

Review of compliance

<p>Foundation of Lady Katherine Leveson The Foundation of Lady Katherine Leveson</p>	
Region:	West Midlands
Location address:	Masters House Temple Balsall Solihull West Midlands B93 0AL
Type of service:	Care home service without nursing
Date of Publication:	June 2012
Overview of the service:	This location is registered to provide accommodation for a maximum of 30 people who require personal care. It is also registered to provide personal care to people living in the supporting housing scheme on the same site.

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

Our current overall judgement

The Foundation of Lady Katherine Leveson was not meeting one or more essential standards. Action is 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 to check whether The Foundation of Lady Katherine Leveson 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 05 - Meeting nutritional needs
Outcome 07 - Safeguarding people who use services from abuse
Outcome 08 - Cleanliness and infection control
Outcome 09 - Management of medicines
Outcome 12 - Requirements relating to workers
Outcome 13 - Staffing
Outcome 14 - Supporting staff
Outcome 16 - Assessing and monitoring the quality of service provision
Outcome 17 - Complaints
Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 15 May 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We carried out this visit to review improvements following our last inspection to the home. We found that many of the compliance actions we issued at our last visit had been addressed.

We saw that people looked well cared for and people told us they were happy with the care and support they were receiving. We spoke with fifteen people living in the home and two visitors. People told us: "I am very happy here." "I like it, I think it has got a very nice social network." "Really and truly I am quite happy with most things."

We observed that staff were friendly and respectful towards people. People we spoke with were positive about the care staff. Their comments included, "Everything seems to run

smoothly. Staff know what they're doing." "Staff are friendly and kind."

People told us that if they had any concerns they felt comfortable to report these to the manager for investigation.

We found that some improvements had been made in the management of medicines but the service has not taken action to address all the recommendations made by Solihull NHS Care Trust medication management department.

People told us that they liked the food and confirmed that choices were being provided. On the day of our visit we saw that the main meal looked appetising. Comments included: "...the food is very good." "Not bad considering. They have always got a vegetarian choice."

We saw that an activities organiser was employed at the home and a variety of social activities and social events were being organised and provided. One person that we spoke with told us they had participated in line dancing, lexicon and sherry parties.

We found that staff received training to make sure they had the skills required to care for people, but there were not always enough staff to meet people's needs safely.

We looked around the home and visited some rooms and flats and found them to be suitably clean. People had personalised their rooms to make them more homely and one person told us their room was cleaned every day.

We saw that people had an opportunity to voice their opinions about the care and services being provided within annual questionnaires and regular 'resident' meetings. Areas for action were being identified by the manager as appropriate.

What we found about the standards we reviewed and how well The Foundation of Lady Katherine Leveson 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 privacy, dignity and independence were respected.

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

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

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

The provider was meeting this standard. Systems were in place to protect people from the risks of inadequate nutrition and dehydration.

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

human rights

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The provider was meeting this standard. People were cared for in a clean, hygienic environment

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 using the service and action was needed for this essential standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

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

The provider was meeting this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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 insufficient 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 meeting this standard. People were 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 meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Outcome 17: People should have their complaints listened to and acted on properly

The provider was meeting this standard. There was an effective complaints system

available. Comments and complaints people made were responded to appropriately.

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 have judged that this has a moderate impact on people who use the service. Care records for some people were not sufficiently detailed or accurate to protect them from the risks of inappropriate care and treatment.

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.

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

We spoke with fifteen people living at the home and two visitors. People told us that their families or people at the hospital had helped them to choose the home. Some people had been able to view the home before they had decided to stay. Comments included: "Very good." "I came here for three weeks respite and I said to my daughter I think I want to stay here. I have made it like my home". "I am very happy here."

We saw that staff were respectful towards people and people told us that where possible staff did maintain their choices and wishes when providing care and support. We observed people getting up at different times during the morning. One person told us that they had chosen to have breakfast in their room but they liked to go to the dining room for lunch. Another person told us that they chose to manage their own medicines. They explained that sometimes if they wanted to go on an outing they would delay taking a particular tablet so they did not suffer from the side effects during their outing. This demonstrated that people were able to exercise their independence.

People told us that staff maintained their privacy and dignity and they had no concerns about this. They confirmed that staff knocked doors before entering and they always saw doctors in a private room.

People told us that they had the option of attending a 'resident meeting' where they could discuss issues relating to the running of the home. They confirmed that their wishes and requests for improvements were acted upon and listened to.

Other evidence

The manager told us that discussions with people and visitors had enabled them to include people's choices and preferences in the new care plans that had been developed. We saw from viewing the new style care plans seen that this was the case.

