

# Review of compliance

Princess Lodge Limited  
Princess Lodge  
11 High Street  
Tipton  
West Midlands  
DY4 9HU

<b>Region:</b>	West Midlands
<b>Location address:</b>	Princess Lodge 11 High Street Tipton West Midlands DY4 9HU
<b>Type of service:</b>	Nursing Home
<b>Date the review was completed:</b>	12 11 2010
<b>Overview of the service:</b>	Princess Lodge is a care home which provides nursing for up to a maximum of 25 people.  The home is located in the Borough of Sandwell

	and is close to public transport links.
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# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that Princess Lodge 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
- Management of medicines
- Staffing

### How we carried out this review

We reviewed all the information we hold about this provider, and we asked for additional information from people who purchase the services on behalf of people who live at the home. We also asked the provider to provide us with additional information. We attended meetings chaired by the Local Authority so that we could learn more about their concerns and carried out a visit on 11th November 2010 to observe how people were being cared for. We talked to people who use services, talked to staff and looked at a small sample of records relating to people who live at the home.

### What people told us

We have identified that there are gaps in some of the paperwork that should be in place, such as care plans relating to individual and specialist needs of people who live at the service. Although there are gaps in recording, people told us they enjoyed living at the home and gave examples of how they had improved since going to live

there. For example one person told us that their mobility was much better since moving into the home.

Although people told us that they feel safe and would report any concerns they had to the acting manager, we have identified that there are improvements needed in how the provider investigates any allegations of abuse when these arise. We know that not all staff have received safeguarding training although this has now been arranged.

We had been made aware that an audit of how the home deals with people's medication had found gaps in recording. We spoke to a number of people who live at the home and they told us that they received their medication when they needed it, and were always offered medication if it had been prescribed on an "as and when basis". We saw that the systems for recording and auditing had improved very recently.

People who live at the home told us that they like it there. They told us that the staff were polite, friendly and helped them when they needed it. One person told us that the recent increase in staffing levels has made the service better and has meant that they don't have to wait above a couple of minutes for help if they use their buzzers. Two visitors also said that they had noticed a difference with the increase in staff. People told us that they are supported to be independent where possible and gave examples of this around their own personal care and medical requirements.

## **What we found about the standards we reviewed and how well Princess Lodge was meeting them**

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

People living in the home told us that their needs were being met. However significant information is not always available to support how individual and specialist needs are being managed.

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

This relates to the regulated activity Treatment of Disease, Disorder and Injury

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

There are systems in place for reporting concerns or allegations however these are not always managed appropriately.

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

This relates to the regulated activity Treatment of Disease, Disorder and Injury

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

People are receiving their medication when they need it.

- Overall, we found that Princess Lodge was meeting this essential standard but, to maintain this, we have asked for further assurance about how the provider is going to maintain this.

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

People who use services benefit from sufficient staff to meet their needs.

- Overall, we found that Princess Lodge was meeting this essential standard but, to maintain this, we have asked for further assurance about how the provider is going to maintain this.

**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.

**Other information**

Please see previous review reports for more information.

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

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

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

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

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

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

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

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

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

# Outcome 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 moderate concerns** with outcome 4: Care and welfare of people who use services for the Regulated Activity Treatment of Disease, Disorder or Injury at Princess Lodge.

### Our findings

#### What people who use the service experienced and told us

We received information on two occasions which we believed to be safeguarding. Therefore we forwarded these to the local safeguarding team in Sandwell. This information indicated that people were not getting their care needs met when requested. After this, we also received information from other professionals about the quality of the care records.

When we visited on the 11<sup>th</sup> November 2010, we spoke to five people who live at the home. We also spoke to two visitors. Everybody told us that the staff were polite and friendly. People confirmed that the home was meeting their needs and appropriate referrals were being made to other professionals where it was necessary. Visitors told us that no matter what time of the day they visit, they have always been made to feel very welcome. General observations during our visit showed that the staff on duty had developed a good rapport with people who use the service.

