

Review of compliance

Quantum Care Heath House	
Region:	East
Location address:	Heath House Elstree Road Bushey Heath Hertfordshire WD2 3JJ
Type of service:	Care home services without nursing
Publication date:	May 2011
Overview of the service:	Heath House provides accommodation for up to 62 people who require residential care and who may also have a physical disability or a dementia. The service does not provide nursing care.

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

What we found overall

We found that Heath House was meeting all the essential standards of quality and safety we reviewed.

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.

How we carried out this review

We reviewed all the information we hold about this provider, talked with people who use services, and checked the provider's records.

What people told us

People who use the service told us that they were fully involved in their own care planning and supported to make their own decisions about the care and treatment they receive. They said that staff always treat them with respect and that there are no communication problems between them and the staff.

Relatives of people with dementia said families are involved in their relatives' care planning and that any requests for change they made were implemented immediately. They said that care is provided in an individual way and that the staff ensure that they provide the activities needed to keep their relatives stimulated and content. People praised the meals provided.

People confirmed that they would have no worries about making a complaint or voicing a concern and felt safe in the home. They praised the manager and said that the views of people who live in the home are always listened. All those people who spoke with us also praised the care staff and said there were usually enough staff on duty to meet people's needs. Relatives of people with dementia said that there are enough staff on duty to ensure that their relatives have food and drink promoted and that the staff understand the needs of those with dementia.

What we found about the standards we reviewed and how well Heath House 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 provider is compliant with this outcome. People who use the service are supported to understand and make their own choices about their care and treatment. There is evidence that people are involved in care planning and receive care which respects their individual wishes.

- Overall, we found that Heath House was meeting this essential standard

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

The provider is compliant with this outcome as there are systems in place to ensure that people who use the service either understand the issues and give their consent to any care and treatment which might be recommended, or that staff meet the requirements of current legislation when a person is unable to make an informed decision for themselves

- Overall, we found that Heath House was meeting this essential standard

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

The provider is compliant with this outcome. People who use the service benefit from receiving appropriate care, which is provided in a way that meets their individual needs. Staff follow procedures and provide care in a manner that ensures people are kept safe and that their welfare is promoted at all times.

- Overall, we found that Heath House was meeting this essential standard

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

The provider is compliant with this outcome. People are provided with a range of food that takes into account their individual preferences and needs. Menus are regularly reviewed and the views of people are sought and acted on to improve the range of food available.

- Overall, we found that Heath House was meeting this essential standard

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

The provider is compliant with this outcome. People have their needs met in a safe and co-ordinated way when more than one service or agency provides input into their care.

- Overall, we found that Heath House was meeting this essential standard

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

The provider is compliant with this outcome. There are policies and procedures in place which staff adhere to, ensuring people are protected from the risk of abuse and have their rights protected at all times.

- Overall, we found that Heath House was meeting this essential standard

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

The provider is compliant with this outcome at Heath House. People who use the service are protected from the risk of infection and benefit from living in a home which is kept clean and hygienic.

- Overall, we found that Heath House was meeting this essential standard

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

The service is compliant with this outcome as there are policies and procedures, based on national guidance, in place which staff routinely use to ensure that medication is stored and administered safely. This ensures people receive appropriate medication and are protected from the risk of harm.

- Overall, we found that Heath House was meeting this essential standard

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

The provider is compliant with this outcome because people who use the service benefit from living in a home which is well maintained and kept secure and where all areas can be safely accessed.

- Overall, we found that Heath House was meeting this essential standard

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

The provider is compliant with this outcome because there are measures in place to ensure that all equipment used is appropriate, well maintained and safe for its use. People who use the service and the staff who support them are protected from harm by having suitable equipment available whenever it is needed and by the provision of thorough training in the equipment's safe use.

- Overall, we found that Heath House 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 provider is compliant with this outcome. Recruitment and monitoring procedures followed by staff in the home ensure that people who use the service have their needs appropriately met and are kept safe by suitably qualified staff. People using the service find that staff are well trained and competent to support people who are both fully able as well as those who are very confused.

- Overall, we found that Heath House was meeting this essential standard

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

The provider is compliant with this outcome. The people who use the service have their individual needs met by sufficient numbers of staff who have been well trained and are all able to provide appropriate care.

- Overall, we found that Heath House was meeting this essential standard

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

The provider is compliant with this outcome. Procedures followed for the training and support of staff in the home ensure that people who use the service have their needs met and are supported by a competent and professional workforce.

