

Review of compliance

The Abbeyfield Silverdale and District Society
Limited
Abbeyfield Silverdale & District Society Limited

Region:	North West
Location address:	Cove House Cove Road, Silverdale Carnforth Lancashire LA5 0SG
Type of service:	Care home service without nursing
Date of Publication:	December 2011
Overview of the service:	Cove House is a 19th century property, situated in its own grounds in a picturesque area of Silverdale overlooking Morecambe Bay. The manager at Cove House is supported by an executive committee made up of professionals with a variety of qualifications and experience. All

	<p>bedroom accommodation is for single occupancy some of which is provided with an en-suite facility. There are a variety of lounges available and extensive, very well maintained garden areas.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Abbeyfield Silverdale & District Society Limited was not meeting one or more essential standards. Improvements are needed.

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

Why we carried out this review

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

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 8 November 2011, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

During the course of the visit we spoke with three people living at the home, the deputy manager, three members of the care staff team and two relatives who were also visiting. Some time was also spent observing how staff responded to people as part of the day to day life at the home.

We saw that people living at Cove House were relaxed and comfortable. Staff were observed to be respectful and considerate when assisting people. It was clear that there was a good relationship between people living at Cove House and the staff team that supported them.

One person living at the home told us, "You do what you want when you want; everything is fine the food is marvelous. Its fine, very good, the girls are ever so good. I am very comfortable they are very good, very gentle and very kind".

A relative spoken with commented, "We have been really quite impressed with some of the things going on, no quibbles at all. The staff are really friendly, there is a good relationship with the family, the food is good and mum seems happy. They are also good at social activities".

People using the service, a relative and members of the staff team all spoke very highly of the care and support provided at Cove House. Comments included: Cove house is like home from home, it feels like a family, there is a family atmosphere". Another person told us, "It is all very good, the carers are very caring. It all works really well, really nice". A third person said, "Nobody complains, on the whole it is very good".

We were also told that health professionals such as the GP are contacted quickly when required and that relatives are kept informed of any changes or health issues. One relative spoken with explained that her mother's dependency needs had changed over time but that she had been fully involved in discussing changes to the care plans and felt that her views and wishes had been listened to and taken into account.

A relative told us, "I feel **** is safe here".

A fairly recently appointed member of staff told us that a thorough recruitment process had taken place prior to her being offered employment at the home. However we found some discrepancies in the recruitment processes adopted that could pose a risk.

People we spoke with confirmed that they were encouraged to voice their opinions and suggestions for improvement and that their thoughts and views were taken into account.

People living at Cove House expressed full satisfaction with the service provided stating that they would feel comfortable in expressing any worry or problem.

What we found about the standards we reviewed and how well Abbeyfield Silverdale & District Society Limited was meeting them

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

People who use the service were able to be involved in and influence decisions about their care and support. Their privacy, dignity and independence were respected.

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

People are provided with safe and effective care that is in line with their individual needs and wishes.

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

The home has robust procedures and a good staff training programme in place which helps to ensure people are protected from abuse.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

People's medicines are safely managed by competent staff, which helps ensure their health, safety and wellbeing.

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

People living at the home were supported by some staff that had commenced their employment before proper recruitment checks had been concluded and deemed to be

satisfactory. This does not help to protect people.

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 living at Cove House benefited from a well managed service, with systems in place to monitor the quality of the service provided.

Actions 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.

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

Other information

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

During the course of the visit we spoke with three people living at the home, the deputy manager, three members of the care staff team and two relatives who were also visiting. Some time was also spent observing how staff responded to people as part of the day to day life at the home.

We saw that people living at Cove House were relaxed and comfortable. Staff were observed to be respectful and considerate when assisting people. It was clear that there was a good relationship between people living at Cove House and the staff team that supported them.

One person living at the home told us, "You do what you want when you want; everything is fine the food is marvelous. Its fine, very good, the girls are ever so good. I am very comfortable they are very good, very gentle and very kind".

A relative spoken with commented, "We have been really quite impressed with some of the things going on, no quibbles at all. The staff are really friendly, there is a good relationship with the family, the food is good and mum seems happy. They are also good at social activities".

