

Review of compliance

Sudera Care Associates Limited
Fauld House Nursing Home

Region:	West Midlands
Location address:	Fauld Lane, Fauld Tutbury Burton-upon-Trent Staffordshire DE13 9HS
Type of service:	Care Home with Nursing
Date the review was completed:	January 2011
Overview of the service:	Fauld House provides personal and nursing care to a maximum of thirty people. Ground, first and second floor accommodation is provided for people, there is a mixture of single, double and en-suite bedrooms. The home is presently being extended and will be able to accommodate forty people when completed. This is expected by Spring 2011.

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

What we found overall

We found that Fauld House 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 14 January 2011, observed how people were being cared for, talked to people who use the service, spoke with staff, checked the provider's records, and looked at plans of care for people who use the service.

What people told us

People living at the home, relatives and visitors offered positive comments overall. They were happy with the care and support they received and felt safe living at Fauld House.

People told us they were involved in decisions about their care and support and that their privacy and dignity was respected. Some plans of care have been developed with individuals to inform staff how people wished to be supported, although there was some further work to do on these.

For people who do not have the capacity to tell staff about choices, there is little evidence of the involvement of the person or their representatives in their plan of care to ensure that their preferences are being managed.

Those who were able to talk to us were complimentary about the choice and standard of food. People confirmed sufficient staff were on duty they told us staff were kind and caring.

What we found about the standards we reviewed and how well Fauld House 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 who use the service received care and support in a way that respects their right to make decisions. Their privacy, dignity and independence were valued.

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

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

Consent to care was obtained when this was possible and recorded in peoples plan of care.

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

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

People who use services experience effective, safe and appropriate care, treatment and support that meets their needs. We found that the quality of recording in care records was good. This means peoples needs are met in a safe, consistent and accurate way.

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

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

People had a varied, balanced and nutritious diet. Food was plentiful and well presented; the staff provided support and assistance in a way which promoted people's dignity.

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

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

People received safe, coordinated care where more than one provider was involved.

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

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

People who use services were protected from abuse, or the risk of abuse, and their human rights were respected and upheld.

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

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

Overall the home was clean but there are some areas of the essential outcome standards that were not fully met.

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

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

At the point of delivery people were receiving their medication when they needed it. However, we need further assurance from the provider about how they will improve records and systems to keep people safe.

- 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

Whilst people lived in a homely environment there were some areas of the essential outcome standards that were not fully met.

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

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

Some people could be at risk from unsafe or unsuitable equipment, in this instance bed guards.

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

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

People who use the service were protected because the provider carried out suitable checks to make sure staff can work with vulnerable adults. All the necessary documents required were available, this shows that people are kept safe and supported by suitable staff.

- Overall, we found that Fauld House 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 benefited from sufficient numbers of staff on duty.

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

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

Staff have the skills and knowledge they need to provide care and support for the people who live at the home.

- Overall, we found that Fauld House 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

Quality assurance systems were in place and evaluations were published for people to see.

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

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

People could be sure their comments and complaints were listened to and acted on effectively.

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

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

People's personal records were stored individually but not held securely.

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

Action 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.

Other information

Fauld House was registered under the Health and Social Care Act in October 2010 (previously registered under the Care Standards Act). Since the last inspection in

August 2008 a new manager had been appointed (October 2010) but has not yet registered with the Care Quality Commission (CQC).

Overall the home was clean and tidy but some improvements were identified. Medication was managed by staff and people got their medication when it was required. Some further tightening of medication systems were needed to ensure people were fully protected by good practices and procedures. Fauld House offers a homely environment but infection control management needs to be improved upon. The equipment was maintained but we have raised concerns about some of the bed rails and have asked the manager to risk assess and audit all of the bed rails at Fauld House.

The home is presently having an extension; people told us this was not disrupting them. Some areas of the home were tired and in need of redecoration. A development plan to improve the environment was in place. We have asked Fauld House to look closely at the needs of people with dementia to ensure good outcomes for people are fully considered.

Please see previous review reports for more information.

