

Review of compliance

Searchlight Workshops Powell House	
Region:	South East
Location address:	Claremont Road Mount Pleasant Newhaven East Sussex BN9 0NO
Type of service:	Care Home without nursing.
Publication date:	June 2011
Overview of the service:	<p>Powell House is one of three homes within the Searchlight Workshops organisation with places for up to sixteen people with a physical disability and who may also have a mild learning disability.</p> <p>The home is situated on the top of a hill on the outskirts of Newhaven. The home has access to three mini buses. There are local amenities and access to public bus routes at the bottom of the hill. A workshop is on the site available to people who live in the organisations homes and others</p>

	<p>within the community. A social club is run on site and this opens a couple of evenings a week.</p> <p>All bedrooms are for single occupancy and are located over two floors. None of the bedrooms are provided with en-suite facilities. There are suitable communal areas provided at the home. A passenger shaft lift is available for people who are unable to move independently between floors. There are five communal toilets for people to use. There are two assisted bathing facilities and one wheel in shower.</p>
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Powell House was not meeting one or more essential standards. Improvements were 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 25 and 29 March 2011, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services.

What people told us

All people we spoke to said they liked living at Powell House, overall they were happy and well cared for and had no complaints about the care they received. People said that they felt they were listened to, and the staff were kind, patient and attentive. They said the food was plentiful, varied and of a good quality with plenty of choices.

What we found about the standards we reviewed and how well Powell 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 using the service are respected and involved in their treatment and care.

Overall, we found that Powell 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

People are consulted about the care and support provided and staff make sure that people are provided with information they need to make choices about their care. But further guidance should be sought around capacity and consent.

Overall, we found that Powell House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

People benefit from individual plans of care to ensure that people receive the care that they need. The staff have developed positive relationships with the people that they support. But people would benefit from the completion of a health care plan.

Overall, we found that Powell House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

People receive a well balanced and nutritious diet with choices of food available.

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

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

The service works with other agencies to ensure that individuals benefit from a well coordinated delivery of care.

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

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

People are treated with dignity and respect and their individual wishes and care needs were appropriately responded to. Staff receive the training they need to understand the different forms of abuse, and how to protect people in their care from abuse.

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

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

Procedures are in place with regard to the control of infection to protect people who use the service, visitors and staff.

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

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

Processes are in place for the safe storage and administration of medication. But a programme of audit to identify and address any shortfalls should be maintained.

Overall, we found that Powell House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

The premises is maintained in a safe and suitable condition

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

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

Systems were in place to ensure the continued maintenance of equipment and utilities.

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

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

Robust recruitment checks are not made prior to a member of staff commencing work in the home. People could be put at risk.

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

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

People receive care from staff that are able to meet their needs.

Overall, we found that Powell 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 are experienced and had received suitable training to ensure they are able to meet the needs of the people living in the home.

Overall, we found that Powell 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

Systems are in place to enable regular feedback about the care that is being provided. People who live in the home are supported to make their views known where possible about the care that they receive.

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

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

People's views are listened to and when complaints have been made these have acted upon.

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

Outcome 20: Notification of other incidents

Robust systems are not in place to ensure that the CQC receives notifications as required.

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

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

The service is taking steps to ensure that recording systems are well managed within the home.

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

Action we have asked the service to take

In undertaking the planned review we found that the Powell House was not fully compliant with all of the 16 essential standards and the one additional standard reviewed. Non compliance related to recruitment procedures and the sending of required information to the CQC of notifications of incidents affecting the health, safety and welfare of people using the service.

For three of the essential standards, although compliant, we believe there is a risk that they will not maintain compliance with these outcomes, and have set an improvement action upon the service for these areas.

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.

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
People told us that they were asked and assisted to make choices about their daily routine. There are opportunities to make their views known through reviews of the care provided and at meetings held in the home and by the organisation.