Other evidence

The Statement of Purpose and the Service User Guide provided good information to prospective users of the service. In addition a welcome pack is also provided on admission to the home. This welcome pack is detailed and specific. A separate welcome pack is also provided for relatives detailing information relevant to them.

There is a structured pre admission assessment process in place to make sure that current needs and requirements are known. This ensures that an informed decision can be made as to whether that person's requirements could be adequately met at Cove House.

As confirmed by a relative spoken with, users of the service and/or where appropriate their relative are involved in planning the care and identifying any risks involved in the person's choice of lifestyle. The people involved are encouraged to actively participate in expressing choices and preferred lifestyle including how their individual needs and requirements could best be promoted.

We were told that one of the strengths of the service was the range of activities made available. The home has a strong presence in the local community and a 'Friends of Cove House' group that includes some family members: organise a range of activities including car drives out in the local area and taking people out for coffee.

In addition to arts and crafts, quizzes, and card games, chair exercises take place, newspapers are enjoyed, a 'bake day' takes place once a week, some people enjoy pottery and hairdressing, nail painting and a reflexology DVD also take place on a regular basis. Regular walks in the extensive gardens that surround the home are also enjoyed. The trustees of Cove House organise a number of further events that recently included a bonfire and fire work display with festive foods served for staff, residents and their families to enjoy.

People's religious needs are also respected and taken into account. In-house church services are offered for Catholic and Church of England faiths and two volunteers from the village escort two residents to a church service of their choice in the local area most Sunday's.

A passenger lift and stair lift are provided. This means that people with mobility difficulties can freely access all areas, including the garden areas, which are on one level. Aids are provided to promote independence, some bedrooms have en-suite facilities. These facilities help to promote privacy and dignity when help with personal care is required.

There is a good range of comfortable communal areas, meaning that people have a choice of where to spend their time. This includes a large reception area that is provided with comfortable seating that enables people to spend some quiet time or observe the comings and goings at the home.

Our judgement

People who use the service were able to be involved in and influence decisions about their care and support. Their privacy, dignity and independence were respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People using the service, a relative and members of the staff team all spoke very highly of the care and support provided at Cove House. Comments included: Cove house is like home from home, it feels like a family, there is a family atmosphere". Another person told us, "It is all very good, the carers are very caring. It all works really well, really nice". A third person said, "Nobody complains, on the whole it is very good".

We were also told that health professionals such as the GP are contacted quickly when required and that relatives are kept informed of any changes or health issues. One relative spoken with explained that her mother's dependency needs had changed over time but that she had been fully involved in discussing changes to the care plans and felt that her views and wishes had been listened to and taken into account.

Other evidence

We looked at some records for people living at Cove House. An assessment of needs is carried out prior to any new person becoming resident at the home. A care plan is then drawn up to meet each identified area of need that clearly showed how the need was to be met and what the expected outcomes were.

Care plans were very detailed, informative and written in the first person. For example one care plan evidenced in respect of assistance with bathing said, "I enjoy my baths, I have one a week and require the assistance of one carer. I need a carer to assist me to sit in the bath chair and to raise and lower the chair in and out of the bath. I need a carer to stay with me while I am in the bath and assist with washing the parts that I

cannot manage myself. I usually require help with washing feet and my back. Then I need help to get dried and dressed".

Care plans addressed a wide range of needs; including personal care, diet, personal safety and physical and mental health. Care plans evidenced were very person centred and individualised. Each care file contained a useful summary regarding daily routines, likes and dislikes and things that are important to the person.

Appropriate general and task specific risk assessments were in place and personalised to the individual. These were also detailed and provided clear evidence of how to minimise the identified risk in a consistent way.

There is a structured care plan review process in place. Users of the service or their representative are asked to be involved as much or as little as they wish. The relative spoken with confirmed that she was always kept fully up to date regarding any changes to her mother's care plan and was also invited to the three monthly care plan evaluation and review meetings so she could make comments or suggestions. This approach suited the needs of this family who felt involved in ensuring the best interests of their relative living at the home.

