

# Review of compliance

Minster Care Management Limited  
Falcon House

<b>Region:</b>	East Midlands
<b>Location address:</b>	2 Middle Street Beeston Nottingham NG9 1FX
<b>Type of service:</b>	Care home service without nursing
<b>Date the review was completed:</b>	March 2011
<b>Overview of the service:</b>	Falcon House is registered to provide accommodation for persons who require personal care and treatment of disease, disorder or injury. It may accommodate up to 46 people who have needs due to older age and or dementia. It is not registered to provide nursing care.

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

## What we found overall

**We found that Falcon 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 because concerns were identified in relation to:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Assessing and monitoring the quality of service provision

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 21 January 2011, observed how people were being cared for, talked with people who use services, talked with the acting manager and staff, checked the provider's records, and looked at records of people who use services. We also requested information from other stakeholders and took account of their comments in our visit and overall assessment of compliance.

### What people told us

We did not speak in depth, on this visit, to any person who uses the service. Many of the people living in the home had dementia and we decided to talk to the personal representative of one person, who was visiting.

The close friend of a person who uses the service thought that her friend's care plan was an accurate reflection of the person's needs. She told us, "I have total respect for the staff here".

The close friend told us she felt her friend was safe at the service.

The close friend also told us that she felt staff are competent, including an understanding of the needs of people with dementia.

The close friend told us that the acting manager responds well to any concerns raised with her and will communicate any concerns the service has about the person to this friend.

## **What we found about the standards we reviewed and how well Falcon House was meeting them**

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

People who use the service were being treated with respect but were not fully involved in planning their own care. Records showed that people were not at the centre of assessing their individual needs and preferences, and planning to meet these. The planning of their care demonstrated that risks to their health and welfare were not being identified or managed safely.

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

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

People who use the service are being protected from abuse.

Overall, we found that Falcon 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**

There was an inadequate system in place to ensure security of access.

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

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

People who use the service were being cared for by a staff group that was generally competent.

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

### **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 benefited from some quality monitoring systems but risks to their health, welfare and safety were not being consistently managed. The service was not making full use of satisfaction questionnaires. There was no annual development plan or business plan that set out the service's objectives.

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

### **Action we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

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

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

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

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

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

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

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

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

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

# Outcome 4: Care and welfare of people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

**There are major concerns** with outcome 4: Care and welfare of people who use services

### Our findings

**What people who use the service experienced and told us**  
We spoke with a close friend of a person who uses the service. She confirmed she was involved in reviewing her friend's care plan one day in 2010 but could not recall if she had signed it. She felt that this care plan was an accurate reflection of the person's needs. She also told us that, "staff treat residents as human beings".

**Other evidence**  
We spoke with the service's activities co-ordinator who explained she is one of three dignity champions at the location and that a staff resource pack is being developed. We saw reference on the 'Dignity Board', in the entrance hall, to a Dignity Action Day being held on 25 February 2011.

The acting manager told us that staff were currently attending person centred care planning training with Nottinghamshire County Council. She said that eight care plans (recent admissions) had been completed in a new person-centred format; the rest were to be completed within the following three to six months.

We examined two files of people who use the service. The first file was in the 'old' format and was holistic but not person-centred. Most of the information on the file 'front sheet' was from June 2008, including medication, and therefore considerably out of date. Risk assessments were all out of date, with many being unsigned and

undated – therefore not providing an adequate audit trail. For example, in a Waterlow tissue viability risk assessment, there was only one entry dated 29 July 2010 and this gave a high risk '10+' score. The regional manager told us that such a score indicates a need to review a person's risk of developing pressure sores monthly. We noted that a requirement had been made following a key inspection, in May 2010, for care plans to reflect current issues. Therefore this had not been met.

The second file was in the 'new' format. The person had been recently admitted. There was little evidence of this file being any more person-centred than the 'old' format. There was some reference to the person's preferences. However, the format did not prompt staff to write in a person-centred way. There was no signature by the person, or their representative, to show they had been involved in developing the care plan.

Our assessment of these two files supported the observations of Nottinghamshire County Council's Quality Development Officer, on their visit to the service on 4 January 2011. They also found care plans were not person centred and monthly care plan reviews poorly worded.

### **Our judgement**

People who use the service were being treated with respect but were not fully involved in planning their own care. Records showed that people were not at the centre of assessing their individual needs and preferences, and planning to meet these. The planning of their care demonstrated that risks to their health and welfare were not being identified or managed safely.

# 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**  
The close friend of a person who uses the service told us she felt her friend was safe at the service. She said the service had responded appropriately, with the provision of suitable equipment, following a fall her friend had.

**Other evidence**  
The acting manager told us that two safeguarding incidents had occurred since the last key inspection but before the provider’s registration under the Health and Social Care Act.