- Overall, we found that Heath House was meeting this essential 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 is compliant with this outcome at Health House. People who use the service have their views listened to and benefit from living in a home which is well managed and where high standards of care are maintained. There are formal and informal procedures in place which ensure there is ongoing monitoring of care practice and which ensure that people can influence the daily running of the home.

- Overall, we found that Heath House was meeting this essential standard

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

The provider is compliant with this outcome at Health House. People who use the service can be confident that any concern will be listened to and acted on and can be assured that no discrimination will result from them making a complaint.

- Overall, we found that Heath House was meeting this essential standard

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

The provider is compliant with this outcome at Health House. People who use the service can be confident that their records are securely kept, are accurate and only disclosed in line with statutory requirements.

- Overall, we found that Heath House was meeting this essential standard

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
The provider is compliant with outcome 1: Respecting and involving people who use services

Our findings
What people who use the service experienced and told us We spoke with a person who uses the service on 25 January 2011, they said they had been involved in their care planning and that care staff respect their wishes about all aspects of their care and how they spend their days in the service. We spoke with three relatives on 25 January 2011 and all confirmed their involvement in care planning either with or for their relatives, both on admission and on an on-going basis. One relative of a person unable to express their own views provided examples of changes requested by the family during visits to the home and said that, in all cases, changes had been implemented by the next day's visit. Other evidence People are assisted and encouraged to participate in planning their care. The evidence provided by the manager during this review demonstrates how this

involvement is achieved, for example there is availability of information on services such as advocacy services. This ensures that people are able to participate in and influence their care plans.

Evidence provided by the manager demonstrates how people using the service are able to influence how the service is delivered. People have opportunities to express their views about all areas of the service and to request changes. There is evidence to demonstrate that these views are acted on, for example, suggestions about social outings have been complied with and some equipment has been changed as was requested.

Our judgement

The provider is compliant with this outcome. People who use the service are supported to understand and make their own choices about their care and treatment. There is evidence that people are involved in care planning and receive care which respects their individual wishes.

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
The person we spoke with who lives at the home on 25 January 2011, said that they always made decisions about whether a doctor's visit should be arranged and that they were sure staff would speak with them if it was felt any treatment was needed.

Two relatives, who spoke with us on the telephone on 25 January 2011, said that they and their relatives had been fully involved in decisions to request a visit from a health professional and that consent had been recorded.

No views were expressed that anyone has any concerns that consent to care or treatment would not be sought for people using the service.

Other evidence
In their transition registration application of 24 June 2010, the provider declared that they were compliant with this outcome. A review of the information we held about

the provider confirmed that at registration the provider was compliant with this outcome.

During this review the manager provided evidence to demonstrate that there are systems in place to ensure that people are able to give informed consent to any care or treatment offered. These systems include the recording of all discussions with the people concerned and their relatives or advocates and staff training in the Mental Capacity Act and in the legislation for the protection of human rights. Evidence was provided by the manager of how these systems and processes are implemented in practice to ensure that all people, including those unable to give informed consent, are protected and have their views represented.

The manager has stated that people's consent to treatment is continually reviewed and that decisions individuals make during these reviews are recorded. For example should someone make an informed choice not to have any treatment, this decision would be respected and recorded in their notes.

Our judgement

The provider is compliant with this outcome as there are systems in place to ensure that people who use the service either understand the issues and give their consent to any care and treatment which might be recommended, or that staff meet the requirements of current legislation when a person is unable to make an informed decision for themselves

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

The provider is compliant
with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
The person we spoke with on 25 January 2011 said that the care provided by staff at the home 'is wonderful' They said that they have been supported to manage most of their own care despite using a wheel chair in the home because of a disability. They said that they enjoy the range of activities provided and still feel part of the community, which is important to them.

The relative of a person with dementia spoke to us on 25 January and said their relative was now less anxious and more content than they had been before entering the home. They said staff provide continual support and stimulation and the relative is now 'always busy'.

The three relatives we spoke with on 25 January 2011 praised the care provided by staff at the home and said that the daily activities provided 'are excellent' and fulfil the choices requested in care planning.

Relatives confirmed that all staff wear name badges and that this and the gallery of staff photographs in reception, enables people to feel reassured as they are clear

about who their key worker is and who to approach when they need assistance.

