

# Review of compliance

Maple Health UK Limited Maple Lodge	
<b>Region:</b>	East
<b>Location address:</b>	247a Berechurch Hall Road Colchester Essex CO2 9NP
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	September 2012
<b>Overview of the service:</b>	Maple Lodge is a small residential home registered for five people with learning and physical disabilities and who have autism.

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

## Our current overall judgement

**Maple Lodge was not meeting one or more essential standards. We have taken enforcement action against the provider to protect the safety and welfare of people who use services.**

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 Maple Lodge had taken action in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 14 - Supporting workers
- Outcome 16 - Assessing and monitoring the quality of service provision

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 26 June 2012, observed how people were being cared for and talked to staff.

### What people told us

The people who lived at Maple Lodge had different ways of communicating such as through words and sounds, gestures and body language. They did not respond to many of the questions that we asked them. We saw that some people were engaged in different activities such as household tasks and the staff encouraged people to participate in those activities in a respectful and patient way.

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

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

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

#### **Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. Where people did not have the capacity to consent, the provider did not act in accordance with legal requirements.

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

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. People did not experience care, treatment and support that met their needs and protected their rights. Where areas of non-compliance have been identified during inspection they are being followed up and we will report on any action when it is complete.

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

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. People who used the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Where areas of non-compliance have been identified during inspection they are being followed up and we will report on any action when it is complete.

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

The provider was not meeting this standard. We judged that this had a moderate impact on people who use the service. People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

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

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. There were not enough qualified, skilled and experienced staff to meet people's needs.

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

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. People were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate 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**

The provider was not meeting this standard. We judged that this had a major impact on people using the service and action was needed for this essential standard. The provider did not have an effective system to regularly assess and monitor the quality of service that people receive. We have taken enforcement action against the provider for this essential standard to protect the health, safety and welfare of people using this service.

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

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. People were not protected from the risks of unsafe or inappropriate care and support.

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

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. We will check to make sure that this action has been taken.

We have taken enforcement action against Maple Health UK Limited.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

#### Our findings

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

During our visit we saw that people were involved in day to day tasks around their home for example hanging out their washing. One person was encouraged to vacuum the lounge carpet and another was helped to choose a DVD to watch. We saw that staff were engaged with people they supported, providing reassurance and reinforcing the boundaries in relation to people's language and behaviour.

##### Other evidence

At our last inspection on 26 March 2012 we had moderate concerns about the involvement of people who lived at Maple Lodge. These related to people's lack of involvement in planning their care and the service not having relevant communication tools in place to assist people to make their needs known.

We asked the provider to respond with an action plan telling us what they would do to achieve compliance with this standard. We received this action plan within the timescale given. The provider wrote to us on 29 April 2012 and told us that people's choices would be documented, care plans would include communication strategies, communication passports (a booklet of words, photos and pictures to help someone understand and be understood) would be in place and all staff would be trained in inclusive communication by the end of June 2012. We undertook a further inspection on

26 June 2012 to see if improvements had been made.

Since our last visit, people had been involved in creating and developing their care plans and their communication passports. We saw a number of communication passports had been developed which were individual to the person and with easy words, appropriate pictures and photos. These were designed to assist people to communicate and for others to understand their needs and feelings.

The staff told us that people had been involved as much as possible in developing their passports and making them specific to the person's individual communications needs. This included making choices about the colour of the folder and what pictures and photos to use. They tested out the pictures and photos and easy words to make sure people recognised them, were comfortable with using them and they were appropriate. Using the computer was the best way of involving one person in developing their passport and that person was able to suggest that some photos they didn't like were removed.

Whilst information was recorded on the person's file about their communication and other needs, it was not recorded how and in what way people were involved and how they made choices about their care, support, daily lives and activities. We were told that the staff who knew people the best provided the information about them that helped to create their current care and health action plans and communication passports.

The manager told us that training for staff in the use of Makaton (a form of sign language) had been undertaken as part of the training in interactive communication. This would provide opportunities for the person who used Makaton to express themselves and for staff to better meet their needs. A staff member who was using the signs had had a positive response back from the person. However, most of the staff were reluctant to use it and one staff member told us that they don't use it very often, sometimes they might sign 'hello' in Makaton but as the person doesn't use signs very often it was not really useful.