In relation to the first incident a member of staff was dismissed and the matter referred to the Independent Safeguarding Authority. Regarding the second incident, the acting manager did not act within a satisfactory time period. The acting manager told us she felt more confident now in knowing what triggers a safeguarding referral. We have received no further safeguarding referrals in relation to this service and therefore we no longer have concerns over how safeguarding incidents are managed by the manager.

**Our judgement**

People who use the service were being protected from abuse.

# 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 minor concerns with outcome 13: Staffing

### Our findings

**What people who use the service experienced and told us**  
We did not discuss this outcome with people who use the service.

**Other evidence**  
On arrival at the service we used the external door bell and entered the building. We then waited a few moments in the external entrance area while a staff member followed and pressed the electronic door opener saying, “You could be waiting there forever”. The acting manager later told us that the external door bell was not working and showed us an unmarked internal door bell.

We signed the visitors’ book and waited several minutes and no one acknowledged our presence. No one was at the reception desk and the adjoining manager’s office was empty. Eventually we asked a staff member if we could see the manager. When the acting manager arrived she told us that the reception desk is not staffed and she would normally see arrivals from her office.

**Our judgement**

There was an inadequate system in place to ensure security of access.

# Outcome 14: Supporting workers

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

**The provider is compliant** with outcome 14: Supporting workers

### Our findings

**What people who use the service experienced and told us**  
The close friend of a person who uses the service told us that she felt staff are competent, including an understanding of the needs of people with dementia.

**Other evidence**  
There were some gaps in the staff training matrix showing how many staff were in receipt of mandatory training. The acting manager assured us that these gaps were being addressed in further courses up to March 2011. Out of a group of 23 care staff, 10 had an NVQ Level 2 qualification and three were undertaking this qualification. A requirement was made at an inspection in February 2010 for at least 50% of the care staff group to have an NVQ Level 2 qualification, but this had not been met.

On feedback to the acting manager and regional manager they said that our findings regarding inadequate review of personal files and an inadequate reception system support the service's own views that an administrator and a deputy manager are needed.

**Our judgement**  
People who use the service were being cared for by a staff group that was generally competent. However, less than half the staff group had received NVQ training.

# Outcome 16: Assessing and monitoring the quality of service provision

## What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

## What we found

### Our judgement

**There are moderate concerns** with outcome 16: Assessing and monitoring the quality of service provision

### Our findings

**What people who use the service experienced and told us**  
The close friend of a person who uses the service told us that the acting manager responds well to any concerns raised with her and will communicate any concerns the service has about the person to this friend.

**Other evidence**  
There was evidence on one person’s file, as shown in Outcome 7 of this report, of a lack of explicit guidance for staff managing risks. There were fire risk assessments on some people’s files but not on one file we examined. There was evidence of monthly recorded water temperatures, fire safety and health & safety checks on people’s files.

There was no Annual Development Plan or Business Plan in place. Satisfaction questionnaires were last sent to the people using the service and their relatives in August 2010 but records to support this were unavailable at this visit. Other stakeholder groups had not been sent a satisfaction questionnaire.

Approximately five residents meetings were held in 2010. Minutes of these were seen but showed poor recording practices: not all were dated with the year; not all

had a record of the people present; it was not always clear who was staff and who were the people living in the home; and there was no record of any action taken to address concerns expressed - for example one person referred to "bland meals".

**Our judgement**

People who use the service benefited from some quality monitoring systems but risks to their health, welfare and safety were not being consistently managed. The service was not making full use of satisfaction questionnaires. There was no annual development plan or business plan that set out the service's objectives.

## Action we have asked the provider to take

### Improvement actions

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

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care.	9	Outcome 4: Care and welfare of people who use services
Treatment of disease, disorder or injury.	<b>Why we have concerns:</b> People who use the service were not being fully involved in planning their own care. Records showed that people were not at the centre of assessing their individual needs and preferences, and planning to meet these.	
Accommodation for persons who require nursing or personal care.	23	Outcome 14: Supporting workers
Treatment of disease, disorder or injury.	<b>Why we have concerns:</b> Less than half the staff group had received NVQ training.	

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.	9	Outcome 4: Care and welfare of people who use services
Treatment of disease, disorder or injury.	<b>How the regulation is not being met:</b> Risks to the health and welfare of people who use the service were not being identified or managed safely.	
Accommodation for persons who require nursing or personal care.	22	Outcome 13: Staffing
Treatment of disease, disorder or injury.	<b>Why we have concerns:</b> There was an inadequate system in place to ensure security of access.	
Accommodation for persons who require nursing or personal care.	10	Outcome 16: Assessing and monitoring the quality of service provision
Treatment of disease, disorder or injury.	<b>How the regulation is not being met:</b> Risks to the health, welfare and safety of people who use the service were not being consistently managed. The service was not making full use of satisfaction questionnaires. There was no annual development plan or business plan that set out the service's objectives.	

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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