

Review of compliance

Amocura Limited
Haddon Court Nursing Home

Region:	Yorkshire and Humberside
Location address:	High Street Beighton Sheffield S20 1HE
Type of service:	Care Home with Nursing
Date the review was completed:	12 th May 2011
Overview of the service:	<p>Haddon Court is situated within Beighton Village, approximately five miles from the city centre of Sheffield. The home is within easy access of the local community, which has a selection of shops and churches.</p> <p>Haddon Court is a large purpose built three-storey care home. It provides nursing and personal care for older people who have a physical disability, nursing needs or have dementia.</p>

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

What we found overall

We found that Haddon Court was not meeting one or more essential standards. Improvements are needed.

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

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews. We looked at the following outcomes:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Requirements relating to workers

We looked at these outcomes because any non-compliance could present significant risk to the safety, health and well-being of people who use the service.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 11th May 2011, observed how people were being cared for, talked to people who use services, talked to staff, talked to relatives and professionals, checked the provider's records, and looked at records of people who use services.

The registered manager and area operational manager were at the service during our visit. Verbal feedback was given to them during and at the end of the visit.

What people told us

A number of people who lived at Haddon Court had conditions that meant they had difficulty talking with people and therefore had varied methods of communication. Some people were able to express their views clearly, others were not able to verbally communicate with us. Due to people's communication needs, during the site visit we sat with people in communal areas and observed them closely. This meant we were able to ascertain whether their needs were met.

People that were able told us that overall they were happy living at the home and satisfied with the care and support they were receiving. People said:

"It's alright here".

"I think the staff are good".

"It runs smoothly most of the time".

Relatives said that they were satisfied with the support provided to their loved ones and were always made to feel welcome at the home when they visited. Relatives said:

"The nurses and staff are kind and helpful".

"We're happy with the care our father receives"

"Staff seem attentive"

One health professional told us that they visited the home on a regular basis (each week) and were happy with what they had seen and heard. They said staff were aware of people's current and changing health conditions and staff called in other health professionals when it was appropriate.

What we found about the standards we reviewed and how well Haddon Court was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The concept of privacy, dignity and human rights are not fully understood by all staff, resulting in a variation in the care and support provided to people.

- Overall, we found that Haddon Court was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that Haddon Court was meeting this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

People have an assessment and plan of care but these are not reviewed and updated in a meaningful way. This could mean that people do not always experience effective, safe and appropriate care, treatment and support that meet their needs and protect their rights.

- Overall, we found that Haddon Court was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 5: Food and drink should meet people's individual dietary needs

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that Haddon Court was meeting this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that Haddon Court was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that Haddon Court was meeting this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

There were insufficient resources available to prevent and control infections and there is a need for clarity around the roles and responsibilities of some staff.

- Overall, we found that improvements are needed for this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

The evidence suggests there is no area of non-compliance with this outcome

- Overall, we found that Haddon Court was meeting this essential standard.

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

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that Haddon Court was meeting this essential standard.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that Haddon Court was meeting this essential standard.

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

The service has effective and fair recruitment procedures, but they are not always consistently applied.

- Overall, we found that Haddon Court was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

There should be a reassessment of the needs of the people who use the service and the numbers and skills of the staff that are needed in order to provide safe and effective care and support to people.

- Overall, we found that Haddon Court was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

Staff undertake mandatory training as required. However specialist training, which would improve staff skills and knowledge in caring and supporting people with dementia is either not provided or not effective.

- Overall, we found that Haddon Court was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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 evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that Haddon Court was meeting this essential standard.

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

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that Haddon Court was meeting this essential standard.

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

The evidence suggests there is no area of non-compliance with this outcome.

- Overall, we found that Haddon Court was meeting this essential standard.

Action 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.

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 1: 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

There are minor concerns with outcome 1: Respecting and involving people who use services.

Our findings

What people who use the service experienced and told us
People said:
“I’m alright here”.
“There’s the odd hiccup, but 99% of the time I’m OK here”.
“It’s a nice home”.
“I can stay in my room or go to the lounges, it’s my choice”.
We found that in the main people’s privacy and dignity was considered. When personal care was being provided in bedrooms and bathrooms, doors were closed so that privacy and confidentiality was maintained. We observed staff communicating in a friendly manner. However, staff were heard saying loudly things like “pull up your trousers” and “come on let me take you to the toilet”. This wasn’t said in an unkind way; however staff should have given more consideration to people’s dignity.
We observed that staff were very busy carrying out ‘tasks’. This meant that little or no time was spent with individual’s actively listening and involving people in making decisions. People were heard asking staff things, but the staff were so preoccupied

with completing tasks they didn't respond, so people were ignored.

