

Review of compliance

<p>R S Medicare Belton Lodge Nursing Home</p>	
<p>Region:</p>	<p>East Midlands</p>
<p>Location address:</p>	<p>213 Belton Lane Grantham Lincolnshire NG31 9PW</p>
<p>Type of service:</p>	<p>Care home service with nursing</p>
<p>Date of Publication:</p>	<p>November 2011</p>
<p>Overview of the service:</p>	<p>Belton Lodge is a residential care home located in Grantham. It is owned by R S Medicare and is registered to provide regulated activities "Accommodation for persons who require nursing or personal care" and "Treatment of disease, disorder or injury and "Diagnostic or screening procedures" for up to 13 people who use the service.</p>

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

Our current overall judgement

Belton Lodge Nursing 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 because concerns were identified 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 staff

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 and carried out a visit on 27 September 2011.

What people told us

We had limited opportunity to discuss people's experiences with them due to the number of people using the service who were awake and willing to talk with us during our visit. However we were told, "They always ask (when providing assistance). They wanted me to try something, but I didn't want to so I didn't. I don't have to do I?"

We asked people if they felt the care they received was appropriate to their age and gender and they said that it was.

During the visit we saw people using different areas of the home. We saw some people sat in the garden enjoying the warm weather. One person said, "I like the heat."

We spoke to one person about whether they felt safe in the home and they said they did. They also told us, "I am a nervous person, they (the staff) do their best to comfort me".

What we found about the standards we reviewed and how well Belton Lodge Nursing Home 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

People were involved in making decisions about the care and support they received and they were treated with dignity and respect.

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

People received personalised care, which was appropriate to their needs and wishes.

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

Systems were in place to ensure people were protected from abuse, or the risk of abuse, but staff needed more understanding about the deprivation of people's liberty.

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

The required recruitment procedures were not followed to ensure people were safe and had their health needs met by staff who were fit, appropriately qualified and physically and mentally able to do their job.

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

People have received care and support from people who had not had their role and responsibilities properly explained to them.

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 quality of care experienced by people who use the services were not being monitored to identify ways in which the service can be improved.

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 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

We had limited opportunity to discuss people's experiences with them due to the number of people who were awake and willing to talk with us during our visit. One person we spoke with told us, "They always ask (when providing assistance). They wanted me to try something, but I didn't want to so I didn't. I don't have to do I?"

Other evidence

Staff said they always asked people for their consent before they provide any personal care and they respected people's privacy and dignity. They gave examples of taking someone to the bathroom if they needed to change their clothes and ensuring people were kept covered whilst being hoisted.

We looked at a sample of three people's care files and saw forms signed by relatives showing agreement with the care plans. We also saw consent forms that had been signed for the use of bed rails, and these had been reviewed.

We saw references made to providing choices in the care plans about daily activities such as what people wanted to wear. In the staff meeting minutes dated 22 August 2011 it was written that everyone must be given an opportunity to have a cooked breakfast. Staff told us they now prepared individual meals according to people's

wishes at teatime and how this had been well received by people.

Staff told us they encouraged people to remain as independent as they could by only assisting someone when they needed it. A member of staff described how one person had wanted to drink a cup of tea without assistance, so she had just kept her hand underneath the cup in case the person had not managed to do it.

There were notices on people's doors saying "please knock before entering" and a further sign inside that could be used when wished saying "do not disturb."

Our judgement

People were involved in making decisions about the care and support they received and they were treated with dignity and respect.

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 had limited opportunity to discuss people's experiences with them due to the number of people who were awake and willing to talk with us during our visit. One person told us, "They know what I like." We asked people if they felt the care they received was appropriate to their age and gender and they said that it was.

During the visit we saw people using different areas of the home. We saw some people sat in the garden enjoying the warm weather. One person said, "I like the heat." Another person was playing a card game with a member of staff. We also saw people sat in the lounge listening to music and another person watching a film in the conservatory.

One person told us, "I like a drink, they get me one if I ask" and "I don't like to do a lot, I listen to my radio, I listen to the same station."

Other evidence

There had been three people admitted to the home this year for a period of short term care, one of whom was still there. We saw the support the person required was known before they moved into the home as there was a completed assessment of their needs, which was dated before they moved in.