Other evidence

During this review the manager provided evidence to show how the views of the people using the service are always at the centre of all care planning. For example regular, documented reviews with all appropriate parties takes place which ensures that individual needs continue to be met and any risks are managed as agreed.

All those people living in the home are encouraged to make informed decisions about their care. Those individuals who are unable to make informed decisions are appropriately supported and their rights protected to ensure they receive appropriate care. For example, the dementia assessment and response team, employed by the owning company, provides expert guidance and assistance for people with complex needs linked to dementia. All people using the service have access to advocacy services, to help support and if necessary represent their interests.

During this review the manager provided evidence, which shows that people are regularly asked about their satisfaction with care provision in the service and action is taken to address any issues people raise. This evidence shows that the people asked were satisfied with the care provided, but requested additional activity events, which were then provided.

Information has been provided which details how appropriate end of life care is achieved so that people's choices about this care are supported. People's wishes about end of life care are documented and staff receive training in how to support people and their relatives at this time.

We spoke with a district nurse on 05 January 2011, who said they visit the home on a regular basis and were happy with the care provided. The district nurse said that appropriate and timely referrals are always made to health professionals. This ensures health needs are identified and any deterioration of people's health is avoided.

Our judgement

The provider is compliant with this outcome. People who use the service benefit from receiving appropriate care, which is provided in a way that meets their individual needs. Staff follow procedures and provide care in a manner that ensures people are kept safe and that their welfare is promoted at all times.

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
The person who we spoke with on 25 January 2011, said that they enjoy all the meals, which are of a 'good quality'. They said that they can have cups of tea and drinks whenever they want and that there are drinks available in all areas of the home. The person also said that snacks are offered to them between the main meals and provided at night if they want them.

During telephone conversations with two relatives of people with dementia on 25 January 2011, they said that there were always enough staff around to assist and encourage people at meal times and that they saw staff providing drinks for people all through their visits. They also said that they were pleased with the meals served at the home and that there were always two or more choices for people to pick from at each meal.

They said that their relatives had not suffered any significant weight loss while in the home and they were satisfied that the food provided helped to maintain people's good health.

Other evidence

People's nutritional needs are assessed to ensure all needs are met. Information provided by the manager during this review demonstrated that assessments, risk assessments, planning and reviews take place for all people. The manager stated that staff seek specialist advice when necessary, from professionals such as a speech therapist or a dietician. This ensures that appropriate plans and systems are in place to address people's specialist nutritional and eating needs.

The manager stated that all people, new to the service meet with the chef when they move into the home, to ensure their individual food preferences and any cultural needs are identified and documented. Catering staff ask for feedback about the meals daily and menus are revised to ensure that people continue to receive meals they enjoy. Evidence provided shows that people's suggestions for menu changes have been actioned. The provider states that they try to make meals a social occasion in the home. This is achieved in part by staff eating with those individuals who want this company at meal times.

The district nurse we spoke with during this review said that they felt that people living at Heath House were generally well nourished and that drinks are available at all times and promoted by staff to ensure good hydration is maintained for everyone.

Our judgement

The provider is compliant with this outcome. People are provided with a range of food that takes into account their individual preferences and needs. Menus are regularly reviewed and the views of people are sought and acted on to improve the range of food available.

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

The person we spoke with on 25 January 2011, said that care staff in the home always contacted the doctor or district nurse when their input was needed and said that staff always followed the health directives made by these professionals.

The relatives we spoke with on 25 January 2011, confirmed that they are informed and involved when any other agencies or services have input to their relatives. They said they are happy that all agencies work together at such times for their relatives' benefit.

Other evidence

In their transition registration application of 24 June 2010, the provider stated that they were compliant with this outcome, a view supported by our assessment of the information we held about the provider.

During this review the manager provided evidence that there are procedures in place which staff follow when someone in the home receives care from another professional, such as a chiropodist or physiotherapist, or is transferred to or from another provider. These procedures ensure that there is a co-ordinated approach

that meets the individual's needs and that an accurate record of all decisions and treatment provided is maintained, facilitating continuity of care.

The manager has stated that all people in the home have comprehensive written emergency records that accompany them should they need to attend or be admitted to hospital. This ensures appropriate care and treatment is provided and their needs continue to be met.

The manager advised that all contacts and recordings are made in line with the Data Protection Act and follow the home's Confidentiality Policy to ensure all the people involved have their personal information safely kept.