The manager told us that almost all care plans had been reviewed to ensure they contained accurate information and there were only a few left to review. She advised that the next step was to demonstrate better within the records how people were involved in planning and reviewing their care.

We spoke with staff and they were able to tell us about different people's likes and dislikes. Staff explained to us how they maintained people's dignity. This included using blankets to cover legs when using the hoist, knocking doors and ensuring ensuite or bathroom doors were always closed when in use.

Our judgement

The provider was meeting this standard. People's privacy, dignity and independence were respected.

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

People looked well cared for and told us they were happy with the care and support they were receiving. They told us: "I like it, I think it has got a very nice social network." "They help me shower every other day. Really and truly I am quite happy with most things." "I am quite happy and content."

We saw that during the morning a number of people chose to stay in their rooms or flats. Some people were watching the television or reading and some had visitors. Other people chose to sit in the lounge, some were sitting with their eyes closed and some people had visitors.

People told us they had access to some social activities and outings. One person told us they had participated in line dancing, lexicon and sherry parties. They told us "there is never a quiet minute." Another told us they very involved with the local church who provided them with balls of wool so they could make crotched blankets for a charity they were supporting.

We looked at how care and support was being provided for two people living in the home. These people were chosen at random. One of these people had fallen and needed surgery on their legs. The person told us that staff had acted swiftly to seek emergency treatment and had stayed with them and kept them warm until help had arrived. We saw that a walking aid had been provided and staff told us they were regularly checking the person to make sure they were alright. The person also had a portable call bell to alert staff should they need assistance. We saw a record in the

person's file showing that a physiotherapist had given advice to staff about how to support the person to improve their health. We spoke with the person who told us they were happy in the home and with the way their fall had been managed.

A second person whose care we looked at was identified from records to be at risk of falling. Staff we spoke with were aware of this and told us that the person had recently become breathless when using their walking frame. They told us they would be contacting the doctor. Staff told us that the person's weight also fluctuated up and down. Care records we viewed confirmed this and showed that staff had been monitoring the person's weight to try and make sure this did not impact on their health. During our visit we saw staff prompting and observing the person when walking.

Other evidence

Care staff told us that they sometimes provided social activities but there was a social activity organiser who worked for three days a week who usually did this. Staff told us: "Some staff are very good at initiating an impromptu session."

We saw that the manager had reviewed the care records for most people living in the home. This process had included the development of new detailed care plans in both a written and computerised format. Staff told us they were in the process of familiarising themselves with these and the management of the computerised records.

During our last visit staff told us that they had found it difficult to manoeuvre the hoist on carpeted floors when transferring people. They also told us about people that had found it difficult to independently get out of their beds due them being too low. During this visit we were told that there were no people in the home now requiring the use of a hoist.

Staff told us action was taken if people were struggling with low beds. We were told: "X they raised her bed. If we notice anyone struggling we assess them to see if it is high enough for them to get on and off it." We saw that specialist beds and mattresses were in use within the home for those people who had been assessed as needing them.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

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 told us that they enjoyed the food and were able to list the choices made available to them at each mealtime. Comments included: "...the food is very good." "Not bad considering. They have always got a vegetarian choice." "Very good. There are not many meals that are not very good, they come round with drinks."

We observed the food at lunchtime and saw that staff were on hand to offer assistance to those that needed it. We saw people from both the supported living and the residential home eating together in the dining room. We saw that food being transported to flats or rooms was suitably covered to keep the meals warm and to maintain good hygiene.

The manager and staff were aware of those people who did not eat as well as they should. We asked staff about one of these people and they told us that the person had been assessed by a speech and language therapist. Advice had been given to staff to use a thickening agent in the person's drinks and to provide a soft diet to prevent them from coughing and choking. Staff told us that the person refused to take any drinks with the thickening agent in them so they were assisting the person with all drinks. They also told us that they closely monitored the person to prevent them from choking.

We saw that this person's weight was being appropriately maintained. We also saw weight records for other people that showed when a person had lost weight in one month they had gained it the next month. This demonstrated that staff were monitoring loss of weight and acting upon it.

Other evidence

We saw menus that demonstrated two choices of main meal each day. We did not see menus that showed what was available for breakfast and the evening meal. The manager said she would address this so that people would be aware of all the choices available to them. Since our last visit picture menus had been introduced to make it easier for people to make choices.

A member of staff told us: "We ask them what they want they have two choices for lunch like a shepherds pie or curry, we have picture menus." Staff knew those people who had diabetes and how this needed to be managed.