Our observations on the day of the site visit was that although staffing numbers were maintained at minimum levels, due to the level of people's needs, higher staffing ratios would improve the quality of care and support provided to people.

We also believe that not all staff were skilful in engaging with people effectively. Staff told us they had received training in caring for people with dementia, however further training in recognising what is important to people, in relation to their care and support is necessary. These concerns were brought to the attention of the manager and area operational manager during feedback.

Other evidence

The provider submitted a Provider Compliance Assessment (PCA) prior to our site visit. The PCA allows the provider to perform a self assessment and explain how they are currently meeting each part of the outcome area. The provider stated that at the time of assessment they met this outcome.

Our judgement

The concept of privacy, dignity and human rights are not fully understood by all staff, resulting in a variation in the care and support provided to people.

Outcome 2: 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 compliant with outcome 2: Consent to care and treatment.

Our findings

What people who use the service experienced and told us
We did not have specific evidence about what people experienced or told us in this outcome area.

Other evidence
This outcome has not been fully reviewed. This decision is based on a review of the evidence we hold about this location and consideration of the specific risks relating to the service it provides.

The provider submitted a PCA document to the Care Quality Commission. The PCA stated:

“Staff require further training in relation to how to document various forms of consent and what action to take if and when consent is withdrawn. The manager will source available training by 31.1.11”. We requested an update from the Area Manager on 21/04/2011 and we were told:

“No training has been able to be sourced; however the Manager has, at staff meetings and good practice meetings discussed this topic at length. This area will be ongoing”.

We have received no concerns from stakeholders surrounding this outcome.
We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

Outcome 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with outcome 4: Care and welfare of people who use services.

Our findings

What people who use the service experienced and told us
People that were able told us that overall they were happy living at the home and satisfied with the level of service provided. People’s comments included:
“It’s OK here”
“The staff are nice”
“Staff help me”.

Relatives interviewed said they were pleased with the care provided. They said:
“The staff seem very nice”.
“The staff are helpful and kind and they know what (my wife’s) care needs are”.
“(My relative) is quite demanding and staff understand this”.
“I’ve never seen or heard anything bad”.

During our visit we found that, in the main, people were provided with support and care when they needed it. We saw that people were clean and wearing clean clothing. When we observed staff working there was clear communication between themselves and people who used the service and staff treated people in a kind manner.

One visiting health care professional said “On my visits I find people well cared for and staff very understanding of people’s individual needs”.

At breakfast we observed a person who was agitated and upset. The person didn't want to sit in the dining room and was constantly trying to move from the table. Staff tried to encourage the person to sit and have some breakfast, to no avail. Staff told us that the person had recently had a number of falls and was currently being moved around in a wheelchair to prevent further falls. Two staff finally assisted the person to walk to a smaller dining area and the person seemed more settled. We looked at the person's care plan and found it had been reviewed in April 2011. The review stated that the person's moving and handling and falls assessment plans "remained valid". Each month (since 2009) when the moving and handling assessment was reviewed it stated "remains valid". The person's care and support needs in relation to moving and handling and falls had clearly changed during this time. Accident forms had been completed stating that the person had fallen x 2 in March. This should have resulted in the care plan being reviewed and updated so that staff had current information about the person's needs. We found that the person had been referred to the 'falls clinic', so that further advice and guidance was sought from other professionals.

There were two activities workers employed at the home. One worked during the morning and the other in the afternoon. Neither worked at the weekend. On the day of the site visit we saw people listening to music and playing games. People said:

"We've made some Easter cards, have a look at them, they're really good".

"I enjoy joining in with all what's going on".

"I think there's enough for people to do, if they want to".

Other evidence

The provider submitted a Provider Compliance Assessment (PCA) prior to our site visit. The PCA allows the provider to perform a self assessment and explain how they are currently meeting each part of the outcome area. The provider stated that at the time of assessment they met this outcome.

Our judgement

People have an assessment and plan of care but these are not reviewed and updated in a meaningful way. This could mean that people do not always experience effective, safe and appropriate care, treatment and support that meet their needs and protect their rights.