We looked at a sample of three files which were typed making them easy to read. They gave clear direction of what support the person wanted and how this should be provided. An example seen in one person's care plan stated, "Position yourself so you

can make eye contact when trying to communicate with me." Staff commented that they thought the care plans were now a lot more personalised and said they use a checklist to make sure they were getting the required information in them.

We saw charts were being kept of people's fluid and nutritional intake and where someone was on bed rest a chart showing they were being regularly moved to protect their skin from pressure damage. In the staff meeting minutes it was recorded that staff must complete these records at the time and not wait until the end of the shift. We saw staff following this instruction when people had been given a drink and something to eat.

One person's records showed their weight was being monitored and when this showed a significant loss the person was admitted to hospital. The person's care plan had been kept up to date with all developments. We also saw recorded in another person's file concerns about their well being and how they were referred to their doctor. A course of medication had been prescribed and the person's catheter was removed. The relevant care plans had been updated to take these changes into account.

Staff told us they could tell straight away if anyone was not feeling well and said that they called a doctor if they had any concerns. They also spoke of using other healthcare services including dieticians, district nurses and occupational therapists.

We saw correspondence in people's files with various healthcare agencies showing people had accessed various services. In one file there was an assessment on the person's eating abilities completed by the speech and language team (SALT) and information about the type of diet they should be provided with.

Staff told us they felt there should be more frequent activities on offer for people and added that they noticed a positive change in people's awareness when they had been involved in activities. Staff said they felt an activities coordinator would be a good addition to the staff team as they would have the time to identify and plan appropriate activities for people.

We looked at the records made of activities people took part in. We saw that one person who needed long periods of bed rest had individual time provided in their room. There were with entries in their activities record of "talking about childhood" and "hand massage."

We saw a residents' newsletter for September 2011 which referred to people having enjoyed an outing to a local tea room. Staff told us there was now a weekly outing for people and all the staff came in to help take those that wanted to go.

Staff who were responsible for reviewing and updating care plans said they had sufficient time allowed for them to do this. However said they were worried this would not continue when planned changes were made to the staff rota.

We asked staff if they felt they were able to provide care to people that recognised and addressed any issues of diversity and they said they did.

Our judgement

People received personalised care, which was appropriate to their needs and wishes.

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 spoke to one person about whether they felt safe in the home and they said they did. They also told us, "I am a nervous person, they (the staff) do their best to comfort me".

The person also stated that staff spoke with them and treated them in an appropriate way. They went on to say that staff did not have any involvement with their finances and said they had never been asked to give or lend anything to a member of staff.

Other evidence

Staff we spoke with were aware of the types of abuse that people could face and of indicators that could highlight that someone may have been abused. They described how they would report any concerns they had. They told us they had not raised any concerns about anyone's safety and they knew about the home's whistle blowing policy.

We saw information about assessing people's capacity to make their own decisions and the principles of the Mental Capacity Act 2008 were displayed on the notice board. We also saw some capacity assessments in the people's files we looked at.

There was also a checklist for depriving people of their liberty seen in people's files, although these were not required as there was not anyone who had any restriction. The staff said they thought they needed further training about deprivation of liberty safeguards (DoLS) and safeguarding.

Staff told us they had not seen any form of restraint being used other than fitting bedrails on beds, which had been assessed as needed for some people.

Staff confirmed they did not handle people's money and they had not been lent or given anything by anyone using the service.

Our judgement

Systems were in place to ensure people were protected from abuse, or the risk of abuse, but staff needed more understanding about the deprivation of people's liberty.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

There are moderate concerns with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We did not get peoples' views directly from them about this outcome. However their experiences were captured through records, other information we received from the staff, and from other people they have contact with. This information is recorded in the 'other evidence' section.

Other evidence

We saw on the rota that a previous member of staff had recently returned and started working at the home again as a nurse. We looked at the person's file and found that there was no information showing they had been through a new recruitment process. Therefore they had not undergone any of the compulsory recruitment checks.

We saw a copy of the person's personal identification number (PIN) which showed the person's registration with the Nursing and Midwifery Council (NMC) was up to date. However this was not in the name currently used by the person, and nurses are required to practice in the same name as their NMC registration.

There was no information in the file that demonstrated this person was fit to work in this role.

