

Review of compliance

<p>MJM furnishings Limited Kexborough House</p>	
<p>Region:</p>	<p>Yorkshire & Humberside</p>
<p>Location address:</p>	<p>113 Churchfield Lane Darton Barnsley South Yorkshire S75 5DN</p>
<p>Type of service:</p>	<p>Care home service without nursing</p>
<p>Date of Publication:</p>	<p>March 2012</p>
<p>Overview of the service:</p>	<p>Kexborough House Christian care home is registered to provide personal care and accommodation for 22 older persons. Accommodation is on two floors served with a passenger lift and there is a single storey purpose built extension.</p>

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

Our current overall judgement

Kexborough House was meeting all the essential standards of quality and safety.

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 Kexborough House had made improvements in relation to:

Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 24 February 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We talked to people who use the service during our inspection and they told us that they were happy living in the home and with the care that they received. People told us that staff were generally good and that they were consulted about the support that was provided and that their views were listened to.

What we found about the standards we reviewed and how well Kexborough House was meeting them

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

We found that there was a record keeping system in place that ensured people's safety and well being. The care records belonging to people using the service contained sufficient, clear, accurate and up-to date information about their care and treatment.

Other information

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

Outcome 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 talked to people who use the service during our inspection and they told us that they were happy living in the home and with the care that they received. People told us that staff were generally good and that they were consulted about the support that was provided and that their views were listened to.

Other evidence

When we carried out a routine visit on 8 November 2011 it was noted that people's safety and well being may not be fully maintained because their care records did not contain sufficient clear, accurate and up-to date information about their care and treatment. Within twenty four hours of our site visit the manager emailed us and provided details of action they had already taken to improve the care plans with a target for completion of one week.

We conducted an inspection visit on 24 February 2012 to review this outcome.

The acting manager told us that she felt that there had been "significant improvements in the service since the new owners came." She explained that a new system of assessment and care planning had been introduced by the new owners from May 2011. She informed us that she had been trained in the use of the documentation by the area manager and that she was providing the training for her senior care staff. The acting manager said that making sure that all of the people using the service had the new

assessments and care plans in place had been time consuming but was confident that the system was now working well. The acting manager told us that all of the people using the service now have a full set of assessment and care planning documentation in place.

The area manager explained that the new documentation was a recognised 'Mulberry' system, which was also being used in other homes run by the same provider. The area manager said that she had trained the acting manager in the use of the system and had also assisted in carrying out the assessments and writing the care plans. The area manager told us that senior care staff had been trained in the basics of using the documentation and that further training on assessment and care planning was to be provided.

A senior carer said that using the new documentation was difficult to start with. "It's more in depth than the old system but I'm getting the hang of it"

She explained that the acting manager had provided the senior carers with training in how to use the documentation, and that she was aware that there were plans for more training to be provided on care planning.

The senior carer said that "keeping records is very important and this needs to be done properly." "The new record keeping system helps us to make sure that the residents are happy, well looked after and their needs are met."

We were told that the providers of the service were working to ensure that people who use services and their relatives were able to influence and be involved in aspects of their care and welfare. For example, 'residents' and 'relatives' meetings were held to discuss topics such as what activities people would want and the introduction of new initiatives such as the new assessment and care planning documentation.

We observed that a personalised record was kept for each person who used the service. The records were stored safely and securely in an office where they were easily accessible to care staff when required.

We reviewed a sample of care records and found them to be very comprehensive and detailed but rather complex. We found the care records were up to date and being reviewed regularly. The case files contained a broad spectrum of risk assessments and associated care plans including things such as mobility, hygiene, cognition and nutrition. We found one care plan relating to an identified risk of pressure area breakdown, did not clearly state the actions required by care staff to prevent a pressure sore from occurring. This was discussed with the acting manager and the area manager, who said they would update the care plan and continue to develop their skills in assessment and care planning through future training.

We found the assessments and care plans were in general, completed to a reasonable standard.

During our visit we observed visits by the district nurses and the documentation demonstrated that multidisciplinary visits were recorded.

The documentation included a section for people who use the service to write about their life history and their preferences. On reviewing samples of documentation we noted that this section was not always completed. There was not always evidence that the person was involved in drawing up and reviewing their plan. We discussed this with the acting manager and the area manager, who explained that this concept was new to

the people who used the service, as it had not been done previously. We were told this had been introduced to the people who use the service and their relatives at a recent meeting and this was beginning to happen. The acting manager and area manager told us that more would be done over coming weeks to encourage and support people to participate more in the planning of their care.

Our judgement

We found that there was a record keeping system in place that ensured people's safety and well being. The care records belonging to people using the service contained sufficient, clear, accurate and up-to date information about their care and treatment.

What is a review of compliance?

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

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

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

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

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

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

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

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

Information for the reader

Document purpose	Review of compliance report
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