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

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

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

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

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

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

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

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

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

Outcome 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

We spoke with 3 people who use the service and 1 visitor about this outcome

People, relatives and visitors told us the staff had talked to them about the care and support people needed. Overall people felt they had been involved in decision making. Two people told us that recently 'communication was slightly lacking.'

People confirmed they were able to do as they please such as get up and go to bed when they wish, and had their meals where they chose to. People told us they were treated in a way that promoted their privacy and dignity. Observations confirmed people were treated with respect but there was one occasion observed where the manager did not knock on the door before entering a person's bedroom.

A resident's forum takes place; the last one was in October 2010. Points covered included food, trips, events and a quiz.

We spoke with the activity coordinator and discussed how they ensured people were clear and know what was happening. There were plenty of activities taking place but these were not particularly well evidenced visually for people. The home had purchased a white board and will locate this in a prominent position to help with this. The home needs to consider how they support people with dementia in knowing what is happening within the home. The activity coordinator was enthusiastic and wished to make improvements where possible.

She confirmed external entertainers do visit regularly and gave examples. The home does have a monthly church service, the next being on 1 February 2011. The activities coordinator also advised us that people went out for lunch, to the garden centre and into town when possible. We read the monthly newsletter which verified these points.

Other evidence

The home has a Statement Of Purpose and Service User Guide. These documents provide people with information about the home, we looked at these and they do provide the necessary information. These documents however, are given to the family member and not the person living at Fauld House (there is one copy available in the home.) This means people do not readily have access to everything they may need to know.

We consider that people using the service should be offered a statement of purpose and service user guide in a format appropriate to the people who use the service, their individual capacity and language. The home told us they would provide this as soon as practicable.

Our judgement

People who use the service received care and support in a way that respects their right to make decisions. Their privacy, dignity and independence were valued.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We spoke with 4 people who use the service about their experiences to care and treatment.

Staff were observed giving people choices and allowing them the time to make decisions. People confirmed they were able to make decisions about their day to day life. 'I always choose my own clothes ' and another person told us 'I never am told when to go to bed, I choose, it's the same in the morning.'

People told us care and support had been discussed with them and they were happy with care and support received. A visitor confirmed they were consulted and involved in decision making.

We are confident that everyone living at Fauld House has an assessment of their needs from which a plan of care is developed which were clear, informative and reviewed. We observed that people appeared well cared for. Staff were able to explain the care that individual people needed, and we saw that staff were kind and

caring in their approach to people.

We observed people responded positively to the staff and they told us they liked them, 'the staff here are wonderful.'

Other evidence

We asked the provider of the service to complete a Provider Compliance Assessment (PCA) in relation to the care and welfare of people. This was completed prior to us visiting the service, the PCA a self assessment document and this is what they said:

'Prospective service users and their families are invited to visit as many times as they wish before admission and are encouraged to telephone with any queries or concerns they may have. Brochure and other information is provided pre-admission. Pre-admission assessment. Our contract states that the first four weeks of admission is on a trial basis.'

Our judgement

Consent to care was obtained when this was possible and recorded in peoples plan of care.

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

The provider is compliant with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with 5 people who use the service and 2 visitors about care and welfare.

People we spoke with made positive comments about the care they received; here are a few examples of what people said:

‘I am more than happy here they look after me very well.’

‘They always do as I ask; the staff are nice and polite’.

‘I make my own decisions’.

Visitors also verified the staff support peoples care needs well :

‘They constantly watch out for pressure sores, I have no concerns regarding hygiene or the care.’

One questionnaire from a relative completed in June 2010 said:

‘Please can you ensure I am involved in reviews especially communication with consultants.’

We observed that people appeared well cared for. They were wearing clean

appropriate clothing and their hair and nails were neat and tidy. Staff were able to explain the care that individual people needed, and we saw staff were kind and caring in their approach to people. We observed that people responded positively to the staff.

Other evidence

We selected two plans of care that corresponded with the daily documents shown to us. We found that assessments had been completed and care plans had been produced shortly after the person came to live at the home. There was evidence the plan had been looked at, reviewed and updated. The information in the plan of care corresponded with the persons current care needs.