Other evidence
The provider declared compliance with this outcome area as part of the registration process,
A provider compliance assessment was not requested as part of this review, but those that were told us that a pre-admission assessment is carried out, by staff from the home. We looked at three care plans during our visit. For one new person in the home there was a copy of a pre-admission assessment record having been completed. Staff were observed during the visit updating care plans and recording daily records. These were detailed and recorded reviews of the care provided. Two people told us they had been involved in the review of their care plan. Staff told us

that there are good systems in place, such as handover meetings which also update staff of any changes in the people's care needs.

We spoke with staff during the visit about the care being provided to the people living in the home, and they told us they respected the individual's wishes, their dignity and privacy. All the information received showed us that staff were aware of individual people's preferences and specific wishes. People told us that staff respect their privacy and dignity.

People told us that they attended the resident's meetings held in the home, and one person told us they represented the home on the resident's council run by the organisation. We were told it has been requested by the resident's council that people are allowed to personalise their rooms by choosing the colour of their bedroom doors. A survey to establish the colours which people would like has been carried out and we saw records of discussions with people about which colour they would like to choose.

We observed a group of people and staff sitting on the patio discussing what people would like to do in the summer, and any outings or places of interest that they would like to visit.

A healthcare professional told us that they had found that staff were respectful of the people's needs and wishes, and staff considered the people's privacy and dignity.

Our judgement

People using the service are respected and involved in their treatment and care.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

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
People told us that they were involved in discussions about the care and support that was to be provided. Two people spoke of reviews of their care that they had attended. All the people spoke positively about the care and support they receive.

Other evidence
The provider's registration application told us that they are compliant with this outcome.
A provider compliance assessment was not requested as part of this review, but those that were told us that people are involved in their care planning.
The manager told us that she had an awareness of the Mental Capacity Act and of the Deprivation of Liberty, but had not received any formal guidance or undertaken any training. Staff in the home have also not received any guidance or training. Staff were observed during the visit to ask for people's consent before they provided support and if not convenient the staff said that they would come back later.
Staff who told us that they work closely with people to ensure that their needs and preferences are met. We observed staff supporting people and respecting people's wishes. The care plans we looked at during our visit detailed information on the

person's wishes, preferences and care needs to help staff provide the individual care they need.

Our judgement

People are consulted about the care and support provided and staff make sure that people are provided with information they need to make choices about their care. But further guidance should be sought around capacity and consent.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome. But we have given an improvement action so that they will confirm that they have sought further advice and guidance in regards to capacity and consent.

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
People told us that they were involved in the discussions about the care and support that was to be provided. They received the support they required, their privacy and dignity is considered and the staff treated them with respect. Two people spoke of reviews of their care that they had attended. All the people spoke positively about the care and support they receive.

Other evidence
The provider declared compliance with this outcome area as part of the registration process.
The provider compliance assessment requested as part of this review told us that a pre-admission assessment is carried out, and stated all people living in the home have individual care plans, guidelines and a person centred plan. Staff told us during our visit that the care plans were detailed and with the daily records of care provided gave staff good information about the care to be given. We looked at three care plans, which were detailed giving guidance to staff about the care to be provided. Where it had been identified that health action plans should be drawn up by February 2011, these had not been completed. One person who had fluid and nutrition charts in their room had detailed entries of the food and nutrition given, but

these records were not totalled to give a complete record of the person's daily input. This was discussed with the manager during the visit to be rectified. People told us that they choose their own daily routines, and it was evident during the visit with people moving freely within and out of the home environment.

The organisation has a day centre on site, which offers a range of activities open Monday to Friday. A number of people were attending the day centre during our visit, but came back to the home for lunch. Some people are employed to work at reception for the organisation and one person spoken with draws up the staff rotas to ensure the reception is always covered. People are encouraged to continue their activities they were engaged in prior to entering the home. One person told us they still travel each week to attend their church in a neighbouring town. Two people had gone in to town during the morning, and one told us they had gone to have a coffee with their friends.

The organisation also has a social club on site, which some people told us they attended as it is an opportunity for people from all the organisation's homes to socialise together. We were told of plans to celebrate the royal wedding in the social club, of what had been planned and that people were looking forward to the celebrations.

