

Review of compliance

Sudera Care Associates Limited Fauld House Nursing Home

Region:	West Midlands
Location address:	Fauld Tutbury Burton-on-Trent Staffordshire DE13 9HS
Type of service:	Care home service with nursing
Date of Publication:	January 2012
Overview of the service:	Fauld House provides personal and nursing care to a maximum of 48 people. Ground, first and second floor accommodation are provided for people, with a mixture of single, double and en-suite bedrooms.

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

Our current overall judgement

Fauld House Nursing Home was not meeting one or more essential standards. Improvements are needed.

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

Why we carried out this review

We carried out this review to check whether Fauld House Nursing Home had made improvements in relation to:

- Outcome 08 - Cleanliness and infection control
- Outcome 10 - Safety and suitability of premises
- Outcome 11 - Safety, availability and suitability of equipment
- Outcome 15 - Statement of purpose

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 22 December 2011, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We have visited this service in January and September 2011 and compliance actions were made. This meant the home needed to improve outcomes for people using the service in some areas. We saw there were gaps in the home's arrangements to promote and sustain good standards of cleanliness and infection control and the environment did not meet people's needs safely. We saw people did not have suitable or sufficient equipment to keep them safe and the provider needed to produce an up to date statement of purpose that offered all the necessary information.

During this visit in December 2011 we checked to make sure improvements in these areas had been made. The home had sent us an action plan as required. We visited the home to ensure the plan provided to us was an accurate reflection and demonstrated compliance.

Before we visited the service we spoke to other people who had an interest in the service to determine if they had any concerns or observations they wanted to make about the quality of service provided. No one had raised any concerns with the CQC since our last visit.

People spoken with told us they felt the staff treated them well and respected them. They

also commented that they received support from regular staff, which promoted consistency. They told us they were assisted with the necessary equipment and their home was clean and well maintained.

We saw that Fauld House was warm, homely and comfortable, there was no malodour. It was evident redecoration and refurbishment had taken place and new equipment had been purchased. Chairs and furniture were organised to offer cosy seating areas that gave a less formal appearance. We saw people choosing to sit in a number of different areas and some people chose to go to their bedrooms throughout the day. People were encouraged to freely move around the home as they wished.

The staff we spoke with confirmed there had been improvements and they felt settled and supported, they told us the new manager had made a positive impact.

During our visit when looking at the number of staff on duty we were informed that only two staff were on duty at night to support 30 people. This was not sufficient and we have informed the provider of this.

What we found about the standards we reviewed and how well Fauld House Nursing Home was meeting them

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

People are adequately protected from the risk of infection.

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

The environment meets people's needs safely.

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

People have suitable and sufficient equipment to keep them safe.

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

There are insufficient staff available to help people using the service during the night.

Outcome 15: The service must tell us about what kinds of services it provides

The provider has an up to date statement of purpose that offers all the necessary information to people.

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 08: 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 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People we spoke with told us they were satisfied with their environment and areas we visited in the home were in order and hygienic.

We spoke with people who used the service and they confirmed the staff were, "good, polite and kind." They told us that the staff always wore gloves and aprons when attending to them. We asked people if their bedrooms and other areas of the home were kept clean and people confirmed this was so. One person using the service told us, "I have a cleaning schedule on the back of my door and the staff always record what they have done."

When the quality monitoring officer from the local authority and the primary care trust (PCT) had visited in August 2011 they had noted there were some areas in the home where malodours were detected. We checked rooms where there were known concerns and these rooms were clean, fresh and no malodours were apparent.

The home had introduced cleaning schedules and paperwork to ensure the necessary tasks could be audited and we saw these had been completed. We talked to the staff about cleanliness of the home, they said improvements had been made and confirmed they had meetings with the manager to look at schedules and work practices. The staff told us, "We have schedules for bedrooms and bathrooms seven days a week, we have a routine which runs smoothly. The manager is really good, easy to talk to and we now know what we are doing, everything is in place."

The manager confirmed the staff had access to infection control training and those we spoke with said they had completed this training.

We revisited the laundry area and were able to see that suitable systems were in place to manage the laundry. This was an improvement from our last visit. The laundry staff confirmed they had all the necessary equipment, training and skills to undertake this role effectively. We talked to the person working in the laundry who confirmed they had received an induction and had been able to work alongside other staff to understand their role. They said, "I had an induction and have received training therefore I am confident in my role."

Other evidence

We were aware the home had a copy of the 'Code of practice for health and adult social care on the prevention and control of infections and related guidance'. The manager had nominated themselves as the infection, prevention and control person which meant they took responsibility for this.

The local authority have also revisited the home and noted improvements.

The provider had promoted a clean environment and was compliant with this outcome.

Our judgement

People are adequately protected from the risk of infection.

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

We spoke to people using the service about their home and they did not raise any concerns about the environment in which they lived.

All the bedrooms we visited were clean, tidy and well maintained. We saw some people had chosen to decorate their bedrooms for Christmas and they told us they had received support from staff with this. One person told us, "I have my own things and love my room." Another said, "I can come to my room to do what I want, and my relative can visit me in my room too."

We spoke with staff about the environment and they offered positive comments which included, "There have been big changes the décor has improved and we have involved the residents with what they would like in the home." Other comments included, "The manager has ensured things run well and they are a lot smoother now. If we need something or we run out of stock it is here within two days. We have our own equipment for the kitchen and we all know what we are doing." "Things are better, it is not a case of word of mouth now we have meetings, job lists and we communicate so much better so things get done."

During our last visit in September 2011 we observed the sluice room on the first floor was unlocked and the window in this room was not restricted. We also found bedrooms on the third floor without window restrictors, although one bedroom was not in use at the time. On this visit we found these issues had been dealt with.