In order for staff to support people at Maple Lodge around their sexuality and sexual relationships, a sexual awareness session with the specialist community nurse was due to take place with the staff in July 2012.

### **Our judgement**

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

## Outcome 02: 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 non-compliant with Outcome 02: Consent to care and treatment. We have judged that this has a moderate impact on people who use the service.

#### Our findings

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

The people who lived at Maple Lodge had different ways of communicating with people such as through words and sounds, gestures and body language. We did not talk to them about consent issues during our inspection.

##### Other evidence

People at Maple Lodge had very complex needs and were unable, due to a number of reasons, to consent to their care and support. We were told by the manager that Mental Capacity Act assessments (an assessment to determine people's ability to make informed choices) were in the process of being reviewed for people as the ones on file were all out of date and were not individual and person centred.

One Mental Capacity Act assessment had been completed for someone who needed health related treatment and this was completed by the relevant people. On one person's file we saw seven Mental Capacity Act assessments dated 2010 which were not individualised for the person concerned. This meant that people's best interests had not been assessed and taken into account in matters that related to their care and welfare.

The manager told us that all staff had undertaken training in the Mental Capacity Act 2005 and we saw their certificates. Guidance about completing relevant Mental

Capacity Act assessments had been provided to them from Essex County Council to ensure that choices made by staff on behalf of people who lacked capacity were in their best interest.

In terms of people making appropriate decisions and consenting to their care and support, there were no policy and procedures in place. The manager told us that best interest meetings were carried out as and when needed for those who lacked capacity and where decisions were needed about aspects of their life. We did not see records of any of these meetings having taken place. The manager told us that they plan to set up 'circles of support' (friends and family members who know the person well and who would make decisions on their behalf) and, at the time of our inspection, this was being looked into.

Whilst there was evidence to support that one Mental Capacity Act assessment was undertaken, the service did not have suitable arrangements in place for obtaining consent and people could not be confident that their human rights would be respected and taken into account.

### **Our judgement**

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. Where people did not have the capacity to consent, the provider did not act in accordance with legal requirements.

## 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 non-compliant with Outcome 04: Care and welfare of people who use services. We have judged that this has a moderate impact on people who use the service.

#### Our findings

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

The people who lived at Maple Lodge had different ways of communicating such as through words and sounds, gestures and body language. They did not respond to many of the questions that we asked them.

##### Other evidence

At our last inspection on 26 March 2012 we had moderate concerns about the care and welfare of people who lived at Maple Lodge. These related to lack of care planning, risk assessments and activities.

We asked the provider to respond with an action plan telling us what they would do to achieve compliance with this standard. We received this action plan within the timescale given. The provider wrote to us on 29 April 2012 and told us that they would have person centred plans in place by end of June 2012. We undertook a further inspection on 26 June 2012 to see if improvements had been made.

Maple Lodge provided care and intensive support for five men with high support needs. Three people needed one to one support, two people needed two to one support and all had two to one support when outside of the home in the community.

We saw that the care files were in the process of being reviewed. We looked at the care files belonging to three people. One file we looked at was very large and contained a range of documents which included a pen picture of the person, a support plan, a

communication passport, a health information passport, risk assessments and a health action plan. The majority of these documents were in easy words, pictures and photos.

Another file we looked at had a support plan and risk assessment in easy words and pictures. We were told by the staff that the copy of these documents for staff to use were still being finalised on the computer. The third file that we looked at contained risk assessments that had been completed and which identified ways of dealing with those risks to keep the person safe. However, the persons support plan identifying their personal care needs was still being completed and we were shown a copy of the draft support plan on the computer.

We were told by the staff that support plans and risk assessments for two people who used the service had not been completed. When we asked staff about how they were completing the support plans and risk assessments, they told us they were relying on information and knowledge about their needs from the staff who knew them best. Therefore, the safety and appropriate care and support for those individuals without risk assessments was reliant on staff knowledge and understanding which, if these staff were not available at any given time, could place people at even greater risk.

The manager told us that the easy read versions of the plans and passports would be given to individuals when they were completed for them to keep with them and in their rooms. At the time of the inspection, we did not see that anyone had a communication passport with them in order to communicate more effectively with the staff.

Information in the files was very repetitive, especially in relation to people's health information and confusing with easy read and standard text documents mixed up together. New members of staff or agency workers would find it very difficult to gain an understanding of a person's needs in order to support them efficiently within a short period of time.

