is person centred with their needs being regularly reviewed, however there are some instances where this is not the case. People are able to identify their key worker and have the opportunity to build relationships with them. Risk assessments are not always undertaken routinely or where risk may be identified.

Overall we found that improvements were needed for this essential standard

Outcome 07: 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 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who use the service that we spoke with felt safe telling us "Staff never bully you into doing anything, I'm very happy here".

Other evidence

Staff that we spoke with told us that they had completed training in safeguarding vulnerable adults and that update sessions were due in the next couple of months which they had signed up for. The senior staff had also undertaken an 'alerts' course in safeguarding. Staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards, although they had not had to use this training in practice so far. Staff were able to tell us their responsibilities for safeguarding and were aware of how to report any concerns. Information on identifying and reporting a safeguarding concern was on display in the staff office on both floors.

Staff we spoke with were aware of the whistle blowing policy and when they would use it if required.

Our judgement

People who use the service are supported by staff that have been trained to recognise signs of abuse and are aware of the actions to take if abuse is suspected

Overall, we found that Midsomer Norton Community Resource Centre was meeting this essential standard

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We did not speak to people who use the service about this outcome.

Other evidence

Staff that we spoke with told us that they had lots of training opportunities and we saw lists of dates for training displayed in the staff office which they had signed up to attend. These included safeguarding, food hygiene and health and safety. They also have training in dementia, challenging behaviour and medication. The manager has access to a training matrix which is kept updated and highlights which staff have had training and when they are due an update. Staff have also been supported to complete their NVQ and hoped to progress further.

Staff were able to recall their induction training and felt this had been good. The manager told us that new staff undergo a period of shadowing until it is felt they are confident to work unsupervised.

We asked staff if they receive regular supervision sessions and they confirmed that these took place every month or every six to eight weeks. These sessions provided an opportunity for two-way feedback and are useful to staff with a written record being kept.

Staff also have an annual appraisal where personal development needs are identified. We saw evidence of staff meeting minutes and staff told us these occur regularly and they are able to raise any issues.

Our judgement

People who use the service have their needs met by staff that are supported to provide care and treatment. Staff are trained, supervised and appraised and encouraged to

acquire further skills relevant to the work they undertake.

Overall, we found that Midsomer Norton Community Resource Centre was meeting this essential standard

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 who use the service and their families are able to complete an annual survey with the responses being collated and acted upon. We saw that the responses were positive. One person we spoke with recalled completing a survey.

Other evidence

We asked staff if they were aware of any quality audits and they told us that the senior care staff took part in some of these such as the medication audits and observation of mealtimes. There is also a programme of 'dementia mapping' where staff interactions are observed. These occur every month with feedback and discussion across all the providers' dementia services. Staff were positive about these audits and felt that they gave an opportunity to review practice and learn.

The manager showed us the annual audit programme and explained how results are collated and fed back within the organisation. The audits included records and care plans with a recent introduction of outcome-focused care reviews being planned for each person using the service on a quarterly basis.

All accidents and incidents are logged with the manager reviewing and investigating these as required.

There had been no formal complaints for some time and the manager had evidence of some compliments from families.

Our judgement

People who use the service benefit from safe quality care and support due to management of risks to their health. The provider monitors the quality of the service

taking account of complaints, investigations and learns from incidents and adverse events.

Overall, we found that Midsomer Norton Community Resource Centre was meeting this essential standard

Action we have asked the provider to take

Compliance actions

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

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: People who use the service receive care and support that is person centred with their needs being regularly reviewed, however there are some instances where this is not the case. Risk assessments are not always undertaken routinely or where risk may be identified.</p>	

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

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

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

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

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

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA