

# Review of compliance

Elder (UK) Limited Edensor Nursing and Residential Home	
<b>Region:</b>	East
<b>Location address:</b>	3-9 Orwell Road Clacton-on-sea Essex CO15 1PR
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	January 2012
<b>Overview of the service:</b>	Edensor is a care home with nursing, providing accommodation for up to 66 older people who may also have physical disabilities, dementia or sensory impairment. Edensor is also registered to provide the regulated activities 'treatment of disease, disorder or injury' and 'diagnostic and screening services'.

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

## Our current overall judgement

**Edensor Nursing and Residential Home was not meeting one or more essential standards. Improvements are needed.**

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

### Why we carried out this review

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

### How we carried out this review

We reviewed all the information we hold about this provider.

### What people told us

People with whom we spoke told us that they were happy with the care that they were receiving. They also told us that staff were very nice and understood their needs very well. People with whom we spoke also told us that the meals provided in the home were very nice and they were always provided with a choice of menu.

### What we found about the standards we reviewed and how well Edensor Nursing and Residential Home was meeting them

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

People are generally supported to receive personalised care, however suitable care planning and risk management was not in place for all of the people residing in the home.

#### **Outcome 05: Food and drink should meet people's individual dietary needs**

People are supported to maintain a healthy well balanced nutritious diet, that meets individual needs and requirements.

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

People using the service are not fully protected from the risk of abuse, this is because not all staff employed in the home have been provided with the necessary training.

#### **Outcome 09: People should be given the medicines they need when they need them,**

## **and in a safe way**

People who use the service are protected against the risks associated with the unsafe use and management of medicines, however, further improvements as identified during the inspection visit are still needed in this outcome area.

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

People using the service benefited from a safe and comfortable environment, however many areas of the home were tired and worn and in need of refurbishment.

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

Care staff are not being provided with the necessary training that they require to ensure that people's needs maybe met and safeguarded.

### **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The internal systems for assessing and monitoring the quality of the service were sufficiently well structured to ensure that information from all sources is captured, collated and used to improve the experiences of people using the service.

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

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

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

## **Other information**

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

## Outcome 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

There are major concerns with Outcome 04: Care and welfare of people who use services

#### Our findings

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

We did not receive any comments from people using the service in respect of this outcome.

##### Other evidence

We looked at the care plans of four people using the service. Three had been based upon the home's assessment of need and the care plans resulting from the assessments of needs were based upon the activities of daily living. Care plans were in place for people around mobility, continence, communication, falls, nutrition, elimination, personal hygiene and tissue viability.

Where necessary and relevant risk assessments were in place for manual handling, nutrition and falls.

The care plans that we saw provided staff with guidance about how people needed to be supported to enable their assessed needs to be met. Staff with whom we spoke told us that they felt the care plans provided them with the necessary information that they needed to enable them to support people effectively.

The care plan folder that we looked at for the fourth person did not contain an active care plan. This matter was discussed with the person in charge who told us that the care plans had been undergoing restructuring and it was therefore possible that we had been given the incorrect folder. A second folder was then provided in respect of this person, once again we were unable to find any evidence of an active care plan. This was of particular concern as they had been in residence in the home since October 2010 and there was no process in place to show how their needs should be met.

**Our judgement**

People are generally supported to receive personalised care, however suitable care planning and risk management was not in place for all of the people residing in the home.

## Outcome 05: 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 05: Meeting nutritional needs

#### Our findings

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

People with whom we spoke told us that the food provided in the home was good. They also told us that they were provided with a choice and that snacks were always made available in the evening.

##### Other evidence

The home operates rotational menus and those that we looked at showed that people were being provided with a diet that was varied and nutritious. People who were able were supported to make a choice from two available choices. For those people who are unable to choose for themselves then staff make a choice on their behalf's, based upon their known likes and dislikes.

We discretely observed the lunchtime meal and saw that meals were pleasantly presented. We saw that staff were available in sufficient numbers to ensure that people were appropriately supported.

People who had chosen or required their meals in their rooms were seen to receive them on a nicely laid out tray and the meal was covered to keep it warm and to protect it from the environment.

Those people who required their meal to be provided in a pureed form due to swallowing difficulties were seen to receive their meals individually prepared to ensure that the meal was as appetising as possible.

Overall the mealtime experience that we observed was pleasant and unhurried and people with whom we spoke told us that they had enjoyed their meal.

##### Our judgement

People are supported to maintain a healthy well balanced nutritious diet, that meets

individual needs and requirements.

## 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

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

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

We did not receive any comments from people using the service in respect of this outcome.

##### Other evidence

The home had in place a comprehensive policy regarding safeguarding, which included details of how and to whom allegations of concern should be reported. At the time of our visit the home had two on-going safeguarding investigations, both of which were related to the administration of people's medication.

At the time of our last key inspection visit undertaken in June 2009 concerns were identified regarding the safeguarding training that staff were being provided with. At this visit we once again explored the training that staff were being provided with. The records that we looked at showed us that since the last inspection undertaken in June 2009, thirty-eight staff have received safeguarding training up to December 2010, since January 2011, thirty-six of the forty four staff employed have also received training. This leaves four care staff and four ancillary staff members outstanding in respect of the necessary training.

##### Our judgement

People using the service are not fully protected from the risk of abuse, this is because not all staff employed in the home have been provided with the necessary training.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

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

We did not receive any comments from people using the service in respect of this outcome.