The manager told us that food and fluid charts were in use for those people who were at risk of losing weight. We saw in the newly developed care plans that there were various records in place to help staff monitor people's nutrition and weight. We saw that where people had lost weight, this had been identified on their care file.

The manager told us that all staff had completed training on nutrition to help them provide more effective support to those people with nutritional care needs.

Our judgement

The provider was meeting this standard. Systems were in place to protect people from the risks of inadequate nutrition and dehydration.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

Some people using the service at The Foundation of Lady Katherine Leveson had complex care needs, which meant they might have difficulty engaging in complex conversations with us.

We observed that people felt confident in approaching the staff and asking for support. We saw that people were treated respectfully.

When we asked, "Do you feel safe here?" people using the service responded positively. One person said, "I feel safer here than I did in my own home." No one expressed any concerns about their safety.

Other evidence

The service had a policy and procedure for responding to safeguarding concerns and any allegations of abuse. Records given to us by the provider showed that most staff had received training in safeguarding vulnerable adults. Some staff had received training in Deprivation of Liberty Safeguards and Mental Capacity.

We spoke with two care staff who were able to describe signs and symptoms of abuse. Staff said they would report any observations of potential abuse to the manager and felt confident their concerns would be acted upon. Staff had an awareness of whistleblowing and the agencies they could report concerns to.

The manager was aware of her role and responsibilities in responding to suspicion and

allegation of abuse. She had made appropriate referrals and worked co-operatively with the local authority and other agencies during investigations.

We saw evidence of objective investigations into adverse incidents affecting people who use the service.

The manager has notified us of any safeguarding concerns in the home.

Our judgement

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

During our visit we found the communal areas of the home to be clean and tidy. Those rooms and flats that we visited were also clean and tidy. One person told us that their flat was cleaned every day. A visitor to the home told us: "They keep the bathroom nice and clean I have never seen it bad."

Other evidence

The manager told us that since our last visit, cleaning staff had been employed to work weekends to help make sure the home was kept clean at all times. Duty rotas seen showed that cleaning staff were on duty seven days a week.

The manager told us that since our last visit the actions detailed in the Environmental Health Officer's report had now been completed. This included the redecoration of the freezer room. We saw that the home were carrying out infection control audits and had achieved a four star rating for their kitchen.

The training schedule viewed showed that 23 staff had completed training in infection control. Following our last visit the manager had forwarded an action plan to us stating a specific member of staff had been designated to monitor and ensure good infection control practices. We saw this person during our visit to confirm this.

The provider might find it useful to note that there was no copy of the "Code of Practice for Health and Adult Social Care on the Prevention and Control of Infection and Related Guidance" within the home. This should be available to staff so that they can check they are following the correct procedures and are complying with this.

Our judgement

The provider was meeting this standard. People were cared for in a clean, hygienic environment

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 saw that medicines were given to people at the time they were prescribed. We observed staff making sure people took their medication when they gave it to them.

Other evidence

The service has had quarterly visits from Solihull NHS Care Trust medication management department. We looked at the most recent report from their audit on 7 March 2012. Several areas for improvement were identified and some, but not all, of the recommended actions had been completed at the time of our visit.

Staff training records showed that care staff with responsibility for administering medicines had received training in the safe handling of medicines. Since the last inspection, night care staff have all received medication training so that medicine can be safely given to people during the night if necessary.

We looked at the systems for management of medicines in the home. The manager told us a new pharmacy provider had been used since January 2012.

A monitored dosage ('blister packed') system was in use. Medication was safely stored in locked trolleys, which were kept in locked clinical rooms. A medicine fridge was available with daily recordings of the temperature, which was within recommended limits.

The provider might find it useful to note that there was no record of room temperatures to make sure medicines are stored within recommended limits to maintain their stability. The thermometer in the clinical room on the first floor of the main house recorded a temperature of 23°C on the day of our inspection visit.

The facility for storing controlled drugs (CD) was satisfactory and complied with legislation. None of the people using the service were prescribed a controlled drug at the time of our visit.

We audited the medicines of three people by comparing the quantity in stock against the signatures on the medicine administration records (MAR). We found one of these was incorrect, which indicated inaccurate administration or recording of medicines.

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 against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

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

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We spoke with 15 people using the service. Their comments included: "Everything seems to run smoothly. Staff know what they're doing." "Staff are friendly and kind."

Other evidence

During our last inspection we found that the service was not carrying out all the appropriate checks for new staff before they started working in the home.

During this inspection we checked if improvements had been made by looking at the personnel files of two recently employed staff.

Appropriate checks were undertaken before staff began work.