We are satisfied that other professional support is requested when necessary from the doctor (who visits weekly) or the tissue viability nurse for example, as records verified this. We can also confirm plans of care are reviewed as required. We checked to ensure paperwork such as fluid and turn charts were in place and completed as required, they were.

Some plans of care should evidence a more person centred approach. This means the plans of care looks at people in an individualised way and offers evidence of people's involvement and development of their plan. They should include life histories (some do) so staff are able to tailor the way in which care is delivered to meet their specific needs.

Overall plans of care were well documented and there were clear day to day records to confirm how people wish to live.

We asked the provider of the service to complete a PCA in relation to the care and welfare of people prior to us visiting the service, this is what they told us:

'Service user and / or family are invited to contribute to the care plan, signing to say they are involved and that they agree with the plan.

Assistance is given in obtaining advocates for those service users who need one.

Service users are encouraged to talk to their GP.

Service user/ family invited to be present at social work reviews.

Staff received appropriate training (recorded).

Full complaints / compliments policies.

Open door policy.

We support equality, diversity, human rights and anti-discrimination. Appropriate Policies in place.'

Our judgement

People who use services experience effective, safe and appropriate care, treatment and support that meets their needs. We found that the quality of recording in care records was good. This means peoples needs are met in a safe, consistent and

accurate way.

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

We spoke with 3 people who use the service and 2 visitors about the quality of the food provided and how they were supported.

We observed lunch being served and people enjoyed their meals. We saw the staff provided support for people who needed assistance to eat. The staff sat beside them, gave their full attention and spoke calmly, this allowed people time to eat at their own pace.

People we spoke with stated they liked the food :

‘It is always hot.’

‘We have a lot of traditional food which I like.’

‘There is plenty to eat.’

‘Yes I like the food here it is good.’

People told us there was not always a choice but the chef would provide an alternative, however some people told us they would not ask. We discussed this with the chef.

We saw the chef come to talk to one person and asked what they would like, but it was confirmed this was not carried out for all people who live at the home.

Other evidence

We spoke to the chef about the food that was prepared in the home, and how they supported people to have a choice and were happy with the diet provided. They showed us the 4 weekly menu plan and confirmed there were no restrictions on ordering food and plenty of fresh, meat, vegetables and fruit were in stock. We felt more information and support for people with dementia was required to help them make an informed choice. The chef was happy to prepare pictorial information and spend more time with people using the service to support this.

When meals are pureed they are presented in an attractive manner, food is pureed separately to provide colour and texture to the meal.

The kitchen environment and practices were inspected in at the end of 2010 by Environmental Health Department and the service was awarded five stars. This is the highest rating awarded to establishments that provide food, which means they were rated as providing good standards of hygiene and food preparation practices.

Information from the residents forum recorded themed meals would take place this year for example, Chinese New Year in February 2011, and themed meals for St Patrick's day and Wimbledon.

Our judgement

People had a varied, balanced and nutritious diet. Food was plentiful and well presented; the staff provided support and assistance in a way which promoted people's dignity.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us

We looked at 2 plans of care. Transfer documents and details of health care needs were available in the plan to ensure up to date information was received by the home. Both plans of care we looked at had an assessment of the person’s needs carried out by the home’s manager before admission to the home. The manager had consulted with the person who wanted to move into the home, relatives, social workers and health care professionals where necessary. We found that people had access to other services as required, such as the dentist, and community psychiatric nurse. Details of the visits and input of other healthcare professionals was included in the care records we looked at.

Other evidence

Everybody living at Fauld House was registered with a visiting doctor who called every week. This means people receive a prompt service, other visits are initiated as required.

As part of this planned review we spoke with a social worker who confirmed Fauld House worked in partnership and would communicate with the social work team if there were any concerns or changes.

Our judgement

People received safe, coordinated care where more than one provider was involved.

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

Everybody we spoke with told us they feel safe living at Fauld House.

Other evidence

Safeguarding Adults is a process of identifying and reporting suspected or potential abuse to vulnerable people and provides a framework of consistency to protect those individuals who are at risk. During our visit we checked to ensure vulnerable people are suitably protected. The home has policies and procedures for safeguarding people in the home and staff have received training for recognising signs of abuse and reporting possible abuse.