Good records are kept of any visits and interventions by health professionals. This means that any issues can be tracked and the situation monitored. Preferred priorities of care were in place for some people who had elected to make their wishes known and staff kept good daily records, which included recording any health issues and appointments.

We spoke with staff about how important information is communicated to staff about to come on duty. We were told that there was a good verbal handover at each change of shift with important information also written in the staff communication book. This helps to ensure that all staff had up to date knowledge of any changes, concerns or instructions.

Staff spoken with confirmed that good training was provided. Recently staff received training from the local hospice. This specific training focused on communication skills especially when engaging and talking with people about their end of life preferences.

Our judgement

People are provided with safe and effective care that is in line with their individual needs and wishes.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We received no comments from people who use the service about this outcome. However a relative told us, "I feel **** is safe here".

Other evidence

There are clear procedures in place for the protection of people living at the home from all forms of abuse. As part of their initial induction training all staff are provided with training regarding abuse and safeguarding of vulnerable adults. We were told that this training incorporates discussion about the different types of abuse, signs of abuse and how to report any concerns about alleged abusive practices.

In addition, all members of staff were required to attend mandatory refresher training on recognising abuse and reporting procedures. This helped to make sure that staff were reminded of the signs of abuse and their responsibility in protecting people. We were told that staff were also required to follow the guidance dictated by the Whistle Blowing and Safeguarding Policy. A member of staff spoken with was very clear about what she would do if any allegation of abuse was reported to her.

A range of policies are in place for the protection of people and we told that there are robust systems for the protection of service user's monies. The management of Resident's Finance Policy is followed by all staff and strict records are kept that maintain confidently of the individual's finances. Through the quality audit system, financial procedures are checked weekly in order to protect people.

As part of their on-going in-house training, two of the home's policies and procedures are placed in the staff room each month. People working at the home are required to read these documents and sign to acknowledge their understanding of the content. If a member of staff had not signed to confirm that they had read and understood the content, this is automatically brought up at formal one to one supervision.

Our judgement

The home has robust procedures and a good staff training programme in place which helps to ensure people are protected from abuse.

Outcome 09: 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

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We received no comments from people who use the service about this outcome area.

Other evidence

The home has a clear recently updated, policy and procedures in place for obtaining, ordering, receiving and disposing of medication that staff are required to understand and follow. All staff with responsibility for the administration of medication had received appropriate training and were provided with an individual copy of the medication policy and procedure. This is also available in the drug administration record (MAR) folder. The home retains patient information leaflets for each resident so that staff are fully aware of any side effects and other important information relating to that particular medication.

Drug administration records were well maintained and accurately recorded. Medication is supplied in blister packs from the supplying chemist who also undertakes a routine audit of medication and medication practices. To supplement this, the registered manager also undertakes four weekly medication audits to ensure that good medication practices are being maintained.

A medication alteration list is now available detailing the date and detail of the alteration, for example when a course of medication was started or completed. This record was signed by the person making the entry and countersigned by a second person to confirm accuracy of the record. Self administration risk assessments are also

in place.

One member of staff told us that the medication practices adopted at the home worked well and that staff in effect, audited each other on a daily basis so that any concerns were immediately highlighted and addressed.

Our judgement

People's medicines are safely managed by competent staff, which helps ensure their health, safety and wellbeing.

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

There are moderate concerns with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

A fairly recently appointed member of staff told us that a thorough recruitment process had taken place prior to her being offered employment at the home. However we found some discrepancies in the recruitment processes adopted that could pose a risk.

Other evidence

Cove House has a clear policy and procedure in place for the recruitment and selection of staff. The recruitment procedure appeared robust with systems in place to ensure that appropriate checks took place before any new worker started their employment at the home. These checks included: satisfactory references and a criminal record bureau (CRB) disclosure.

However observation of the recruitment process observed in three staff files indicated that the recruitment of these people had not been as robust as it should have been. For one person only one reference was available and although we were told that a CRB disclosure had been obtained this was not available at the time of the visit.