The district nurse we spoke with on 05 January 2011 said that there are good working relations between the G.P, the home's staff and themselves. The district nurse stated that any care advice or instructions they gave staff were always followed.

Our judgement

The provider is compliant with this outcome. People have their needs met in a safe and co-ordinated way when more than one service or agency provides input into their care.

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
The person we spoke with on 25 January 2011 said that they felt safe living at the home and would not hesitate to voice a concern to staff if they had one. They said they had confidence in the staff, who always listen to them and support their wishes.

Other evidence
During this review the manager provided evidence of how the home's safeguarding procedures ensure that people are protected from abuse at all times. Initial and on-going staff training enables staff to identify and report abuse appropriately. The home's safeguarding policy links with Hertfordshire County Council Safeguarding Adults procedures and is displayed for all staff to refer to.

Staff training and the information provided to them also ensure that all staff are aware of the home's whistle blowing policy. This policy provides telephone numbers which staff can use if they wish to report a safeguarding concern to an agency outside the home, should circumstances require this, in order to keep people safe.

We have been provided with the minutes of a Local Authority safeguarding meeting

which took place on 05 November 2010. This evidence demonstrates that a recent safeguarding incident at the service was appropriately reported and investigated and that identified actions were subsequently taken in a timely manner. This ensured that people who use the service were protected from harm.

The manager has stated that, to protect people who use the service from financial abuse, the home has written policies and protocols regarding the handling of people's money and finances and which highlight that staff must not accept gifts from people. The manager stated that all staff are made aware of these policies on commencing employment and are provided with a staff handbook that includes all policies.

To ensure people who require restraint are restrained safely, the manager advised that all staff are made aware of the adverse effects of inappropriate restraint. Should individuals require restraint it was stated that discussions take place with relatives and the Local Authority and that practices would be risk assessed and documented to ensure appropriate procedures were followed.

Our judgement

The provider is compliant with this outcome at Heath House. There are policies and procedures in place which staff adhere to, ensuring people are protected from the risk of abuse and have their rights protected at all times.

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
The provider is compliant with outcome 8: Cleanliness and infection control

Our findings
<p>What people who use the service experienced and told us</p> <p>The person we spoke with on 25 January 2011, said that all areas of the home were always kept very clean. They said that their room was always kept clean and that the domestic staff were very good and that any spillages were quickly cleaned up.</p> <p>The relatives we spoke with on 25 January 2011 did not voice any concerns about infection control in the home and said all the areas they had seen were always clean. They said that there is alcohol gel in dispensers in each unit entrance and signs promoting its use. Those relatives we asked also confirmed that they have not noticed any offensive odours in any areas of the home when they visit.</p> <p>Other evidence</p> <p>The manager stated during this review that the home has written policies and appropriate equipment in place, covering all areas of cleanliness and infection control, which staff are trained in and continually made aware of. Staff are trained in and use the information in the latest related publication from the Department of Health. This ensures that up to date guidelines are followed in the home. Policies on good practice are also made available to visitors to the home so that the spread of infection can be minimised. Staff at the home have access to a company Health and Safety Manager and the home has links to the Health Protection Agency so that</p>

further advice on infection control can be provided if staff need additional support.

The notifications sent to the CQC, demonstrate that the manager reports significant incidents about serious illnesses in the home, to all appropriate organisations. For example we were recently informed about an outbreak of an infectious illness at the home. The report submitted by the provider demonstrated that appropriate procedures had been followed by staff to minimise risks to others and prevent cross infection in the home.

Our judgement

The provider is compliant with this outcome at Heath House. People who use the service are protected from the risk of infection and benefit from living in a home which is kept clean and hygienic.

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 The person living at the service and the relatives who spoke with us on 25 January 2011, all said they had no concerns about the way staff administer medication at the home.
Other evidence During this review the manager provided details of the systems used in the home for the storage and administration of people's medication. There are written policies and on-going staff training and assessments of competency to ensure people receive their medication in a safe and appropriate way. Reactions people might have to medication are monitored by staff who are aware of when to alert health professionals to any adverse effects. All written procedures relating to the safe handling, storage and administration of medicines are reviewed in line with current guidelines and the written medication policy used by staff at the home incorporates the requirements of the various national publications which staff in care homes need to follow. This ensures that policies are procedures are based on best practice and that medication is

administered safely. For example procedures on the use of controlled drugs and the policy for people who want to administer their own medication follow national guidelines and there is multi-agency involvement in decisions about the covert administration of medicines which ensures this practice only takes place for the benefit of the person concerned.