Our judgement

People benefit from individual plans of care to ensure that people receive the care that they need. The staff have developed positive relationships with the people that they support. But people would benefit from the completion of a health care plan.

On the basis of the evidence provided we found the service to compliant with this outcome. . But we have given an improvement action so that they will confirm that they have put in place health action plans where required.

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
People said the food was good. They said it was varied, adequate in quantity and of good quality. That there were choices from which they could select from, so there was always something on the menu that they liked to eat.
One person was heard to comment 'the food is fantastic.'

Other evidence
The provider's registration application told us that they are compliant with this outcome
All the meals for the home are now cooked in the kitchen in Powell House and not in the organisations central kitchen. This is to ensure that there is more flexibility in meal times and greater choice of dishes available. A weekly menu is drawn up and the cook told us they meet each week with people in the home to devise the following week's menu. People make suggestions and if necessary there will be a vote on the dishes to be provided. There are choices for every meal and special diets are catered for. Copies of each week's menu are displayed on the notice boards in the home. The cook also told us that where people do not like what is the choice for that day people will come and talk to them about other options which can be provided. We observed that some people ate their meal earlier, and we were told this is to accomodate people's individual preferences and the activities people were involved in, such as running the organisation's reception desk.

We sat in the office off the dining room/lounge during lunch and observed staff helping people. It was a relaxed environment, and staff were nearby to offer discreet assistance when needed, taking into account the different length of time that individual people would need to finish their meal.

Our judgement

People receive a well balanced and nutritious diet with choices of food available.

On the basis of the evidence provided and the views of people using the services we found the service to compliant with this outcome.

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
People who use this service made no specific comments about this outcome.

Other evidence
The provider's registration application told us that they are compliant with this outcome.

During our visit staff told us about the admission process for people moving in to the home. Staff meet with prospective new people and liaise with other professionals to ensure they were aware of all the person's care needs and preferences. One person who had recently moved in to the home told us that they had initially met with staff from the home, and had had a number of opportunities to visit the home prior to moving in. There was a record of an initial pre-admission assessment having been completed. Staff told us they were supported to complete training so that they could suitably meet the needs of people receiving care. In the care plans viewed there was evidence of information being received from health and social care representatives to inform the assessment process and to indicate that the provider co-operates with healthcare professionals such as GP's and community nurses.

We spoke to a health care professional who visited the home and they told us the service worked with them.

Our judgement

The service works with other agencies to ensure that individuals benefit from a well coordinated delivery of care.

On the basis of the evidence provided we found the service to be compliant with this outcome.

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
People told us they felt safe living at Powell House and that staff were always kind and attentive. They said that they had not had any complaints about the service provided, but felt comfortable in raising any concerns with staff and confident that they would be listened to.

Other evidence
The provider's registration application told us that they are compliant with this outcome and told us that policies and procedures are in place which are regularly reviewed and at least once a year. That staff will receive an update of safeguarding training annually.

During the visit we were able to view a sample of training records, which demonstrated that staff receive safeguarding training as part of their induction and had received an update. We spoke to three care workers who also confirmed they had attended this training and demonstrated an understanding of safeguarding procedures. A copy of the local multi agency policy was available for reference.

Our judgement
People are treated with dignity and respect and their individual wishes and care needs were appropriately responded to. Staff receive the training they need to

understand different forms of abuse, and how to protect people in their care from abuse.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome...

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

The provider is compliant
with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
People who use this service made no specific comments about this outcome. But people told us that their rooms were kept clean.

Other evidence
The provider’s registration application told us that they were compliant with this outcome and that all staff have attended infection control training.
The provider compliance assessment requested as part of this review told us that the provider had areas to address and provided an action plan to rectify this in a timely manner. The Manager told us during the visit that these areas had now been addressed.
The Manager told us that there is now an infection control champion within the management team, who has received training and developed cleaning schedules for the home to ensures the environment is appropriately clean and sanitary. We spoke to one domestic assistant on duty during our visit. They told us they had recently attended further infection control training, and of changes and improvements made to the procedures followed in the home. Two care workers we spoke to also confirmed they had received infection control training and were aware of the procedures they should follow and that they aware they were due to receive a further training update.