We were told by a staff member that a person using the service was having a difficult time. A crisis meeting had been held a few days before our inspection with relevant professionals and a strategy developed to manage the situation for the person concerned. However, this agreed strategy to manage and support the person was not recorded or available as guidance for all of the staff. The manager confirmed that no strategy had been or was currently in place to manage the risks associated with the person's behaviour or to keep that person or other people living at Maple Lodge or the staff safe.

Everybody except one person was at the home with no activities planned for them that day. The manager told us that people did not have a plan of activities at this time as these were being developed. An activities board was being created in the hallway so that people could choose what activities they wanted to do and when. Apart from household tasks, we did not see anyone engaged in any activity in the morning. In the afternoon, one person was supported to go to Clacton and they had talked about it earlier in the day. Whilst some people were able to undertake spontaneous activities, on a day to day basis people were not being provided with structured and stimulating activities and ways to spend their time.

### **Our judgement**

The provider was not meeting this standard. We judged that this had a moderate impact

on people using the service and action was needed for this essential standard. People did not experience care, treatment and support that met their needs and protected their rights. Where areas of non-compliance have been identified during inspection they are being followed up and we will report on any action when it is complete.

## 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 non-compliant with Outcome 07: Safeguarding people who use services from abuse. We have judged that this has a moderate impact on people who use the service.

#### Our findings

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

We spoke to people using the service but their feedback did not relate to this standard.

##### Other evidence

At our last inspection on 26 March 2012 we had major concerns about the safeguarding of people who lived at Maple Lodge. These related to the procedures for restraining people, staff training in how to protect people and the way some of the staff were dressed..

We asked the provider to respond with an action plan telling us what they would do to achieve compliance with this standard. We received this action plan within the timescale given. The provider wrote to us on 29 April 2012 and told us that the restraint policy would be updated and management strategies would be implemented immediately, all staff would be trained in restraint techniques and the whistle blowing policy would be made available to staff by end of April 2012. We undertook a further inspection on 26 June 2012 to see if improvements had been made.

Training in how to restrain people safely had been completed by all the staff except for two who were on leave. Behaviour management strategies and a physical intervention reporting procedure were being developed with support and guidance from the Essex County Council Behaviour Advisory Team. Observations by behaviour advisors of staff's practice in dealing with people's behaviour were being fed back to the manager and staff in order that supportive and safer techniques could be better used to help

people to manage their feelings and behaviour.

There was evidence that staff had not followed the relevant procedures in responding to safeguarding incidents. The manager told us that they were concerned about the safety and wellbeing of people using the service as some of the staff did not have the necessary skills and experience to deal with the complex and challenging needs people presented on a daily basis. Staff with the relevant experience and skills were providing support to other staff who were in the process of being trained and gaining experience.

At our last inspection, we asked the deputy manager to address our concerns with regard to the clothing that some of the female staff were wearing. This clothing was not appropriate for working within this type of service because it could put people who use the service and staff at risk if any physical intervention or restraint procedures were required. We asked the staff if this had been raised with them either individually or in a staff meeting or handover and we were told that this had not been mentioned and that this was the first they had heard about it. This was not addressed on the action plan provided by the provider and was still outstanding.

The manager told us that financial procedures were now established and people's monies kept at the home were audited monthly and all accounted for. Where appropriate, Essex Guardians (a service to handle the financial affairs when people do not have the mental capacity) were involved to safeguard people's best financial interests.

### **Our judgement**

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. People who used the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Where areas of non-compliance have been identified during inspection they are being followed up and we will report on any action when it is complete.

## 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 non-compliant with Outcome 09: Management of medicines. We have judged that this has a moderate impact on people who use the service.

#### Our findings

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

We spoke to people using the service but their feedback did not relate to this standard.

##### Other evidence

Prior to our inspection we had received information which raised concerns about the management of medicines in the service.

Not all medicines were stored securely for the protection of people who used the service. There was a large quantity of medication waiting to be disposed of which was not in a locked container and so could be accessible to unauthorised people. The temperature of the area where medicines were stored was monitored and recorded twice each day but had been recorded above the recommended maximum on several occasions during the previous three weeks without any record of any action taken to ensure the quality of medicines stored there. The record form used to record the temperature didn't record the month and year of use.