The manager is ensuring the staff are aware of The Mental Capacity Act and Deprivation of Liberty Safeguards. All staff must be aware of their responsibilities and ensure there are no other less restrictive ways of keeping people safe and well if liberty is compromised. Decisions must always be in the person's best interests and assessments and questions must be satisfactorily answered. We are aware the home has made applications where necessary to the local authority. This means they are working in the best interests of the people who live there.

Documentation should also be available on people's plans of care to confirm this has been considered where people lack capacity.

The home has initiated safeguarding policies and procedures as required; these should be reviewed, for example the Whistleblowing policy. The policy should ensure timescales are included along with how staff are to be protected and to incorporate further procedural events for how concerns are to be dealt with, for example by external agencies. This will enable staff to clearly understand what is expected and how they are supported and safeguarded as the whistleblower.

Our judgement

People who use services were protected from abuse, or the risk of abuse, and their human rights were respected and upheld.

Outcome 8: Cleanliness and infection control

What the outcome says

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We spoke with 4 people who use the service and 1 visitor about the cleanliness of the home.
'I feel comfortable and content with the way the home is cleaned.'

A relative and person using the service told us the person's room was, 'always clean.'

Observation of the accommodation showed that overall it was clean and tidy. There were no mal odours in the home.
There was no evidence that the service was unhygienic and there had not been any ill health as a result of poor hygiene.

Staff told us there were regular audits to ensure appropriate standards were maintained. We observed that staff used disposable gloves and aprons as necessary. We saw the home was using the Department of Health publication 'The Code of Practice for Health and Adult Social Care on the prevention and control of infections and related guidance.' We have asked the home to download a copy of the Hygiene Code because they need to comply with this also.

Other evidence

We were told domestic support is offered over 7 days at the home and that

protective equipment such as gloves and aprons were plentiful. We observed staff wore these as required.

We noted that some commode pots were stored in an upstairs bathroom, this indicates they are not used for individuals but distributed throughout the home. One bathroom contained mattresses, a headboard and other incidentals; this is not a suitable area to store equipment.

Some bathrooms contained a locked cabinet, but in 1 bathroom the cabinet was open and contained a number of products such as foam bath, shampoo and double base cream. This practice does not comply with Control of Substances Hazardous to Health (COSHH) Regulations. Another bathroom had a range of products on the window sill.

One commode seen was very dirty and rusty it also did not have any rubber stoppers on the feet, this does not comply with infection control standards . Other commodes were seen in this state also. These need to be condemned

Our judgement

Overall the home was clean but there are some areas of the essential outcome standards that were not fully met.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

There are minor concerns with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us

We spoke with 1 person about their medication. They told us they were happy with the way the staff supported them with this.

We looked at the way medicines were managed to check that people were receiving their medicines safely and as prescribed. The home had secure storage for medication and the Monitored Dosage System (MDS) was used which means medicines are dispensed into monthly blister packs. There was a photograph of each person with the blister pack, and the plans of care included information on people's prescribed medicines, the dose and how these should be administered.

We observed the nurse administering medication at lunchtime, this was done correctly and a tabard was worn stating, 'do not disturb'. The administration procedures followed safe practice. People were offered a drink to assist them when taking their medication.

There were some gaps on the medication administration records (MAR charts) for a number of people which we discussed with the manager who told us that it was her job to audit this. The medication records we checked randomly did tally. We did

see one tablet for one person had been signed for but had not been administered; we raised this with the manager who said they will look into it.

We checked the records and storage for controlled drugs. These were accurate, except in one instance where a total amount left was incorrect by 0.5 mg, but overall they were well recorded. We asked the manager to ensure that the second person signing for controlled drugs does double check the totals. The home has the appropriate controlled drugs register to comply with the safe handling and recording of medication.

The fridge temperatures have not been recorded since July 2010; these need to be completed daily. On inspection a number of eye drop packages were wet, the manager thought the fridge had been dripping, and we were advised by the manager all these eye drops would be discarded.

We found some cream in the bathroom upstairs that had had the prescription label removed, this indicates it is being used for people for whom it was not prescribed.