Outcome 5: 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 5: Meeting nutritional needs.

Our findings

What people who use the service experienced and told us
This outcome did not constitute part of the site visit, however whilst talking to people they told us:
“There’s always a choice of food”.
“The food is nice”.
“I like the food 6 out of 10 days”.

Other evidence
This outcome has not been fully reviewed. This decision is based on a review of the evidence we hold about this location and consideration of the specific risks relating to the service it provides.
The provider submitted a Provider Compliance Assessment (PCA) prior to our site visit. The PCA allows the provider to perform a self assessment and explain how they are currently meeting each part of the outcome area. The provider stated that at the time of assessment they met this outcome.
We have received no concerns from stakeholders surrounding this outcome.
We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement
The evidence suggests there is no area of non-compliance with this outcome.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers.

Our findings

What people who use the service experienced and told us

We did not have specific evidence about what people experienced or told us in this outcome area.

Other evidence

This outcome has not been fully reviewed. This decision is based on a review of the evidence we hold about this location and consideration of the specific risks relating to the service it provides.

The provider submitted a provider compliance assessment document to the Care Quality Commission which stated:

“The admission documentation has been amended to ensure that all service users are informed of their right to transfer information to another provider. This documentation will be added to all care plans by 31.01.11”. We requested an update from the Area Manager on 21/04/2011. She told us:

“Haddon Court is now fully compliant in this area”.

We have received no concerns from stakeholders surrounding this outcome.

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

Outcome 7: 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 7: Safeguarding people who use services from abuse.

Our findings

What people who use the service experienced and told us
Relatives said:
“I believe (my relative) is safe living here”.
“I have no reason to believe (my relative) is anything but safe and well cared for here”.

Other evidence
The provider submitted a provider compliance assessment document to the Care Quality Commission which stated:
“Staff at the home have not undergone specialist training in restraint. Although at this time the client group do not present a risk. The homes manager will source specialist training for staff so that they are fully aware of what is expected if and when the need arises. This will be actioned by 28th February 2011”.

We requested an update from the Area Manager on 21/04/2011. She told us:
21/04/2011:
“No training is available in this area. The manager has been doing in-house training. This has been delivered using, Social Care Institute for Excellence resource pack (Managing Risk, Minimising restraint Workbooks, and Amocura’s Restraint Policy.) This training is on going”.
There had been no safeguarding referrals made in the last year.
We spoke with six staff. They were aware of protection polices and procedures and

what action they would take if they saw any abuse. Staff told us that they had received adult safeguarding training within the last 12 months.

Staff we spoke to had knowledge of the Mental Capacity Act and Deprivation of Liberty legislation and said they had received training surrounding this area.

A sample of monies that was looked after on behalf of people living at the home was checked. Small amounts of money were held on behalf of some people. Individual statements were held for each person. Records and receipts were kept.

We have received no concerns from stakeholders surrounding this outcome.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

Outcome 8: 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

There are moderate concerns with outcome 8: Cleanliness and infection control.

Our findings

What people who use the service experienced and told us
We did not have specific evidence about what people experienced or told us in this outcome area.

Other evidence
We spoke to six staff who told us they had received training in infection control. Signs showing people hand hygiene were displayed around the home and we saw that staff wore protective gloves and aprons when carrying out personal care tasks and serving meals. The environment at Haddon Court was homely and pleasant. However, many areas were in need of decorating and repair work. We were told by the manager that some refurbishment work had recently been completed. There were new carpets in some areas and other carpets were due to be fitted. We found two areas that had a malodour, the manager told us these areas were having new carpets fitted. We spoke to one ancillary staff, who was the only domestic working that day. Haddon Court is a big building, there are many communal rooms and bedrooms all have en suite toilets. One domestic worker was not sufficient to ensure that the building was kept fresh and clean. The member of staff told us they would only be able to vacuum the communal areas and clean the main bathrooms, due to them being the only cleaner on duty. We found there were many areas that needed a thorough clean, including lounges, dining rooms and bedrooms. The manager told us there were usually 3 cleaners on duty each day. She said she had recently recruited new cleaners so that numbers were improved.

The manager told us that the home had two people who had responsibilities towards infection control. One was the head house keeper and the other was a qualified nurse. Prior to the site visit we contacted the Quality Manager for NHS Sheffield, who told us:

“The only problem we have encountered at Haddon court is they have recently had a MRSA bacteraemia and so I am going to visit with the infection control nurse next week to complete a full infection control audit. Our infection control nurse will then give teaching sessions in infection control, especially surrounding MRSA.