#### Other evidence

The provider was able to give us some evidence about how they supported people and made appropriate referrals to other professionals when necessary. For

example they were able to show how they had referred to a tissue viability nurse for advice on care on pressure sores, for foot care when people are diabetic, and referrals to the doctor where it was felt appropriate. During our visit, one person told us that the home would always contact the doctor if they were unwell and that they were referred to a specialist service because they had pressure sores on discharge from hospital.

The provider and acting manager have acknowledged that there are gaps in the paperwork, for example the manager identified that people with specialist needs such as dementia or Parkinson's Disease did not have specific plans of care. She has told us that she has a clear vision on how she wants the paperwork to show and demonstrate the level of care and support being provided. Since our visit the provider has shown their commitment to improve by telling us that they have plans in place to meet the shortfall by the end of December 2010.

At a previous inspection in February 2010, we found that the home has not always been able to show the clear links between care plans and risk assessments for individuals.

#### **Our judgement**

People living in the home told us that their needs were being met. However significant information is not always available to support how individual and specialist needs are being managed.

# 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

**There are minor concerns** with outcome 7: Safeguarding people who use services from abuse for the Regulated Activity Treatment of Disease, Disorder or Injury at Princess Lodge.

### Our findings

**What people who use the service experienced and told us**  
We have received information which suggests that the provider may not have responded appropriately when allegations of abuse have been made. Visitors told us that they had never witnessed anything but kindness from the staff toward people who live there. People who live there told us they would be able to tell a member of staff if they were not happy and they felt they would be listened to.

**Other evidence**  
We received two anonymous concerns from members of the public about Princess Lodge in September 2010. We considered the information to be of a safeguarding nature, and therefore followed our processes and referred the information to the Local Authority. In addition to this, two other referrals were made by the home manager directly to the safeguarding team at the Local authority. These processes are still ongoing but despite this the provider has undertaken their own investigations which they should only have done under the Local Authority's direction".

We asked the provider to tell us how they managed these allegations. The provider's response indicated that an outcome had been decided prior to them undertaking an investigation. This was not agreed through the safeguarding

process, and means that they are unable to fully show us how they have followed good practice. It is important that the provider has an understanding of the local multi-agency guidelines for safeguarding.

At our visit to the service on 11th November 2010, the manager was able to confirm that a number of dates have been arranged for all staff to attend safeguarding training. We would also consider it appropriate for the provider to undertake an appropriate level of training if they are to be involved in investigations. This will help them to fully understand their roles and responsibilities in relation to future safeguarding investigations.

During discussions with staff, they were clear about their responsibilities for reporting concerns. The staff we spoke to felt confident that the current manager would listen and respond appropriately to any issues they raised.

### **Our judgement**

There are systems in place for reporting concerns or allegations however these are not always managed appropriately and there is limited evidence to show how staff have been trained to recognise and respond to allegations of abuse.

# 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 for the Regulated Activity Treatment of Disease, Disorder or Injury at Princess Lodge.

### Our findings

**What people who use the service experienced and told us**  
We were told as part of the information we received from other professionals that during their visit on 1st October 2010 they were concerned about the medication practices within the home. They were concerned that audit trails were not in place and out of date medication had not been disposed of properly. During our visit on 11th November 2010 people who use the service told us that they were getting their medication when they needed it.

**Other evidence**  
Prior to the receipt of this information, we undertook a random inspection in August 2010 because we had issued statutory requirement notices for the home to improve its medication practice. These notices were served under the Care Standards Act 2000. At the time we found that the provider had complied with this notice and we did not take any further action.

Because of the information we received from other professionals, we asked the provider to tell us what they were doing to make sure that they were medicines were being managed safely. They told us they are working with a local Pharmacist who has provided training on the systems. In addition they have identified the deputy manager to take the lead responsibility for ordering and auditing medications.

We attended a meeting with the Provider, the Local Authority and the Primary Care Trust in November 2010 and we were told that the systems had been reviewed by a Pharmacist and they had improved.