For another person the commencement date of employment was recorded as 08/11/10. However one reference was dated 29/12/10, the second reference was not dated at all. A POVA First check had been obtained but this was dated the 17/11/10. The full CRB disclosure was dated 18/11/10. From the information available it was apparent that the person had commenced their employment at the home prior to either the references, a POVA first or a CRB disclosure having been obtained and deemed to be satisfactory.

In the third instance, the employee had commenced their employment at the home on 22/08/11. However references were dated 26/09/11 and 18/09/11 respectively. The CRB disclosure was dated 09/09/11, a POVA First could not be located. Again it appeared that the member of staff had commenced their employment at the home prior to any recruitment checks being carried out.

In order to protect people living at the home it is essential that appropriate recruitment checks are carried out and deemed to be satisfactory before any prospective new member of staff actually takes up their employment at the home. People employed by the service should not have contact with people living at the home, except perhaps as an occasional visitor, until the full recruitment process has been completed. At minimum, two satisfactory references must be obtained and at least a POVA First that is also satisfactory. There are then conditions applied until the full CRB clearance has been obtained.

These same issues were raised as a recommendation at the last key inspection in August 2009. It was clear that the recommendation had not been followed.

The recruitment process encompasses equal opportunities legislation. Job descriptions are issued and interview notes kept. It was also confirmed that targeted induction training commenced immediately following their appointment and the people spoken with spoke very positively of the support provided both by the management team and other members of staff.

Our judgement

People living at the home were supported by some staff that had commenced their employment before proper recruitment checks had been concluded and deemed to be satisfactory. This does not help to protect people.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

People we spoke with confirmed that they were encouraged to voice their opinions and suggestions for improvement and that their thoughts and views were taken into account.

People living at Cove House expressed full satisfaction with the service provided stating that they would feel comfortable in expressing any worry or problem.

Other evidence

Assessment and monitoring of the service provided to individual users of the service is ongoing and amendments to care plans are undertaken as necessary at each review or when there has been a change of circumstances. Thorough risk assessments are undertaken as required with outcomes incorporated in the individual care plans.

A record is kept of any accidents or incidents that have taken place and action taken to reduce the potential for risks in the future. There was clear evidence that health care professionals external to the home had been contacted over the health and welfare of the individual concerned. Where appropriate there is a joint decision making process adopted to ensure the best outcomes for people living at the home.

Files, financial records and medication are regularly audited, which helps to ensure good standards of practice and means that any errors are quickly spotted and rectified.

Good informal dialogue is also maintained with relatives and friends as confirmed by

the relative spoken with, in order to ensure a strong delivery of service that is tailored to the needs of the individual.

Staff meetings and resident meetings, to which relatives are invited, take place four times a year. The deputy manager, a trustee of the Society and the chef always attend the resident meetings. This enables any questions to be answered and provides opportunity to discuss and take back any suggestions for further improvement.

Staff spoken with told us that there was an open and inclusive atmosphere at the home, and that they could make suggestions or raise issues knowing that these will be considered and acted upon.

We were told that resident and relative questionnaires are to be updated and then reintroduced as a further check on the quality of the service provided. One of the Society's trustees has designated responsibility for undertaking unannounced visits to the home. These visits also incorporate discussion with people living at the home, the staff team and relatives. This is another useful way that the Society can continuously evaluate the quality of the service provided and directly engage with people.

Routine checks are carried out of water temperatures and also annual checks of electrical equipment, such as radios, televisions or lamps. Maintenance checks and servicing of equipment is undertaken within the prescribed time scales. There is a programme of ongoing maintenance and redecoration.

The home has achieved the 'Investor in People' award. This is a national standard award which sets a level of good practice for improving an organisation's performance through its staff and the training they receive.

Our judgement

People living at Cove House benefited from a well managed service, with systems in place to monitor the quality of the service provided.

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 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	How the regulation is not being met: Newly appointed members of staff had taken up their employment at the home without thorough recruitment checks taking place. This does not protect people.	

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

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

The provider's report should be sent to us within 28 days of 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

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