It might be worth noting that from the audit there will be an action plan for the home. I can let you have a copy of this once it has been ratified”.

We were sent a copy of the report completed and found there were a significant number of actions that the home needed to take to improve infection control. On the day of the site visit some of these had been actioned, others were being dealt with. We spoke to the manager and area manager about our concerns regarding the number of issues raised in the report. Considering that there were 2 x lead staff members, for infection control, the number of issues raised by the NHS was unacceptable.

On the day of the site visit the area operational manager visited and carried out an environment audit, so that immediate action could be taken to improve the cleanliness of the home.

Our judgement

There were insufficient resources available to prevent and control infections and there is a need for clarity around the roles and responsibilities of some staff.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with outcome 9: Management of medicines.

Our findings

What people who use the service experienced and told us
We did not have direct evidence about what people experienced or told us in this outcome area.

Other evidence
This outcome has not been fully reviewed. This decision is based on a review of the evidence we hold about this location and consideration of the specific risks relating to the service it provides.
The provider submitted a Provider Compliance Assessment (PCA) prior to our site visit. The PCA declared:
“Staff may not be fully aware of the Medicines Act 1968 and the Misuse of Drugs Act 1971, Safer Management of controlled drugs regulations 2006 and the guidance from the Royal Pharmaceutical Society. Managers are to ensure that any member of staff involved in Medicines Management must read and be aware of the guidelines. To be actioned by 28.02.11”.

We requested an update from the Area Manager on 21/04/2011. She told us:
“The home Manager has set up a practical binder for each area within Haddon Court. The binder is entitled, Medicine Management Guidance and Acts. All staff in a good practice meeting have been shown this binder and instructed to familiarise themselves with the content, they are then asked to sign to say they understand its

use”.

We have received no concerns from stakeholders surrounding this outcome.
We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with outcome 10: Safety and suitability of premises.

Our findings

What people who use the service experienced and told us
We did not have direct evidence about what people experienced or told us in this outcome area.

Other evidence
This outcome has not been fully reviewed. This decision is based on a review of the evidence we hold about this location and consideration of the specific risks relating to the service it provides.
The provider submitted a provider compliance assessment document to the Care Quality Commission which declared the service was fully compliant in all areas of this outcome.
We have received no concerns from stakeholders surrounding this outcome.
We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement
The evidence suggests there is no area of non-compliance with this outcome.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with outcome 11: Safety, availability and suitability of equipment.

Our findings

What people who use the service experienced and told us
We did not have direct evidence about what people experienced or told us in this outcome area.

Other evidence
This outcome has not been fully reviewed. This decision is based on a review of the evidence we hold about this location and consideration of the specific risks relating to the service it provides.
The provider submitted a provider compliance assessment document to the Care Quality Commission which declared the service was fully compliant in all areas of this outcome.
We have received no concerns from stakeholders surrounding this outcome.
We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement
The evidence suggests there is no area of non-compliance with this outcome

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 minor concerns with outcome 12: Requirements relating to workers.

Our findings

What people who use the service experienced and told us
We did not have direct evidence about what people experienced or told us in this outcome area.

Other evidence
The provider submitted a Provider Compliance Assessment (PCA) prior to our site visit. The PCA declared:
“Some staff have a limited understanding of the diversity of service users. Managers must ensure through training and discussion that staff are aware of all diversity including human rights and cultural needs of service users. To be actioned by 28.02.11”.

We requested an update from the Area Manager on 21/04/2011. She told us:
“Opportunity Sheffield, a training provider, has delivered 3 training sessions around diversity. A fourth session was cancelled by the training provider to date they have not rescheduled”.

We checked the recruitment files for 3 staff. We found that staff had two written references and were asked to supply an employment history. All staff had a Criminal Records Bureau (CRB) check in place before commencing employment. Whilst checking one person’s recruitment file we found that they had a CRB which was not clear. A letter in the file said that the person had not declared any convictions at interview and had been asked by the manager to provide a statement about the

conviction. The letter said the manager would then speak to the person and complete a risk assessment, in line with the organisation's recruitment policy and procedure. There was no risk assessment on the file. The manager said this had been completed but couldn't explain why it wasn't on file.