While systems were in place to record when medicines were received into the service, when they were given to people and when they were disposed of, these records were incomplete. Not all records of the receipt of medicines were dated and the quantity of medication carried forward to a new recording period was not always recorded so it was difficult to account for all medicines in use. The records made when medicines were given to people were reasonably complete and demonstrated that people received their medicines as prescribed, but these records did not always correspond to the medication

held in date-ordered blister packs. There was no ongoing record of medicines waiting to be disposed of and there were supplies of medicines held for people who used the service which were not recorded on their medication record form. There was clear information for each person about the way they liked to take their medicines and this was held with the medication record forms.

Medication supplied to people when they left the service on a short-term basis was provided in containers which were not properly labelled with the details of the dose to be taken or given. Records made when these containers were set up were inadequate and records of medication leaving and being returned to the service were inaccurate. The service did not have a policy or procedure for the provision of medication when outside of the home.

Where people were prescribed medicines on a 'when required' basis, for example, to control a person's behaviour that was challenging, there was insufficient guidance for staff in care plans to ensure such medicines were used appropriately. However, staff could describe the circumstances such medicines would be used if necessary.

The service's policy stated that only staff who have received training and who 'have been assessed as competent' would be allowed to administer medication to people who used the service. We found evidence that staff had received appropriate training but there was no evidence of any assessment of competence.

The service's policy also stated that 'weekly medication audits' would be carried out but these were not being done. We saw evidence that there was a weekly stock check carried out but the previous check on the quality and accuracy of medication records was dated 11 May 2012.

### **Our judgement**

The provider was not meeting this standard. We judged that this had a moderate impact on people who use the service. People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

## 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 non-compliant with Outcome 13: Staffing. We have judged that this has a moderate impact on people who use the service.

#### Our findings

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

We spoke to people using the service but their feedback did not relate to this standard.

##### Other evidence

The manager told us that they were in the process of recruiting more staff as there had been a significant turn over of staff in the last six months. Interviews were taking place on the day of our inspection. The service was clear about how many staff were needed to meet the assessed needs of people due to their one to one or two to one support. Agency staff who knew the needs of people had been used in the past. However, two agency workers had been supplied by the agency recently to work a shift and were not known to people at Maple Lodge and who did not know their needs.

Staff told us that they sometimes worked extra shifts to cover for the staff shortages. One staff member told us that some of the newer staff had more skills and experience than some of the staff who had been at the service some time.

The shift rotas were not being organised so that staff members with the skills, competence and responsibility for particular tasks such as administering medication were always on a shift to ensure that people received their medication in the correct way and at the correct time.

##### Our judgement

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. There

were not enough qualified, skilled and experienced staff to meet people's needs.

## 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 non-compliant with Outcome 14: Supporting workers. We have judged that this has a moderate impact on people who use the service.

#### Our findings

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

We spoke to people using the service but their feedback did not relate to this standard.

##### Other evidence

There had been some significant changes to the management of the home during the past six months. Processes had been put in place to support the staff, and the manager told us that these included a programme of training, regular and recorded supervision of staff, regular staff meetings, a self assessment tool for staff to complete about their competency at work and working in a more person centred, therapeutic and individual way. The manager told us that some staff had welcomed the changes whilst other staff were finding the changes a challenge, were not supportive and were not engaging with the implementation of the new care practices.

Training planned for staff had been completed since our last inspection and we saw certificates in the staff files. This training included restraint/physical intervention, inclusive communication including Makaton, positive behaviour support, safeguarding vulnerable adults from abuse, equality and diversity, record keeping and the Mental Capacity Act 2005. The staff told us that the training had been interesting and worthwhile and was helping them to do their job better.

The home had developed and implemented a whistle blowing policy and this had been discussed with staff at a staff meeting in February 2012 and all staff had signed that they had received a copy of the General Social Care Council Code of Conduct for care staff.

Whilst training had been undertaken by staff, there was evidence that some of this training had not been implemented and staff were not directed or supported to use the knowledge and skills learnt. This was evident in relation to the use of Makaton, safeguarding vulnerable adults from abuse and physical intervention techniques. People could not therefore be assured that staff would support them appropriately, safely and with dignity and respect.

**Our judgement**

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. People were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

## 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 non-compliant with Outcome 16: Assessing and monitoring the quality of service provision. We have judged that this has a major impact on people who use the service.