We observed during the visit that the communal areas of the home and the sample of the people's bedrooms viewed was clean and odour free. Staff told us they have got good access to gloves, aprons and hand washing gel to control the risk of infection. We observed these facilities to be available in the home and that staff were wearing disposable gloves and aprons appropriately. We spoke to three care workers during our visit who told us that this equipment is always available in the home for the staff to use.

Our judgement

Procedures are in place with regard to the control of infection to protect people who use the service, visitors and staff.

On the basis of the evidence provided and the views of people using the services we found the service to compliant with this outcome.

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

The provider is compliant with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us
People told us that they received their medicines when they were supposed to have them, as far as they could judge and these were correct.

Other evidence
The provider has declared compliance with this outcome area as part of the registration process.

The provider compliance assessment requested as part of this review told us that the provider has a robust medication policy with procedures in place. It also detailed that regular audits of medication procedures in the home are undertaken.

The manager told us that there has been changes in the dispensing pharmacist and the medication procedures followed in the home. Due to this medication policies and procedures were in the process of being reviewed and updated. Staff have completed medication training and have been or are being taken through an annual competency assessment. We spoke to the member of staff on duty during our visit who was administering medication. They confirmed they had received training and been through a competency assessment. We also viewed the training record for this member of staff which recorded this training had been completed.

During the visit representatives from the dispensing pharmacist visited to discuss a recent delivery of medication to the home. We were told that the home worked well

with the pharmacist and there had been no concerns raised.

We looked at a sample of medication administration records, and there was guidance for staff where medication is prescribed on an 'as required' basis. We read a sample of the records and found that regular audit checks to be completed to ensure medication is being properly administered and recorded in the home had not been maintained.

None of the people we spoke to were self administering their medication, but all told us they had chosen to have their medication administered. Staff told us of the procedures in place to support people who self administer their own medication and that this is currently being actively discussed with one person living in the home.

Our judgement

Processes are in place for the safe storage and administration of medication. But a programme of audit to identify and address any shortfalls should be maintained.

On the basis of the evidence provided and the views of people using the services we found the service to compliant with this outcome. But we have given an improvement action so that they will confirm that they have ensured that regular audits of medication administration are carried out and maintained.

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 found that people personalise their bedrooms and could bring in their own furniture and items if they wished to. People told us that they were happy with their room and that the accommodation was warm, comfortable and clean.

Other evidence
The provider has declared compliance with this outcome area as part of the registration process.

The home is situated over two floors and there is a passenger lift between both floors. All the people living in the home have a single bedroom. There are no en-suite facilities but communal bathroom and toilet facilities. There is a large dining/lounge area with a television, and a smaller, quite area.

Some areas in the home are still awaiting refurbishment, new carpets and decoration, but were found to be clean at the time of the visit. The provider has told us that as a charity they are actively fund raising for monies to improve the home's environment. The first amount of money raised is about to be spent in the home and a priority are the home's communal bathroom and toilet facilities. One member of staff and one person living in the home told us they had recently been asked to join a focus group, which would be looking at how the money will be spent in the home.

There is a large secure patio which offers people an outside space with scenic views over the town to the sea for people to enjoy and which provides suitable

access for wheelchairs. The day of the visit was sunny and warm. One person was observed enjoying the view. Later another person was reading their book on the patio and a group of people with a number of staff were observed enjoying this facility and discussing options of venues where people would like to go to on visits out during the summer.

We were told by the provider that regular health and safety checks are being carried out and documented, and that records are kept of maintenance work required and carried out. We saw records for two of the bathroom hoists which detailed both had had a recent service. We also saw records of checks of the fire equipment in the home. Staff we spoke to told us they had attended fire training.

Our judgement

The premises are maintained in a safe and suitable condition.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

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
People told us that the service provides specific equipment based on their individual needs including beds and chairs.