Both files contained evidence that satisfactory checks such as Criminal Record Bureau (CRB), Independent Safeguarding Authority (ISA) and references were obtained before staff commenced employment in the home.

Staff training records showed that staff complete an induction to make sure they have the basic skills to care for people using the service. Further training for staff included health and safety, infection control, fire safety, manual handling, safeguarding vulnerable adults and food hygiene. Records showed that some staff required training or updates in mandatory training. The manager had maintained records identifying these staff so that training could be arranged. We saw evidence of training booked.

We registered the manager in April 2012. The service had been without a registered manager since 2008. This appointment should improve the stability of the management structure in the home.

Our judgement

The provider was meeting this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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

Some people using the service at The Foundation of Lady Katherine Leveson had complex care needs, which meant they might have difficulty engaging in complex conversations with us.

We spent time in the lounge closely observing people's experience. We looked at their mood, how they spent their time and how staff interacted with them.

We observed staff supporting people to make choices about their daily life and promoting their independence by encouraging them to retain their skills.

We observed that people sitting in the communal lounge were left unattended for periods of time. We recorded a 30 minute period during the afternoon when a group of nine people sat in the communal lounge without a staff member checking on them.

People told us staff were helpful and friendly, but were often busy. Their comments included: Sometimes I have to wait, especially if I need the toilet. Perhaps it's because they are helping someone else." "I like the atmosphere here. They can't do enough for me."

Other evidence

The Foundation of Lady Katherine Leveson accommodates up to 28 people who require personal care in the care home. In addition, the service is also registered to provide care to the people who live in the 16 supported housing units ('sheltered flats')

on the site.

On the day of our visit there were 23 people accommodated in the care home. There were 17 people living in the supported housing, but the manager told us none of them were currently receiving personal care. Some people living in the supported housing received services, such as meals, laundry or cleaning. These services were provided by a dedicated staff member who works three days each week.

The manager told us the staff complement was:

Five care staff on duty between 7.15am and 2.30pm

Four care staff on duty between 2.30pm and 9.30pm

Two care staff on duty between 9.30pm and 7.15am

The manager was supernumerary and there were sufficient laundry, catering, cleaning, maintenance and administrative staff to ensure that care staff did not spend undue lengths of time undertaking non-caring tasks.

We examined two weeks of the staff duty rotas which confirmed the staff complement described above was usually achieved.

Records showed that agency care staff were used to cover at least one shift daily due to there being several vacancies for permanent care staff.

We found that the accommodation for people using the care home was spread over a main building with additional rooms leading off a central courtyard garden. This meant that during the night shift when there were two staff on duty, large parts of the building may be unattended while staff delivered care in another part.

The manager told us that care staff responded to emergency calls from people living in the supported housing. We asked to see a record of these calls. The manager said a record was not maintained. It could not be established how frequently or for what length of time care staff were being diverted to people living in the sheltered flats.

There was no evidence that a needs analysis or risk assessment was used to determine sufficient staffing levels. There was no system in place to make sure staffing levels were monitored and reviewed.

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 insufficient qualified, skilled and experienced staff to meet people's needs.

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

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People spoken with told us that staff had the skills they needed to look after them effectively. One person said, "The girls are kind and they know what they're doing. I can't think of anything they could do better."

Other evidence

We looked at staff training records.

Staff training records showed that staff complete an induction programme and receive mandatory training including fire safety, abuse awareness, infection control and manual handling.

Staff were able, from time to time, to obtain further relevant qualifications.

Training records showed that 12 out of 19 care staff had a National Vocational Qualification (NVQ) in Care at level two or above, with four more working towards this award.

Records also showed that staff had access to other training resources that reflected the needs of the people using the service, such as dementia care, pressure area care and end of life care.

The registered manager had taken action since the last inspection to make sure staff had received appropriate professional development. Records showed that individual supervision sessions for staff, including observation of practice, were planned in

advance and had taken place.

Our judgement

The provider was meeting this standard. People were 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 compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

All people spoken to had something positive to say about the home. They were complimentary of the staff and of the care that they received. People told us: "It's much better now they have got Dot in charge." "What I have I am happy with (room)." "It's very good here."

People told us that a resident meeting took place in the home on a regular basis. People told us: "We have a resident's meeting that concerns everybody including the ones that can look after themselves." "Yes things are actioned from it eventually (resident meeting)."

We asked people if there was anything that could be improved. People told us: "No I think everything is pretty good." "I really don't know, I am quite content really."

Visitors that we spoke with were complimentary of the home and the support that was being provided to their relative/friend.