#### Our findings

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

We spoke to people using the service but their feedback did not relate to this standard.

##### Other evidence

At our last inspection on 26 March 2012 we had major concerns about the assessment and monitoring of the quality of the service which related to the lack of quality assurance in place.

We asked the provider to respond with an action plan telling us what they would do to achieve compliance with this standard. We received this action plan within the timescale given. The provider wrote to us on 29 April 2012 and told us that records would be audited and an audit process developed immediately and an easy read survey developed and surveys sent to relatives and responses analysed by end of June 2012. We undertook a further inspection on 26 June 2012 to see if improvements had been made.

The manager told us that no policy or procedure had been developed to monitor the quality of the service. Records relating to the running of the home had not been audited by the manager or staff. A medication stock check had been completed by the provider in May 2012 to check on the quality and accuracy of medication records. However, this process was inconsistent as the service's policy stated that 'weekly medication audits' would be carried out.

The manager told us that a questionnaire about the service had been given to relatives to complete in May 2012 and to date they had not received any responses. However, at a meeting in June 2012 held with relatives, they told the manager verbally their views about the service. The manager told us that they had not recorded these views and acknowledged that this needed to be completed as part of the quality monitoring process. Easy read surveys were being developed for people at the service to complete but were not available for us to look at.

House meetings to talk about activities and meals with everyone together had been tried but did not work as some people found it difficult to participate. Instead key worker meetings were held and notes taken and kept in the person's care file. There was an easy read questionnaire for people to complete after a meeting with their key worker as to their satisfaction about how the meeting went. We did not see any completed.

### **Our judgement**

The provider was not meeting this standard. We judged that this had a major impact on people using the service and action was needed for this essential standard. The provider did not have an effective system to regularly assess and monitor the quality of service that people receive. We have taken enforcement action against the provider for this essential standard to protect the health, safety and welfare of people using this service.

## 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 non-compliant with Outcome 21: Records. We have judged that this has a moderate impact on people who use the service.

#### Our findings

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

We spoke to people using the service but their feedback did not relate to this standard.

##### Other evidence

We looked at records relating to some people who used the service and some of the staff. Some of the records we saw for people who used the service such as support plans and risk assessments were not complete or up to date. Whilst the support plans we saw that were up to date were in accessible formats for the people concerned, they were not in a format that could be easily accessed by the staff.

The manager told us that all of the records were being reviewed and updated including Mental Capacity Act assessments, management strategies and policy and procedures. Some of the records that we saw being reviewed were on the computer and no hard copy were available on the person's file. Therefore, this information was not at all accessible to the staff in supporting people appropriately.

We were told that an emergency strategy for managing a person's behaviour during a particular episode of distress had not been recorded which meant that staff were not equipped to support that person in a coordinated and appropriate way.

Some medication records were found to be incomplete with not all records of the receipt of medicines being dated, or those being disposed of, the quantity of medication carried

forward to a new recording period was not always recorded and the form used to record the temperature didn't show the month and year of use.

The provider did not have accurate records in respect of each person using the service to protect them against unsafe or inappropriate care and support practices.

**Our judgement**

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. People were not protected from the risks of unsafe or inappropriate care and support.

## 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 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	<b>How the regulation is not being met:</b> Where people did not have the capacity to consent, the provider did not act in accordance with legal requirements.	
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<b>How the regulation is not being met:</b> People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. There was insufficient guidance for staff on the use of some medicines.	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<b>How the regulation is not being met:</b> There were not enough qualified, skilled and experienced staff to meet people's needs.	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008	Outcome 14: Supporting workers

	(Regulated Activities) Regulations 2010	
	<b>How the regulation is not being met:</b> People were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.	
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<b>How the regulation is not being met:</b> People were not protected from the risks of unsafe or inappropriate care and support.	

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 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.

## Enforcement action we have taken

The table below shows enforcement action we have taken because the service provider is not meeting the essential standards of quality and safety shown below. Where the action is a Warning Notice, a timescale for compliance will also be shown.

Enforcement action taken			
Warning notice			
This action has been taken in relation to:			
Regulated activity	Regulation or section of the Act	Outcome	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision	
	How the regulation or section is not being met:	Registered manager:	To be met by:
	The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.		31 August 2012

# 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

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

## Information for the reader

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