During our visit to the home on 11th November 2010 we spoke to people about their medication. People told us that they were supported with medications. One person said "they always ask me if I want painkillers every time". We observed the medication for this person and found this to be the case. Two people had been started on antibiotics and there was a clear audit trail and care plan for this. This is an improvement in practice.

When asked for reasons why the improvements had not been sustained since our visit in August 2010, the acting manager told us that this was because primarily there was not a designated person in day to day control, and there had been delays in moving away from the old systems due to the management arrangements.

Whilst we have assurances that the current medication practices are safe, we remain concerned that within the last three months this service has not been able to demonstrate a consistent approach to how medication is being managed. The provider should therefore consider how they can demonstrate the safe management of medication through their own quality assurance processes.

#### **Our judgement**

At the point of delivery people are receiving their medication when they need it. However we need further assurance from the provider about how they will sustain these improvements to keep people safe.

# Outcome 13: Staffing

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

**The provider is compliant** with outcome 13: Staffing for the Regulated Activity Treatment of Disease, Disorder or Injury at Princess Lodge.

### Our findings

**What people who use the service experienced and told us**  
We received information that the staffing levels within the home were low and therefore people were not receiving the care they required. People who live at the home and visitors to the home told us that they have noticed the recent increase in staffing levels and this has been better for them. For example one person told us that they didn't have to wait for assistance when they used their call bell.

**Other evidence**  
Prior to this review, we received an anonymous complaint about the staffing levels within the home in April 2010. We undertook a visit to the service in June 2010 and we were told by people who live there and the staff that the levels were appropriate to the needs of the people who lived there at that time.

A visit from other professionals to the home on 1st October 2010 indicated that the staffing levels within the home did not reflect the current needs of the people who live in the service.

We asked the provider what they were doing in response to these concerns. They told us that they had reviewed their staffing levels. They have provided an extra staff member on the morning shift, because this is when they are at their busiest. They have introduced a twilight shift in the evening so that there is extra support

when people are ready to go to bed. They have increased the domestic hours and these are now covered during the day, rather than at night, allowing the care workers at night to concentrate on personal and nursing care needs of people from 10 or 11 pm through to 7 am. The provider has assured us that the staffing levels at night are reflective of the needs of the people who live there.

In addition they told us that they have increased the domestic hours over the weekend so that care staff hours are not affected. The provider has told us that staffing levels will be reviewed on a monthly basis or as and when people's needs change.

The provider has told us that the registered manager has recently left. He has nominated a person to undertake this role in the short term whilst they recruit a permanent member of staff.

**Our judgement**

People's needs are currently being met because of temporary arrangements to cover the home's management and staffing. Proper measures should now be put in place to cover these areas in the long term which will ensure that people's needs continue to be met appropriately.

## 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
Treatment of Disease, Disorder or Injury	13	Outcome 9 Management of medicines
	<p><b>Why we have concerns:</b> At the point of delivery people are receiving their medication when they need it. However we need further assurance from the provider about how they will sustain these improvements to keep people safe.</p>	
Treatment of Disease, Disorder or Injury	22	Outcome 13 Staffing
	<p><b>Why we have concerns:</b> Peoples needs are currently being met because of temporary arrangements to cover the home's management and staffing. Proper measures should now be put in place to cover these areas in the long term which will ensure that peoples needs continue to be met appropriately.</p>	

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

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

The provider's report should be sent within 28 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
Treatment of Disease, Disorder or Injury	9	Outcome 4 Care and welfare of people who use services
	<p><b>How the regulation is not being met:</b>            People living in the home told us that their needs were being met. However significant information is not always available to support how individual and specialist needs are being managed.</p>	
Treatment of Disease, Disorder or Injury	11	Outcome 7 Safeguarding people who use services from abuse
	<p><b>How the regulation is not being met:</b>            There are systems in place for reporting concerns or allegations however these are not always managed appropriately and there is limited evidence to show how staff have been trained to recognise and respond to allegations of abuse.</p>	

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

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

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

<b>Document purpose</b>	Review of compliance report
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