Other evidence
The provider's registration application told us that they are compliant with this outcome.
Specialist equipment is made available to meet people's assessed mobility needs including assisted baths, wheelchairs and hoists. A sample of the records of the maintenance of the hoists was viewed and in place. There is a passenger lift from the ground to first floor.
We have received no reports which indicate equipment used in the home is not safe or has not been used safely.

Our judgement
Systems were in place to ensure the continued maintenance of equipment and

utilities.

On the basis of the evidence provided and the views of people using the services we found the service to compliant with this outcome.

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
People who use this service made no specific comments about this outcome. But one person confirmed they had been able to participate in the recruitment of staff to the home.

Other evidence
The provider’s registration application told us that they are compliant with this outcome.
We spoke to two new staff about recruitment procedures in the home and they confirmed that they were interviewed, had had to supply two referees and have a Criminal Records Bureau Check (CRB) prior to employment. Following commencement of employment they had or were in the process of undertaking an induction course and a trial period, at the end of which one had had an appraisal of their work.
However we looked at two new staff's personnel files and found that although both staff had the CRB and a Safeguarding of Vulnerable Adults (SOVA) check in place, in both instances staff had commenced working in the home prior to two written references being sought and received.

Our judgement

Robust recruitment checks are not made prior to a member of staff commencing work in the home. People could be put at risk.

Overall, therefore, we found that there are areas of non compliance with this outcome area.

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

What people who use the service experienced and told us
People told us that felt well cared for and that if they needed anything the staff were always around to help and that if they used the call system staff responded quickly.

Other evidence
The provider’s registration application told us that they are compliant with this outcome. A registered manager was working in the home.

We viewed a sample of the staff rotas. The manager told us the staffing levels are monitored to ensure an appropriate mix and cover at all times. That all shifts are supervised by a senior member of staff and at the time of the visit a senior care worker was in charge of the shift with three care workers. The staff team has now been amalgamated with the staff team from another adjacent home within the organisation. Additional staff were detailed on the rota and were on duty, but who told us they were due to work in the adjacent home. There is now limited use of agency staff with the home's own staff or bank staff covering any vacant shifts. A 'waking night' member of staff was due to be on duty that night and there is a 'sleeping in' member of staff in another of the organisation's homes who is available to offer support where required.

Staff told us that the staff team worked well together, of good communication and they were very happy working in the home.

Our judgement

People receive care from staff who are able to meet their needs.

On the basis of the evidence provided and the views of people using the services we found the service to compliant with this outcome.

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
Staff we spoke to told us that they felt supported and that they felt they received the training they needed to do the job.

Other evidence
The provider's registration application told us that they are compliant with this outcome.

Staff members we spoke to told us that generally the people employed at Powell House got along well and helped each other whenever necessary. There was a calm atmosphere throughout the home with good rapport observed between staff and people who lived in the home. We observed that staff who spoke warmly to people and treated them as individuals.

We spoke to one new member of staff who told us that they had just commenced working in the home. They were in the process of working through an induction. They were acting in a supernummary capacity, were aware what tasks they should not be assisting with until they had received appropriate training and told us of training that they had been booked to attend.

Staff spoken with during the visit told us they have a regular opportunity to meet with their manager for supervision and that there are weekly team meetings, which they find ensures good communication between the team.

Staff also spoke of training they have completed and systems in place to identify when refresher training is necessary. They spoke of training being provided and

updates of training being undertaken to ensure that they have the necessary skills to meet the people's individual care needs. We spoke to the training co-ordinator who told us that training records are kept for staff, and a sample of these were viewed and detailed the training that people had completed. The manager told us they are a moving and handling risk assessor and has received updates of this training as required.

Our judgement

Staff are experienced and had received suitable training to ensure they are able to meet the needs of the people living in the home.

On the basis of the evidence provided we found the service to compliant with this outcome.

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 that use the service told us that there were have formal systems in place to allow them to make their views known.