The district nurse we spoke with on 05 January 2011 said they had no concerns about medication administration in the home.

Our judgement

The service is compliant with this outcome as there are policies and procedures, based on national guidance, in place that staff routinely use to ensure that medication is stored and administered safely. This ensures people receive appropriate medication and are protected from the risk of harm.

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
The person we spoke with on 25 January 2011 said they were very comfortable living in the home, which was well maintained and always had nice flowers around. The person said they use a wheel chair at all times and that they find all areas of the building and the garden are accessible to them with no difficulty.

On 25 January 2011, two of the relatives we spoke with confirmed that they hear the fire alarm tested at regular intervals. They said that the entrance to the home is secured with an entry phone system and a receptionist. The relatives also said they sign the visitors' book when they enter or leave the building in line with the home's safety policy. All relatives also confirmed that the home is always warm and well presented.

Other evidence
During this review the manager advised that the home has a rolling programme of redecoration and that all aspects of the building and grounds conform to the relevant legislation, including requirements for heating, lighting and fire regulation. We were also informed that the home conforms to the requirements of the Disability Discrimination Act 1995 and that all areas are accessible to wheel chair users. In a previous inspection of the home, on 29 January 2009, we found that all areas of the

home are accessible for wheel chair use.

There is a written Health and Safety policy and statement, and generic risk assessments in place. Evidence provided demonstrated that risk assessments had been completed for the building and gardens and that these are reviewed at least annually. Daily checks are made to monitor the maintenance of the building and safety standards any identified issues are addressed immediately. There are records to demonstrate that the supply of gas, electricity and water is regularly checked and serviced by external contractors. We were told by the manager that all clinical waste is stored in locked bins and the home has contracts with waste collection companies who safely dispose of clinical and drug waste.

The manager has also provided evidence which shows how the emergency contingency plans for the premises will ensure people are protected from harm and unnecessary disruption, in an emergency situation. For example all staff are aware of the home's 'emergency bag' which contains essential staff and residents' details and next of kin information. Procedures are in place that advised staff of the actions they should take if the supply of any of the utilities fail, and three local homes are listed where people can be re-located if the home should need to be evacuated.

The manager has confirmed that, as well as communal lounges, the home provides some small 'quiet rooms' and secluded areas, for the comfort of residents and their visitors. People using the service have access to secure storage and a comprehensive call bell alarm system is in place to ensure a quick response can be made by staff in all urgent situations. Bedrooms are lockable and are all large enough for the use of a hoist or wheel chair should they be needed. All areas of the home have been assessed and fitted with appropriate aids and equipment where a need has been identified.

Our judgement

The provider is compliant with this outcome because people who use the service benefit from living in a home which is well maintained and kept secure and where all areas can be safely accessed.

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
<p>What people who use the service experienced and told us</p> <p>The person we spoke with on 25 January 2011, did not voice any concerns about the equipment used in the home.</p> <p>Other evidence</p> <p>During this review the manager stated that all equipment used in the home confirms to British safety standards and that the owning company's facilities department provides additional checks which ensure that all equipment is safe to use.</p> <p>The manager advised that the use of all equipment is risk assessed and that all staff are trained in its use before any piece of equipment is used with a resident. The manager confirmed that they ensure there are adequate supplies available of all portable pieces of equipment so that aids such as hoists and slings can be provided as soon as they are needed.</p> <p>During this review the manager provided details of how medical device alerts are reviewed and if appropriate acted on, for example when a national safety check has</p>

found that some equipment should not be used, it is immediately replaced. All equipment which should only be used once, to prevent cross infection from person to person, is safely disposed of after a single use.

The district nurse we spoke with on 05 January 2011, confirmed that people are not admitted to the home until the appropriate equipment is in place, to ensure no one is put at risk. They said that staff always make timely requests for special mattresses when individuals require pressure prevention equipment. They stated that they have no concerns about the use of equipment in the home.

Our judgement

The provider is compliant with this outcome because there are measures in place to ensure that all equipment used is appropriate, well maintained and safe for its use. People who use the service and the staff who support them are protected from harm by having suitable equipment available whenever it is needed and by the provision of thorough training in the equipment's safe use.