##### Other evidence

On 27 October 2011 and as part of our review our Commission's pharmacist inspector visited the home to assess the safety of medicine management. During the inspection visit we looked at medicine administration practises and how information in medication administration records and care notes for people living in the home supported the safe handling of their medicines.

At the time of arrival for inspection we noted that medicines were being kept secure in a central medicine storage room. During the visit we observed part of the lunchtime medicine round and found that medicines were administered sympathetically to people by nurses who followed safe hygiene and medicine administration procedures. We noted that the medicine trolley was kept secure at all times. We looked at arrangements in place for the storage and additional security needed for controlled drugs and informed the manager that the cabinet used for storage of controlled drugs needed to be fitted properly to the wall in line with Misuse of Drugs (Safe Custody) Regulations.

We found, when considering records for the administration of medicines that records were complete and also that recent changes to medicines were accurately documented. We conducted a sample audit of medicines using recorded information on

medication charts and found that all medicines sampled could be accounted for in full. The manager informed us there was still some improvement needed for records of some medicines where some written directions of medicine administration frequencies were incomplete. We noted that there were written protocols in place for medicines prescribed for occasional use at the discretion of staff (PRN medicines), however, whilst nurses we talked to described specifically how and when such medicines were to be used, we identified areas where further written detail was needed. We found that a person prescribed anticoagulant medicine Warfarin was receiving necessary blood testing at scheduled times.

We noted that medicines were available to administer as scheduled and that all had been obtained in time for the current 28-day medicine administration cycle. The manager informed us that systems for ordering and obtaining medicines had recently been changed to enable this to be achieved.

There were several people who were previously given their medicines in drink or foodstuffs by covert means. The manager informed us that having taken professional advice, each person was no longer receiving their medicines in this way, but that arrangements were being made to ensure each person's mental capacity was being assessed and multidisciplinary team members consulted before medicines were administered covertly. The manager informed us that he expected these arrangements to be completed within seven days of our visit. As a result of these steps, some people who were no longer given their medicines covertly were refusing their medicines. We looked at care records and noted that where people were regularly refusing their medicines, the home had informed and consulted with the prescribers.

The manager informed us that he was taking steps by regular supervision and observation to ensure nurses administering medicines did so safely and competently. He also informed us that further training was being arranged with the supplying pharmacy but that this has not yet been confirmed.

### **Our judgement**

People who use the service are protected against the risks associated with the unsafe use and management of medicines, however, further improvements as identified during the inspection visit are still needed in this outcome area.

## 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

There are minor concerns with Outcome 10: Safety and suitability of premises

#### Our findings

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

We did not receive any comments from people using the service in respect of this outcome.

##### Other evidence

The home is very large and is spread out over three floors. We carried out a tour of the premises which included people's personal living areas, communal living areas and bathing/toilet facilities. We saw that many areas of the home were looking tired and worn and in need of redecoration.

The operations manager told us that a plan of refurbishment was planned, although the plan referred to was unavailable to us to view.

The home employed a maintenance person fulltime and they had responsibility for carrying out routine maintenance e.g. painting and carpentry, this ensured that routine maintenance issues could be dealt with in a timely way..

##### Our judgement

People using the service benefited from a safe and comfortable environment, however many areas of the home were tired and worn and in need of refurbishment.

## Outcome 14: Supporting staff

### 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

There are moderate concerns with Outcome 14: Supporting staff

#### Our findings

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

We did not receive any comments from people using the service in respect of this outcome.

##### Other evidence

From discussion with staff and from the viewing of the training records that we looked at, it was evident that not all staff were receiving safeguarding training, and none of the staff had received any training around the administration of medicines. The training matrix provided to us by staff confirmed as previously reported that staff had not been provided with any medication training.

The training matrix also showed that there were a number of other gaps in respect of the training that staff were being provided with including manual handling, health and safety, food hygiene and infection control.

##### Our judgement

Care staff are not being provided with the necessary training that they require to ensure that people's needs maybe met and safeguarded.

## 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

We did not receive any comments from people using the service in respect of this outcome.

##### Other evidence

The home's last quality assurance visit was undertaken in March and June 2011 by the organisations quality assurance manager. Audits were undertaken in care planning, staff files, health and safety, medication, supervision and infection control. The audit recorded 89% compliance.

Minor concerns were identified following this audit relating to staff files and a moderate concern was identified relating to the care plan looked at.

We saw survey responses for those people to whom surveys had been sent and noted that people's responses were generally positive about the care that they were receiving.

##### Our judgement

The internal systems for assessing and monitoring the quality of the service were sufficiently well structured to ensure that information from all sources is captured, collated and used to improve the experiences of people using the service.

## Action we have asked the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>How the regulation is not being met:</b> The registered person must ensure that each service user is protected by planning their delivery of care in such a way as to ensure that their individual needs are met.</p>	
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p><b>How the regulation is not being met:</b> The registered person must ensure that all staff receive the training that they need to enable them to ensure that people using the service are kept safe.</p>	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p><b>How the regulation is not being met:</b> The registered person must ensure that the premises are maintained and kept in a good state of repair.</p>	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated	Outcome 14: Supporting staff

	Activities) Regulations 2010	
	<p><b>How the regulation is not being met:</b> The registered person must ensure that staff have the necessary skills and training that they need to enable them to meet people's needs and keep them safe.</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 the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
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