One person receives medication covertly, all the necessary paperwork was in place to support this, and the decision was being reviewed regularly by the GP. It was not possible however to see when this medication was issued in this manner. The assessment said, only administer covertly when you have 'used all steps' but there was no record of what these steps were. We also checked the records and noted that it was never recorded when the medication was given covertly so this cannot be audited. We have asked the manager to put safe systems in place to manage this.

Other evidence

It was acknowledged there was 'excess' stock in the home, the manager is in the process of reviewing this and told us there was a lot less than before. A pharmaceutical company collect and destroy all unwanted medication and doom kits are provided so the home can do this safely.

Our judgement

At the point of delivery people were receiving their medication when they needed it. However, we need further assurance from the provider about how they will improve records and systems to keep people safe.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

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

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

What we found

Our judgement

There are minor concerns Safety and suitability of premises

Our findings

What people who use the service experienced and told us

We spoke with 2 people who use the service about the premises:
'I am very content.'
'I love my room.'

We saw that rooms were personalised to reflect individual choice and preference. Bedrooms were not equipped with a lockable storage area, when we asked about this we were told by the manager families are asked to keep valuables. We verified lockable storage was about privacy and not value. Documentation should be available to evidence people are offered a choice. One person we spoke with said they would 'really like a lockable drawer.'

We noted bedroom doors were locked on the ground floor, this again should be reflected in people's records to confirm they are happy with this. This practice means some people could not go to their room without asking the staff. Evidence should also be available to demonstrate people are offered a lock and key to their own room.

Screening in double rooms was seen to be in place and visitors verified it was used.

Other evidence

There was a maintenance programme for redecoration and renewal, an extension is in progress and should be completed by the end of Spring 2011. This will offer a further ten bedrooms, providing accommodation for forty people in total.

We saw that stair gates are used at the top and bottom of all staircases. We have asked the manager to check with the fire officer to ensure this meets with fire regulations.

Our judgement

Whilst people lived in a homely environment there were some areas of the essential outcome standards that were not fully met.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

- People who use services and people who work in or visit the premises:
- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
 - Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

There are minor concerns with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

We spoke with 2 visitors and the manager about the suitability of equipment. The visitors told us they were satisfied with the equipment provided and felt people who use the service 'were kept comfortable.' One visitor was concerned about their relative falling out of the chair and we raised this with the manager.

Other evidence

We noted that the safety of people using bed rails is compromised. We randomly selected two beds with bed rails. These rails had gaps between the mattress and the rail and had movement. This means they are unsafe. We have asked the manager to audit all bed rails and ensure risk assessments are in place as presently they are not. Checks should also be made to ensure bed rails covers are adequate and used on both rails , some covers we saw were eroding and split, in some rooms we saw only one cover.

Hoists, slide sheets, frames and wheelchairs were used and staff confirmed training had been provided to use these safely. Moving and handling assessments were

completed and reviewed to ensure it recorded accurate information about how people mobilised and required support. We observed staff approach people and assist with transferring from their chair to a wheelchair or frame, staff told people what they were doing and gave sensitive and suitable support.

Our judgement

Some people could be at risk from unsafe or unsuitable equipment, in this instance bed guards.

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 did not receive any information about this outcome from people who live at the service. Staff provided information to confirm they received an induction, mandatory training and ongoing supervision once recruited. This means they have the support skills and training necessary to support people who use the service.

Other evidence

We looked at 1 file for a member of staff who had been recently recruited to the service. The file demonstrated that a range of checks had been made to ensure people were protected from the risk of having unsuitable staff working with them. These included receiving written references, Criminal Records Bureau checks and a completed application form. We noted that the application form asked for a 10 year past employment history. We have reminded the manager this needs to be a full employment history and any gaps must be explored.