During a previous visit to the home in November 2010 we set an improvement action when we found the recruitment procedures were not being correctly followed. We found two staff did not have current Criminal Records Bureau (CRB) checks.

Our judgement

The required recruitment procedures were not followed to ensure people were safe and had their health needs met by staff who were fit, appropriately qualified and physically and mentally able to do their job.

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 get peoples' views directly from them about this outcome. However their experiences were captured through records, other information we received from the staff, and from other people they have contact with. This information is recorded in the 'other evidence' section.

Other evidence

There was no evidence to show that a recently appointed member of staff had been provided with an induction. The rota showed they had started to work as the only nurse on duty on their first shift, which was 12 hours long.

Staff said they felt they had received the training they need to carry out their duties and they were well supported. They told us that recent training they have had included moving and handling, fire safety, basic food hygiene, dementia awareness and infection control. They commented that the training was delivered in a way they found suitable for their learning.

Staff also told us they received supervision about their work and had an appraisal. They said they felt other staff they worked with were suitably trained.

There were policy and procedure manuals in the office which staff could have access to at any time. Staff said these had recently been updated by the provider and acting manager.

Our judgement

People have received care and support from people who had not had their role and responsibilities properly explained to them.

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

There are moderate concerns 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 get peoples' views directly from them about this outcome. However their experiences were captured through records, other information we received from the staff, and from other people they have contact with. This information is recorded in the 'other evidence' section.

Other evidence

There was a variety of information displayed on the notice board about life in the home. These included copies of the menu, a residents' newsletter and staff meeting minutes.

Staff said the provider visited the home every two or three months and he was coming to meet the new manager when they started next month.

Staff said they were not aware of any recent surveys sent to obtain the views of people who use the service and their relatives' on the running of the home. We saw no information showing what people thought of the care and support they receive.

We asked staff what they thought the home did well and they told us people received good care in the home, and the low staff turnover meant staff and people using the service knew each other well.

We also asked staff what they thought could be improved and they said some of the staff working conditions needed improving. They also said they thought some new kitchen equipment was needed and they were concerned at the forthcoming reduction

of staff numbers on duty.

Our judgement

The quality of care experienced by people who use the services were not being monitored to identify ways in which the service can be improved.

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 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	How the regulation is not being met: Systems are in place to ensure people are protected from abuse, or the risk of abuse, but staff need more understanding about the deprivation of people's liberty.	
Diagnostic and screening procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	How the regulation is not being met: Systems are in place to ensure people are protected from abuse, or the risk of abuse, but staff need more understanding about the deprivation of people's liberty.	
Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	How the regulation is not being met: Systems are in place to ensure people are protected from abuse, or the risk of abuse, but staff need more understanding about the deprivation of people's liberty.	
Accommodation for persons who require nursing or personal care	Regulation 21	Outcome 12:

	HSCA 2008 (Regulated Activities) Regulations 2010	Requirements relating to workers
	<p>How the regulation is not being met: The required recruitment procedures were not followed to ensure people were safe and had their health needs met by staff who were fit, appropriately qualified and physically and mentally able to do their job.</p>	
Diagnostic and screening procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<p>How the regulation is not being met: The required recruitment procedures were not followed to ensure people were safe and had their health needs met by staff who were fit, appropriately qualified and physically and mentally able to do their job.</p>	
Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<p>How the regulation is not being met: The required recruitment procedures were not followed to ensure people were safe and had their health needs met by staff who were fit, appropriately qualified and physically and mentally able to do their job.</p>	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>How the regulation is not being met: People have received care and support from people who had not had their role and responsibilities properly explained to them.</p>	
Diagnostic and screening procedures	Regulation 23 HSCA 2008	Outcome 14: Supporting staff

	(Regulated Activities) Regulations 2010	
	How the regulation is not being met: People have received care and support from people who had not had their role and responsibilities properly explained to them.	
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	How the regulation is not being met: People have received care and support from people who had not had their role and responsibilities properly explained to them.	
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 is not being met: The quality of care experienced by people who use the services were not being monitored to identify ways in which the service can be improved.	
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: The quality of care experienced by people who use the services were not being monitored to identify ways in which the service can be improved.	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met:	

	The quality of care experienced by people who use the services were not being monitored to identify ways in which the service can be improved.
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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

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