On commencing employment at Haddon Court all staff started Induction Training. We interviewed 6 staff members. They all said that there was plenty of opportunity for training. They said they had completed all mandatory training in topics such as, Fire, Moving and Handling and Adult Safeguarding. They said they had also completed training in more specialised subjects, for example, bereavement and nutrition.

We have received no concerns from stakeholders surrounding this outcome. We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

The service has effective and fair recruitment procedures, but they are not always consistently applied.

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

There are minor concerns with outcome 13: Staffing.

Our findings

What people who use the service experienced and told us
The majority of people who lived in the home were not able to tell us their views on the staffing levels, due to their complex needs. During our observations we found that staff were very busy carrying out personal care tasks which left little time to spend with individuals. Staff moved from one task to another, little consideration was given to giving people quality time and asking them about their choices and preferences. We believe this was partly due to staffing numbers, but also staff's lack of skill in dealing with people that had dementia (as described in outcome 1).
Relatives said:
"There are always staff around".
"There always seems to be staff watching over people, but the staff are very busy".

Other evidence
The provider submitted a provider compliance assessment document to the Care Quality Commission which describes how this service is compliant with this outcome and all of the elements that form the outcome.
On the day of the site visit there were 72 people living in the home (spread over 3 floors). In total there were nine carers and four nurses on duty. During the morning an additional carer was brought in from an agency due to staff sickness. Staff told us:
"I enjoy my job but its hard work when staffing numbers are this low".
"Numbers are tight. We have several male residents who can be very difficult to

care for and this takes up a lot of staff time”.

“On this floor we have 16 people that need to be moved using the hoist, there are also 5 that need assistance to eat, there just isn’t enough staff on duty”.

We asked staff whether they liked working at the home and most staff said they did.

One carer said “I really enjoy working with the residents”.

Another member staff said “It’s great here I just wish we could spend more time with people on a one to one basis”.

We fed back our concerns over dependency levels, staffing levels and skill mix, to the manager and area operational manager. They gave us assurances that this would be addressed immediately.

We have received no concerns from stakeholders surrounding this outcome.

Our judgement

There should be a reassessment of the needs of the people who use the service and the numbers and skills of the staff that are needed in order to provide safe and effective care and support to people.

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

There are minor concerns with outcome 14: Supporting workers.

Our findings

What people who use the service experienced and told us
People said:
“The staff are always kind”.
“The staff are OK”.
“Some staff are better than others”.
Relatives said:
“My relatives key worker is very good, she knows (him) very well”.
“Staff are always upbeat and hard working”.
“Staff speak to people in a compassionate way”.

Other evidence
The provider submitted a Provider Compliance Assessment (PCA) prior to our site visit. The PCA allows the provider to perform a self assessment and explain how they are currently meeting each part of the outcome area. The provider stated that at the time of assessment they met this outcome.
We checked the staff training records. This demonstrated that some specialist and mandatory training had been offered to staff. Some staff were due refresher and updated training in mandatory subjects.
Staff told us they thought there were plenty of training opportunities available, we would agree with this. As there is no doubt that the provider has offered a lot of training to staff. However, the home is registered to care for people who have a diagnosis of dementia, and therefore the effectiveness and prioritisation of training needs to be reviewed as our observations raised concerns about staff’s skills when

dealing with people with dementia.

We were told by Sheffield Contracting and Commissioning that they had concerns that the manager was not working full time in her manager role and was working as a nurse on the floors and including herself in the staffing numbers. We raised this with both the manager and area operational manager. They acknowledged that this was correct, due to cover needed on the floors whilst newly employed staff were waiting to commence work. We asked that this stopped immediately. Following the site visit the operational area manager sent to us in writing confirmation that stated: "As of yesterday, 11.05.11 the manager was restored back to supernumerary status. She is actively interviewing qualified staff for Haddon Court and to date has successfully retained one person. All Haddon Court short fall will be covered by agency".

Prior to the site visit we received anonymous information raising concerns about the support given to staff from the manager. These concerns were investigated by the area operational manager. The outcome of the investigation was that there was no evidence that staff felt unsupported by the manager. One minor issue raised within the complaint was substantiated and resolved. We spoke to six staff on the day of the site visit, they all said they felt well supported by the manager of Haddon Court and that she was always available to speak to and resolve any issues.