Staff that we spoke with knew about the care needs of the people. They told us about people's daily routines and their likes and dislikes and acknowledged how keeping to people's preferred routines made a difference to their quality of life in the home.

Other evidence

We saw that people had been asked to complete a quality questionnaire in December 2011 that included a range of questions about the staff, care and services provided.

There were 17 completed questionnaires returned out of 44. Questions included:

Do staff help residents do what they want or have decided to do during the day? Do you think the home's staff see and treat residents as individuals and never as just one of a crowd?

Almost all answered yes with some stating "not applicable" and one person answering "no" to the second question. Comments on the forms included: "I like everything about the home." "Lunch in the dining room is often very late." "Good place to live."

Action points had been documented by the manager and made available to people. These included appointing a new full time cook so there were no agency cooks in the kitchen. During our visit there was a cook on duty that had been employed by the home.

We saw notes of the resident's meetings which showed a range of issues had been discussed and communicated to people. This included car parking, activities arranged, management of hearing aids, cuts to the local bus service and arrangements for a Diamond Jubilee party.

We saw that meetings had taken place with staff to discuss issues relating to the effective running of the home. This included cleaning arrangements, management of laundry, record keeping and hourly checks at night for those people who wanted this.

We saw that a newsletter was being made available to people in the reception area of the home to keep them informed on what was happening. This included a diary of events and news of people in hospital which was something people had requested they be kept informed about at the resident meeting.

We saw that accident and incident records were being maintained and actions taken had been documented. We identified that one person had fallen several times. We checked this person's care records and saw that the repeated falls had been identified and risk assessments had been completed regarding their mobility.

Our judgement

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- * Are sure that their comments and complaints are listened to and acted on effectively.
- * Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us

We observed that people using the service felt confident to approach staff and make requests about their preferences.

The provider had updated the complaints procedure since our last inspection and made it accessible to people living in the home and their families.

People were made aware of the complaints system. One person told us they would tell their family if they had any concerns so they could "sort it out with the manager."

Other evidence

We asked for and received a summary of complaints people had made and the providers' response.

We looked at the record of complaints and concerns and the action taken by the home regarding each issue raised. Evidence was available to confirm that concerns raised verbally had been taken seriously in addition to the more formal, written complaints. Records showed the provider had made a timely and objective response to concerns raised and the outcomes had been recorded.

People's complaints were fully investigated and resolved where possible to their satisfaction.

Our judgement

The provider was meeting this standard. There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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 did not speak with people specifically about their records. People told us that they were involved in making decisions about their care. During our visit we saw notice boards containing information of interest for people living in the home. We saw that a 'Service User Guide' was available to people and this had been updated since our last visit.

Other evidence

We looked at the new care plan files developed since our last visit. We found that these had improved significantly in relation to the detail and range of records available. We saw for example that in one file a person at risk of falls had a detailed risk assessment showing the risk factors that had been considered such as medication, poor vision, and poor hearing. Other factors had also been considered such as checking the room for obstacles and ensuring their walking aid was in good order. There were also computerised files showing detailed information about people's care needs and risks associated with these.

Whilst there had been significant improvement in regards to records, we did find that there were still some areas needing attention. We found that in one of the new care plan files there were conflicting records in relation to nutrition. For example records stated that the person was on a food supplement due to not eating well and had lost weight but the risk assessment around weight indicated a low risk. The "diet" records

stated the person had moderate needs but the nutritional assessment known as "MUST" stated the person was at high risk. This conflicting information made it difficult to assess if the person was at risk of poor nutritional health. The manager agreed to revisit this information to ensure records clearly reflected the risks to the person.

One person who had fallen in the home and had received surgery had no care plans on their file to show what their care needs were and how they should be managed. Two staff spoken with were not aware that the person had no written care plans. The manager told us that this was one of the care plan files that had not yet been reviewed and she gave a commitment to complete this immediately.

A person who needed staff to assist them with drinking due to having a swallowing problem did not have a clear care plan setting out the risks and how these should be managed. Daily records were not sufficiently detailed to show that the person was always being assisted which staff told us was necessary due to the person's swallowing problems.

Our judgement

The provider was not meeting this standard. We have judged that this has a moderate impact on people who use the service. Care records for some people were not sufficiently detailed or accurate to protect them from the risks of inappropriate care and treatment.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	How the regulation is not being met: People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: There were insufficient qualified, skilled and experienced staff to meet people's needs.	
Personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: There were insufficient qualified, skilled and experienced staff to meet people's needs.	
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records

	<p>How the regulation is not being met: Care records for some people were not sufficiently detailed or accurate to protect them from the risks of inappropriate care and treatment.</p>
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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 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.

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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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