Our judgement

People who use the service were protected because the provider carried out suitable checks to make sure staff can work with vulnerable adults. All the

necessary documents required were available, this shows that people are kept safe and supported by suitable staff.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement
The provider is compliant with outcome 13: Staffing
Our findings
<p>What people who use the service experienced and told us</p> <p>We spoke with 6 people who use the service about the staff and 2 visitors These are their comments :</p> <p>‘Very obliging.’ ‘Reliable.’ ‘Patient with me.’ ‘No concerns.’ ‘They answer the bell when I ring, I don’t wait long.’ ‘There is always somebody about.’</p> <p>We observed and heard staff speaking with people who use the service; they were patient, considerate and kind. At tea time we heard the staff asking people what they would like to eat, the choices available, and this was done in a pleasant, relaxed manner. We heard staff speaking with people about choices and answering people’s requests appropriately. There were positive interactions throughout the day.</p> <p>Discussion with staff revealed that having a designated person to carry out activities had meant they were able to have more time to support people. Staff told us they took it in turns to complete daily tasks such as completing fluid charts or supporting people who chose to stay in their own rooms. They told us this worked well and</p>

also offered accountability; staff told us they took pride in their work.

Other evidence

The home can accommodate thirty people and on the day of our visit twenty six people were resident in the home, no one was in hospital.

Each morning shift generally included 5 care staff and 1 registered nurse, the afternoon was 4 carers and 1 registered nurse and the night shift was 1 carer and 1 nurse, with a sleeping on call staff member. An activities coordinator was responsible for organising and carrying out all the activities including one to one sessions. The team of staff included a chef a housekeeper and kitchen staff, a laundress and administrative staff each day.

We asked the staff, the manager and people who use the service if they had any concerns at night time with 2 staff on duty, no one reported any problems.

Our judgement

People benefited from sufficient numbers of staff on duty.

14 Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

The staff team told us they felt they had the skills to do the job and were supported. They used comments such as:

'We all pull together.'

'We share jobs and rotate to ensure fairness.'

'The nurses always listen to us and act on what we report.'

'We work as a team.'

We saw that staff were kind and caring whenever they spoke with people living at the home. The staff obviously knew people's likes and dislikes and were able to tell us about people's needs and preferences. When we spoke to staff, they showed a good knowledge of how to meet people's care needs.

Other evidence

We saw the training matrix which was up to date and is fully completed meaning the home can evidence their training programme is up to date. There is also evidence available to show the staff have an up to date training profile.

Staff told us they are supported in their work and said they could ask for advice and guidance whenever it was needed. Staff told us there are staff 'handover' meetings when they start a shift and that staff meetings regularly take place.

Our judgement

Staff have the skills and knowledge they need to provide care and support for the people who live at the home.

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

Fauld House have effective quality monitoring systems, which demonstrated positive quality outcomes are achieved for people living at the home.

A visiting professional said :
'The home works well with me as a visiting health professional. There is a safe, comfortable, home from home environment for the residents.'

A visitor said:
'I visit one person and they always look lovely, their clothes are well looked after.'

Other evidence

We saw relative/resident meetings were scheduled providing a forum for people to contribute to and comment on the quality of service provision.

The provider distributes family questionnaires on an annual basis (sent to families in June/July 2010); the feedback is evaluated, published and used to develop an action plan.

The PCA states that the service uses the following to ensure effective quality assurance.

'1. Questionnaire covering quality of service goes to Service Users, families, other visiting professionals.

2. Information from complaints and compliments is utilised to provide positive feedback.

3. Ongoing training and reviewing of Care Plans, to improve quality of service provision.

4. Email alerts from Medicines & Healthcare Products Regulatory Agency (MHRA) used to monitor service provision.

5. Relevant guidance from 'Listening, Improving, Responding' (DH 2009) used to monitor service.'

Our judgement

Quality assurance systems were in place and evaluations were published for people to see.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

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

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us

We spoke with 3 people who use the service and they all told us that if they had any concerns or complaints then they would raise it with any of the staff. They told us they felt that any complaints would be dealt with.

Other evidence

The PCA provided to us states there is a complaints policy & procedure and that staff know how and where to record any complaints. We saw they last recorded complaint was in June 2010. There was an account of the complaint, action taken and an outcome as required.

The complaints procedure is next to the visitors signing in book; it is not prominently displayed anywhere else within the home, nor written in an accessible format. We have asked the manager to look at offering an easy read complaints procedure and provide a suggestions box to allow people to make comments anonymously if they felt more comfortable with this arrangement.