Our judgement

Staff undertake mandatory training as required. However specialist training, which would improve staff skills and knowledge in caring and supporting people with dementia is either not provided or not effective.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with outcome 16: Assessing and monitoring the quality of service provision.

Our findings

What people who use the service experienced and told us

We did not have direct evidence about what people experienced or told us in this outcome area.

Other evidence

This outcome has not been fully reviewed. This decision is based on a review of the evidence we hold about this location and consideration of the specific risks relating to the service it provides.

The provider submitted a Provider Compliance Assessment (PCA) prior to our site visit. The PCA declared:

“The home will add to the care plan a record of who can take decisions on behalf of the service user and their designation. The record will also contain details of who needs to be consulted if that person is unavailable to make the decisions. To be actioned by 31.12.10”.

We requested an update from the Area Manager on 21/04/2011. She told us:

“Haddon Court is now fully compliant in this area”.

We have received no concerns from stakeholders surrounding this outcome.

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

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
This outcome did not constitute part of the site visit, however whilst talking to one relative they told us:
“I am able to speak to any of the staff and I would go to them straight away if there was anything to complain about”.

Other evidence
This outcome has not been fully reviewed. This decision is based on a review of the evidence we hold about this location and consideration of the specific risks relating to the service it provides.
The provider submitted a Provider Compliance Assessment (PCA) prior to our site visit. The PCA allows the provider to perform a self assessment and explain how they are currently meeting each part of the outcome area. The provider stated that at the time of assessment they met this outcome.
We have received no concerns from stakeholders surrounding this outcome. We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement
The evidence suggests there is no area of non-compliance with this outcome.

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 compliant with outcome 21: Records.

Our findings

What people who use the service experienced and told us
We did not have direct evidence about what people experienced or told us in this outcome area.

Other evidence
This outcome has not been fully reviewed. This decision is based on a review of the evidence we hold about this location and consideration of the specific risks relating to the service it provides.
The provider submitted a Provider Compliance Assessment (PCA) prior to our site visit. The PCA allows the provider to perform a self assessment and explain how they are currently meeting each part of the outcome area. The provider stated that at the time of assessment they met this outcome.
We have received no concerns from stakeholders surrounding this outcome. We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement
The evidence suggests there is no area of non-compliance with this outcome

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care.	Regulation 17	Outcome 1-Respecting and involving people who use services
Treatment for disease, disorder or injury. Diagnostic or screening procedures.	Why we have concerns: The concept of privacy, dignity and human rights are not fully understood by all staff, resulting in a variation in the care and support provided to people.	
Accommodation for persons who require nursing or personal care.	Regulation 9	Outcome 4-Care and welfare of people who use services
Treatment for disease, disorder or injury. Diagnostic or screening procedures.	Why we have concerns: People have an assessment and plan of care but these are not reviewed and updated in a meaningful way. This could mean that people do not always experience effective, safe and appropriate care, treatment and support that meet their needs and protect their rights.	
Accommodation for persons who require nursing or personal care.	Regulation 21	Outcome 12-Requirements relating to workers
Treatment for disease, disorder or injury. Diagnostic or screening procedures.	Why we have concerns: The service has effective and fair recruitment procedures, but they are not always consistently applied.	
Accommodation for persons	Regulation 22	Outcome 13-Staffing

<p>who require nursing or personal care.</p> <p>Treatment for disease, disorder or injury.</p> <p>Diagnostic or screening procedures.</p>	<p>Why we have concerns:</p> <p>There should be a reassessment of the needs of the people who use the service and the numbers and skills of the staff that are needed in order to provide safe and effective care and support to people.</p>	
<p>Accommodation for persons who require nursing or personal care.</p> <p>Treatment for disease, disorder or injury.</p> <p>Diagnostic or screening procedures.</p>	<p>Regulation 23</p>	<p>Outcome 14-Supporting workers</p>
	<p>Why we have concerns:</p> <p>Staff undertake mandatory training as required. However specialist training, which would improve staff skills and knowledge in caring and supporting people with dementia is either not provided or not effective.</p>	

The provider must send CQC a report about how they are going to maintain 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 within 28 days of this report being received.

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

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. Treatment for disease, disorder or injury. Diagnostic or screening procedures.	Regulation 12	Outcome 8 –Cleanliness and infection control
How the regulation is not being met: There were insufficient resources available to prevent and control infections and there is a need for clarity around the roles and responsibilities of some staff.		

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 this report being received.

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 Adult 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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