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
The person we spoke with on 25 January 2011 said the staff at the home 'are wonderful'. They said that there are no problems with communication with any of the staff and, when we asked the question, said the care staff were competent in all areas of their work.

The two relatives of people with a dementia who we spoke with on 25 January 2011 said how good the activity staff are and one praised the hairdresser for their understanding of the residents with dementia. One relative said that the staff are friendly and willing to discuss the needs of their relative at any time. They also said that the staff give individual care to their relative and 'put themselves out' to provide stimulation for them.

Other evidence
There are appropriate recruitment procedures in place, for example all staff have references taken before commencing employment. The manager stated that recruitment is conducted in accordance with Equal Opportunities legislation and in line with good practice guidelines for example no candidate starts work until

clearance has been received from the Criminal Records Bureau and the Independent Safeguarding Authority. During this review the manager also demonstrated an awareness and understanding of when concerns about a member of staff would result in a referral to the Independent Safeguarding Authority so that people who are unsuitable to work with vulnerable adults are not able to put them at risk of harm

The manager provided evidence of the induction programme, supervision arrangements and the mandatory training that is completed in the first six months of employment for all staff including volunteers. This ensures that employees receive appropriate training to meet the needs of people, ensures their development is monitored and they are supported to deliver safe care to people who use the service. The service also has its own disciplinary policy, which all staff are made aware of, to ensure people who use the service are supported by staff members who provide appropriate standards of care.

The district nurse we spoke with on 25 January 2011 raised no concerns about any of the staff employed at the home.

Our judgement

The provider is compliant with this outcome. Recruitment and monitoring procedures followed by staff in the home ensure that people who use the service have their needs appropriately met and are kept safe by suitably qualified staff. People using the service find that staff are well trained and competent to support people who are both fully able as well as those who are very confused.

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 compliant
with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
One relative we spoke with on 25 January 2011 thought there might be fewer staff on duty sometimes on a Sunday.

Two relatives, who spoke with us on 25 January 2011, said that they felt there were always enough staff on duty. One said they visited every day, at different times, and they felt there was never a shortage of staff, even at weekends.

The person living in the home whom we spoke with on 25 January 2011 said they felt there were always plenty of staff around both in the day and night. When asked about weekend staff the resident said they thought there might be fewer staff on duty on Sunday mornings, but said this did not affect the care provided for them.

Other evidence
In their transition registration application of 24 June 2010, the provider stated that they were compliant with this outcome of staffing. A review of all the evidence we held about the service at this point confirmed that the provider was compliant with this outcome at registration.

During this review the manager stated that the management team use people's individual risk assessments to ensure there are enough staff on duty to meet people's needs at all times. The manager provided further evidence, with names and shift times, which show that the same number of care staff had been on duty at the home on every day of the week, for the past eleven weeks and that this number of staff is sufficient to safely meet people's varying needs at all times, even when an incident or accident occurs.

The home has its own bank of agency staff, who have all completed the home's training programme and who have all previously worked at the home at some time. This approach ensures that when permanent staff are absent, bank staff, who have completed a specific training programme and who are aware of the homes policies and procedures, are employed to cover vacancies and ensure continuity of care for people.

The manager stated that all senior staff in the home have attended the company's Management Training programme. This ensures that, should the registered manager be absent, there is always a senior member of staff who is trained and skilled to fulfil management duties and act as a temporary manager.

Our judgement

The provider is compliant with this outcome. The people who use the service have their individual needs met by sufficient numbers of staff who have been well trained and are all able to provide appropriate care.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant
with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
The person we spoke with on 25 January 2011 said the staff all work well together, 'as a team', and said they would have no concerns about asking any one of them for assistance.

No concerns were raised by any of the relatives we spoke with about the competence and standards of care provided by staff in the home.

Other evidence
During this review the manager provided evidence of the mandatory staff training programme. The manager advised that all staff have an individual learning and development plan which ensures individual training needs are met. All staff in the home receive specialist dementia training and updates to ensure they are aware of the latest guidelines for providing appropriate dementia care. All staff, including the catering, housekeeping and administrative staff are offered a variety of professional training, such as NVQ training. This ensures that professional standards are maintained by staff in all areas of the home. The manager states that training is offered in various forms and at various times to ensure that all members of staff can access essential training sessions.

