

Review of compliance

Princess Lodge Limited Princess Lodge Limited	
Region:	West Midlands
Location address:	11 High Street Princes End Tipton West Midlands DY4 9HU
Type of service:	Care home service with nursing
Date of Publication:	August 2011
Overview of the service:	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.

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

Our current overall judgement

Princess Lodge Limited was meeting all the essential standards of quality and safety.

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

Why we carried out this review

We carried out this review to check whether Princess Lodge Limited had made improvements in relation to:

- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 09 - Management of medicines
- Outcome 13 - Staffing

How we carried out this review

We reviewed all the information we hold about this provider, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We spoke with a number of people who live at this service. Some gave us their opinion of what it is like to live at the home; others were unable to because of their support needs.

The people who were able to speak with us told us that they were happy living at the home. They told us about their change of bedrooms because of the new extension being built and how happy they were in their newer, bigger rooms. People said they were warm, enjoyed the food and that the staff were very good to them.

One person told us about how they enjoy the entertainment and particularly enjoyed the recent Royal Wedding celebrations. Another two people told us that they enjoyed a visit to the shops with the staff earlier that day to do the 'cake run'.

We spoke with the people who found it difficult to verbally communicate they said that they were 'alright' and confirmed this by nodding and smiling. We observed people looking cosy and comfortable.

We spoke to four sets of relatives who were all extremely pleased with the support provided to their family member. One person said "Within a week of moving in, my mother was a changed woman".

People told us that if they were unwell, the home would contact a medical professional such as a doctor.

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

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

People receive the care and support they need, staff are helpful and provide the care in a dignified way.

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

People who use the service are protected from abuse and where allegations are made, staff understand the appropriate action to be taken to safeguard people from further abuse.

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

People can be assured that the service operates a safe system for the administration of medication.

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

People using the service can be assured that sufficient staff are available to meet their individual care needs.

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 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

We spoke with a number of people who use the service, they told us that they were satisfied with the home, they were comfortable and content.

One person stated "You can't fault it really". Another person said "love it here and love my new room".

Some people in this service were unable to fully communicate with us due to their support needs. However, people looked warm, comfortable and at ease. When we sat and spoke to people they indicated by nodding and smiling when we asked if they were ok.

Visitors told us that they were happy with the support their friend or family member gets. They told us that they were always keep informed of any changes and were always welcomed into the home, whatever time they chose to visit. We observed positive interaction between the staff, visitors and the person who lives at the service. Visitors told us that it was always like that whenever they came to the home.

Other evidence

At the visit to the service in November 2010 we found moderate concerns with the care and welfare of people. We found that there were gaps in how the provider demonstrated that they were providing the right care in the right way.

As a result of this, we issued compliance actions and detailed how the regulations were

not being met.

The provider sent us a report and action plan telling us of the actions being taken to ensure compliance with the essential standards. We also asked them to provide us with monthly updates for three months.

We have attended regular meetings with the local authority and the provider and received feed back which assured us that the provider was working to improve systems to demonstrate how they are supporting people.

At this visit we checked to see if the actions described by the manager had been completed.

Generally the records we reviewed showed improvements. Individual files were available and there was evidence of regular review. Information was easily accessible and available.

We looked at a couple of different care plans and risk assessments for two people who use the service. Risk assessments had been reviewed and completed, with the details of the actions needed to reduce the risk clearly documented. For example one file showed that the person had been losing weight. We could see that this had been risk assessed and the person referred to the dietician. This visit was reflected back into the care plan, daily records and assessment record. We also spoke to the cook who was able to tell us about this person's dietary requirements. It is now important for the provider to be able to demonstrate that they are able to sustain the improvements through regular review.

During the visit, we observed a handover (this is when one shift ends and a new shift starts). We heard the staff pass on useful information to the staff coming on duty. For example we heard that one person needed to be encouraged with fluids as their intake had been limited in the morning. When in the lounge later that day, we saw the care assistants with this person trying to encourage them to have a drink of squash.

Our judgement

People receive the care and support they need, staff are helpful and provide the care in a dignified way.

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

People told us that they felt safe and well supported by the nurses, staff and other workers within the home. They also told us that if they had any concerns they would go straight to the manager. They felt that something would be done about their concerns.