Other evidence
The provider’s registration application told us that they are compliant with this outcome. That there are opportunities for people to communicate informally and formally.
The provider compliance assessment requested as part of this review told us that the organisation has a robust quality assurance process in place.
Staff and people told us that regular resident's meetings are held and a a copy of the last meeting's minutes were viewed and detailed that people have the opportunity to give their view on the care provided.
Three care workers told us they get regular supervision.
Environmental risk assessment and risk assessments relating to the care of individual people were completed and reviewed regularly demonstrating that the appropriate actions were being taken to keep people safe.

A sample of the incident and accident records in the home records were viewed. Quality assurance audits in relation to the administration of medication had not been maintained and is detailed under Outcome 9.

People told us that they were aware of the complaints procedure and felt that they would be listened to if they had any concerns.

Our judgement

Systems are in place to enable regular feedback about the care that is being provided. People who live in the home are supported to make their views known where possible about the care that they receive.

On the basis of the evidence provided and the views of people using the services we found the service to compliant with this outcome.

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
People told us that they were aware of the complaints procedure, spoke of forums to raise any concerns and knew who to speak to if they were not happy. People who use the service told us they had no complaints about the care provided.

Other evidence
People told us that they were aware of the complaints procedure, spoke of forums to raise any concerns and knew who to speak to if they were not happy. People who use the service told us they had no complaints about the care provided.

Our judgement
People’s views are listened to and when complaints have been made these have been acted upon.
On the basis of the evidence provided and the views of people using the services we found the service to be compliant with the outcome.

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
People who use this service made no specific comments about this outcome.

Other evidence
The provider's registration application told us that they are compliant with this outcome.
During our visit to the home the records which we looked were being updated and reviewed and were held securely.
We have not received any recent reports that there are concerns with how the home manages personal and confidential records.

Our judgement
The service is taking steps to ensure that recording systems are well managed within the home.
On the basis of the evidence provided and the views of people using the services we found the service to be compliant with the outcome.

Outcome 20

Notification of other incidents

What the outcome says

This is what people who use services should expect.

People who use the services:

- Can be confident that important events that effect their welfare, health and safety are reported to the Care Quality Commission so that, where needed, action can be taken.

What we found

Our judgement

There are moderate concerns with outcome 20: Notification of other incidents

Our findings

What people who use the service experienced and told us
People who use this service made no specific comments about this outcome.

Other evidence
Information received as part of this review evidenced that the Care Quality Commission has not received all the information of incidents in the home, or of important events that affect the welfare, health and safety of people who live in the service.

Our judgement
Robust systems are not in place to ensure that the CQC receives notifications as required.
Overall, therefore, we found that there are areas of non compliance with this outcome area.

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, Treatment of disease, disorder and injury, Diagnostics and screening procedures.	Regulation 18	Outcome 2
	Why we have concerns: People are consulted about the care and support provided and staff make sure that people are provided with information they need to make choices about their care. But further guidance should be sought around capacity and consent.	
Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care, Treatment of disease, disorder and injury, Diagnostics and screening procedures.	Regulation 9	Outcome 4
	Why we have concerns: People benefit from individual plans of care to ensure that people receive the care that they need. The staff have developed positive relationships with the people that they support. But people would benefit from the completion of a health care plan.	
Accommodation for persons who require nursing or personal care, Treatment of disease, disorder and injury, Diagnostics and screening procedures.	Regulation 13	Outcome 9
	Why we have concerns: Processes are in place for the safe storage and administration of medication. But a programme of audit to identify and address any shortfalls should be maintained.	

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, Treatment of disease, disorder and injury, Diagnostics and screening procedures.	Regulation 21	Outcome 12
	How the regulation is not being met: Robust recruitment checks are not made prior to a member of staff commencing work in the home. People could be put at risk.	
Accommodation for persons who require nursing or personal care, Treatment of disease, disorder and injury, Diagnostics and screening procedures.	Regulation 18	Outcome 20
	How the regulation is not being met: Robust systems are not in place to ensure that the CQC receives notifications as required.	

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 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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Care Quality Commission

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