Our judgement

People could be sure their comments and complaints were listened to and acted on effectively.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with outcome 21: Records

Our findings

What people who use the service experienced and told us

Families of people who use the service told us that they were happy with the recording procedures with regard to their relatives care needs.

Other evidence

On the day we visited records seen were well maintained. Care plans were up to date and recording was clear. Care plans were complete and identified the individual needs of people.

We saw that care plans were kept in the staff office on the ground floor but were not secure. They are stored on a shelf in an unlocked office, the office should either be locked or safe storage obtained.

Finance records were kept in locked cabinets in the office and information is only seen on a need to know basis.

We also saw the staff personal records were kept in the upstairs managers' office in

locked cupboards. Staff training records were maintained and kept in the same place.

Our judgement

People's personal records were stored individually but not held securely.

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care. Diagnostic and screening Treatment of disease, disorder or injury	Regulation 17	Outcome 1
	Why we have concerns: The statement of purpose and service user guide should be provided to people who use the service in a format that considers individual capacity and language.	
Accommodation for persons who require nursing or personal care. Diagnostic and screening Treatment of disease, disorder or injury	Regulation 14	Outcome 5
	Why we have concerns: There should be daily menus produced in appropriate formats, such as large print or pictorial, suitable for people with dementia or sensory impairments to assist their understanding and help them make realistic choices.	
Accommodation for persons who require nursing or personal care. Diagnostic and screening Treatment of disease, disorder or injury	Regulation 15	Outcome 10
	Why we have concerns: Orientation information should be considered to help support the people who live there.	
Accommodation for persons who require nursing or personal care. Diagnostic and screening Treatment of disease, disorder or injury	Regulation 15	Outcome 10
	Why we have concerns: The home should ensure they have suitable information available to confirm people who use the service have been offered a key to their room and/or a lockable facility within their room.	

<p>Accommodation for persons who require nursing or personal care.</p> <p>Diagnostic and screening</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 12 Outcome 8</p> <p>Why we have concerns: Ensure commodes are clean and in a suitable state of repair to minimize risk. This means people can use aids safely.</p>
<p>Accommodation for persons who require nursing or personal care.</p> <p>Diagnostic and screening</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 15 Outcome 10</p> <p>Why we have concerns: Speak with the fire officer to confirm the use of raised stair gates in safe. This means people will be suitably protected.</p>
<p>Accommodation for persons who require nursing or personal care.</p> <p>Diagnostic and screening</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 9 Outcome 4</p> <p>Why we have concerns: The home provides care for people who may be unaware of potential danger. We found that there were toiletries and creams accessible in communal bathrooms. This creates a risk of accidental ingestion. These items must be risk assessed and stored securely to promote and ensure the safety of people using the service.</p>
<p>Accommodation for persons who require nursing or personal care.</p> <p>Diagnostic and screening</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 20 Outcome 21</p> <p>Why we have concerns: We saw that records relating to peoples personal information is not stored in a way which ensures the dignity and confidentiality of people using the sevice. Record keeping must be reviewed to ensure that all information is managed and stored safely to ensure the dignity and confidentiality of people using the service.</p>

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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

The provider's report should be sent within 14 days of this report being received.

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

Compliance actions

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

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care. Diagnostic and screening Treatment of disease, disorder or injury	16	Outcome 11 Safety, availability and suitability of equipment.
	<p>How the regulation is not being met:</p> <p>Where people are using bed rails staff must assess if they are safe for the person to use. All bed rails used in the home need to be assessed to confirm they are suitable to use. This will make sure people are kept safe.</p>	
Accommodation for persons who require nursing or personal care. Diagnostic and screening Treatment of disease, disorder or injury	13	Outcome 9 Management of medicines
	<p>How the regulation is not being met:</p> <p>Medication records and systems need to offer clear, accurate and up to date information. This will ensure they have a clear audit trail.</p>	

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

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

The provider's report should be sent to us within 14 days of this report being received.

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

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

What is a review of compliance?

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

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

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

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

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

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

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

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and 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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