Other evidence

At the visit to the service in November 2010 we found minor concerns with the way the service had safeguarded people when allegations were made.

As a result of this, we issued compliance actions and detailed how the regulations were not being met.

The provider sent us a report and action plan telling us of the actions being taken to ensure compliance with the essential standards. We also asked them to provide us with monthly updates for three months.

Between this visit and the last one in November 2010, we received two anonymous concerns about individual people who live at the service. We forwarded this information to the local authority that is responsible for leading on safeguarding concerns. They undertook two 'safe and well' visits and fed back to us that people were safe and being well cared for.

At this visit we checked to see if the actions described by the manager had been completed.

The manager and her line manager told us they had enrolled for an advanced course in safeguarding. This is a two day course run by the local authority which is aimed at managers. At the time of the visit they had completed one day and were due to attend the second day in the near future. Both felt that the course had offered them opportunities to learn about safeguarding, and they were able to give us examples of what they had learnt and how they would put this into practice if they were made aware of an allegation in future.

The manager told us that all staff have either undertaken a one day course with the local authority or were booked to attend.

We spoke to three staff who were all very clear of their responsibilities for reporting abuse. They also told us that they felt that the manager would listen and respond to the concerns.

Our judgement

People who use the service are protected from abuse and where allegations are made, staff understand the appropriate action to be taken to safeguard people from further 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

All the people we spoke to told us that they received their medication when they needed it. Some people in this service were unable to fully communicate with us due to their support needs, so were unable to offer a view as to how they receive their medication. However we observed them to be supported with their medication.

Other evidence

At the visit to the service in November 2010 we found the service to be compliant with medication because they had recently reviewed the systems in response to concerns raised by the local authority and primary care trust. We wanted assurances from the provider that they could sustain compliance.

As a result of this, we made an improvement action asking the provider for further assurance about how they would maintain compliance.

The provider sent us a report and action plan telling us of the actions being taken to ensure compliance with the essential standards. We also asked them to provide us with monthly updates for three months.

At this visit we checked to see if the actions described by the manager had been completed.

Air conditioning has been installed into the treatment room which helps to maintain a

constant temperature. The deputy manager is responsible for auditing, and managing the medication systems. We saw evidence of regular audits. No concerns have been raised. We sampled a couple of records and there were no gaps on the medication administration records.

The home uses the services of a pharmacy in the local area. They also come in and monitor and audit the management of medicines. The manager told us that a community pharmacist had visited the service recently. Although they did not provide a report, the manager told us that no concerns were raised as a result of the visit.

The manager was able to show us how they make changes to medication safely. For example, when a doctor changes the prescription or adds medication, they either get a letter from the doctor or prescriber or keep a copy of the prescription as proof. We saw two examples which were well managed.

Our judgement

People can be assured that the service operates a safe system for the administration of medication.

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 we spoke to told us that they never had to wait for a care assistant when they needed help. One person said "I just ring my bell and they are there straight away".

We observed staff engaging with people, playing games or generally chatting whilst providing support.

Other evidence

At the visit to the service in November 2010 we found the service to be compliant with staff because they had recently reviewed the levels in response to concerns raised by the local authority and primary care trust. We wanted assurances from the provider that they could sustain compliance.

As a result of this, we made an improvement action asking the provider for further assurance about how they would maintain compliance.

The provider sent us a report and action plan telling us of the actions being taken to ensure compliance with the essential standards. We also asked them to provide us with monthly updates for three months.

At this visit we checked to see if the actions described by the manager had been completed.

We saw the systems in place to regularly review the number of staff on duty. The

provider told us that they are currently working above staffing levels because of the extension and refurbishment programme that is now nearing conclusion. The manager was able to give examples of where a person's needs had increased and she was able to secure one to one care for her during this period.

We spoke to staff and they told us that they were busy, but did not feel that they were short staffed. People were seen to get the care they needed when they asked for help or required assistance. For example, we observed people being assisted to eat their dinner. Staff were seen to casually chat with the person and other people at the table.

We observed the staff interacting and engaging with people and visitors. The atmosphere throughout our visit was relaxed and friendly.

Our judgement

People using the service can be assured that sufficient staff are available to meet their individual care needs.

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
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