On our last visit an en suite on the first floor was accessible from the landing and this

door was unlocked, this meant people's dignity and privacy could be compromised. This was still the case during this visit but it was locked when we informed the manager.

We saw the fire risk assessment recommendations completed by the fire officer in June 2011 had now been actioned, this meant people using the service were adequately protected.

A chest freezer stored on the third floor landing was unlocked, which could be considered a risk; it was also unlocked on our last visit. We informed the manager who ensured it was made safe during our visit.

Other evidence

Environmental audits including any accidents or complaints were recorded and monitored by the manager. No issues were outstanding at the time of the visit. There was an ongoing environmental plan in place.

The provider had promoted a safe environment and was compliant with this outcome.

Our judgement

The environment meets people's needs safely.

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

When we visited in September 2011 there was not enough equipment in the home to keep people safe and people were unable to have a bath because there was not one available.

On this visit we saw the provider had purchased enough equipment to ensure people were suitably supported. The manager also confirmed that on any new admission they ensured the equipment was in place prior to the person arriving at Fauld House. When we visited the home we saw a specialist mattress was delivered and were informed this was for a person coming to stay at Fauld House later that day. This demonstrated the home had ensured the necessary equipment was in place meaning people could be accommodated and cared for as needed.

We spoke with one person who confirmed, "They turn me in the day and night; I have all the equipment I need. I am on a pressure cushion and special mattress, the staff are courteous and responsive, they are very good."

We spoke with the staff who told us, "The equipment is amazing we have everything we need." "I can't tell you how much better it is, communication, things get done now the manager has made a big difference." Another staff member told us, "We are looking forward now instead of to the past, the manager is very forward thinking; since she came it has been tremendous."

Positive interactions between the staff and the people living at the home were observed. We spoke with two people in their bedrooms and they both had a call bell to hand. This meant they could summons assistance if required.

We looked around the home and saw there were suitable facilities for people to have a bath or a shower. People we spoke with confirmed they were offered a choice regarding this.

Other evidence

The local authority were satisfied that all the necessary equipment was in place when they carried out their visit in December 2011.

The provider had ensured there was enough equipment and was compliant with this outcome.

Our judgement

People have suitable and sufficient equipment to keep them safe.

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

Our findings

What people who use the service experienced and told us

During our visit we found evidence which demonstrated there were not enough staff on duty to fully support the people using the service during the night.

We saw that staffing rosters indicated there were sufficient staff working to meet people's needs during the day but not at night.

There were 30 people living at Fauld House when we visited. Some of these people required end of life care and some people had complex needs. The home only provided two staff during the night, one nurse and one care assistant. This was not enough to meet the needs of people safely.

We were informed at least 20 people required the support of two staff during the night, this meant there were no staff available to answer a call bell or deal with a second person requiring support at any time during the night if they were dealing with a person needing the support of two staff.

One staff member said, "I am worried about the night shift I worry if there was a fire and the amount of ground we have to cover. Now the new unit is open and we have people over there and no more staff."

We saw records completed by the management team which clearly demonstrated that staffing levels should have been increased when the new unit opened, but this had not been initiated. There were three people using the new unit when we visited; these

people were situated at both ends of the units and required the support of two staff.

We were informed the nurse had at least eight care records to complete during the night shift and medication was administered twice, at 10 pm and 6am. This meant only one staff member may be available. It also meant the nurse may have to be disturbed when completing the medication rounds.

We were also informed they had domestic duties to complete and the laundry to manage.

We spoke with some people who used the service about this. One person told us, "They are sometimes longer than others but they tend to longer at night. Another person said," They come as quickly as they can but they might be busy upstairs so we have to wait."

We saw care records following a night shift which recorded 'four people were, very wet and one person was very wet with dried faeces.' This does not promote dignity and indicated people were not able to be assisted when necessary.

We saw a care report which recorded people were not always checked as required. This care record stated that no one went into the person's bedroom between midnight and 04.00 although the staff that worked night shifts informed us they completed a round every two hours. It also confirmed this person had not been able to use their commode and was therefore unable to maintain their dignity.

The staff we spoke with told us that to complete a round it took two hours this meant they went from one round to another continuously throughout the night which would not enable them to complete all other necessary responsibilities. This meant compromises had to be made.

Other evidence

The home was a large home and people were located in bedrooms on three floors. The ground floor extension was on the opposite side of the home, and these rooms were now being occupied. These rooms are a distance from the original downstairs bedrooms meaning the staff have further distances to travel.

The service appointed a new manager in August 2011, an application for them to become registered with the CQC had not yet been submitted.

Our judgement

There are insufficient staff available to help people using the service during the night.

Outcome 15: Statement of purpose

What the outcome says

This is what people who use services should expect.

People who use services:

* Will benefit from the knowledge that the Care Quality Commission is informed of services being provided.

What we found

Our judgement

The provider is compliant with Outcome 15: Statement of purpose

Our findings

What people who use the service experienced and told us

We did not talk about the statement of purpose with any of the people who lived there. The manager told us people had a copy of this and a copy was located in the entrance hall.

Other evidence

On our last visit we identified that the statement of purpose was in need of updating and also required information to demonstrate the home could support people with a learning difficulty appropriately. A copy of the statement of purpose had been sent to CQC as required.

Learning disability training had still not been provided to the staff but it was in the process of being sourced. This training was needed to ensure the staff had the necessary skills and understanding to ensure they can meet people's needs.

The provider had provided the necessary information and was compliant with this outcome.

Our judgement

The provider has an up to date statement of purpose that offers all the necessary information to people.

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 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: There are insufficient staff available to help people using the service during the night.	
Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: There are insufficient staff available to help people using the service during the night.	
Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: There are insufficient staff available to help people using the service during the night.	

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
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