Information about the home is communicated to staff, people and relatives at a range of meetings including general staff meetings, unit staff meetings, individual specialist group meetings and residents and relatives meetings. At the beginning of each shift there is a hand over meeting where up to date information about any changes to people's needs are communicated to ensure care staff met individual's needs.

The manager stated that all staff receive regular individual supervision where any concerns or issues can be discussed and they also have annual appraisals. This approach ensures that good practice is maintained and enhanced.

Staff have access to a range of external support for example a confidential independent counselling service and for those members of staff with a disability adaptations such as a vibrating mobile alert unit for the hearing impaired, to alert them to the call bell or fire alarm, are available to ensure they are able to carry out their role efficiently. Large print and specialised training materials are also provided for staff where there is a need.

Our judgement

The provider is compliant with this outcome. Procedures followed for the training and support of staff in the home ensure that people who use the service have their needs met and are supported by a competent and professional workforce.

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
The person we spoke with on 25 January 2011, praised the manager of the home and said the manager was always around speaking with people and always listened to people’s comments. The person also said that regular meetings took place where anyone could say what they thought about the home.

A relative we spoke with on 25 January 2011, whose relation had lived in the home for over a year, confirmed that they receive quality surveys and are invited to meetings at the home. Two other relatives said that any concerns they have raised with staff have been listened to and acted on, or that discussions have taken place to ensure appropriate care is provide for their relatives.

Other evidence
During this review the manager provided details of the systems in operation in the home, which ensure that standards of care provision are constantly monitored. Staff receive training in reporting any relevant issues which might arise and there are formal and informal systems in place for people to make a suggestion or voice a

concern. Annual quality surveys are sent to people living in the home, their relatives and professionals such as doctors, nurses and the psychiatric services. Monitoring of the results of these surveys takes place at both provider and manager level and a report is produced of findings, showing how any suggestions are being addressed. Feedback is also given to relatives and residents at the annual forum, held in the home which all interested parties can attend.

Information about the services people can expect in the home are provided when people enter the service and are available on an internet web site. To ensure people find the admissions process acceptable and helpful, all new residents receive an 'Admissions monitoring questionnaire'. Feedback from these returned forms are used to streamline the company's admissions procedures.

Senior staff at the home complete monthly monitoring audits, these cover a wide range of areas such as health and safety and complaints issues. Any trends identified during these audits are investigated and any necessary improvements are made. The owning company, Quantum Care, has established quality systems which cover all the group's homes and which verify each home's quality procedures and ensure high standards are maintained in all areas. Senior company managers and board members also make unannounced checks on the service and random meetings are arranged with people who use the service, to ensure people are satisfied with the services provided.

Our judgement

The provider is compliant with this outcome at Health House. People who use the service have their views listened to and benefit from living in a home which is well managed and where high standards of care are maintained. There are formal and informal procedures in place which ensure there is ongoing monitoring of care practice and which ensure that people can influence the daily running of the home.

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
<p>What people who use the service experienced and told us</p> <p>The person we spoke with on 25 January 2011, confirmed they were aware of the home's complaints procedures and said they would not hesitate to make a complaint if they had one.</p> <p>The relatives we asked on 25 January 2011 all said they were aware of how to make a complaint and would have no worries about doing so. They said that any concerns they had raised had all been listened to and dealt with or that a situation had been explained. They felt sure there would be no negative outcomes for their relatives if a complaint was made.</p> <p>Other evidence</p> <p>The manager stated that every new resident receives a copy of the home's complaints policy and that this is displayed in the reception area of the home for all visitors to see.</p> <p>The manager advised that all staff are trained in the home's complaints protocols,</p>

ensuring they are able to direct complainants to the right person. Initially a formal complaint is dealt with by the manager but the owning company's regional manager is also involved in a complaint not immediately resolved. An advocate from Age Concern also makes regular visits to the home and will talk individually with people and represent them in making a complaint if this is preferred. The manager confirmed that a log of all concerns and complaints is kept in the home and evidences how all complaints are resolved.

The manager provided evidence that a complaint sent to the CQC in January 2011 had subsequently been appropriately managed using the service's internal procedure.

Our judgement

The provider is compliant with this outcome at Health House. People who use the service can be confident that any concern will be listened to and acted on and can be assured that no discrimination will result from them making a complaint.

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 The person we spoke with on 25 January 2011 said they knew they could see their own records if they wished. The relatives we spoke with on 25 January 2011 were aware of the process for accessing records with their relatives' permission and said they had signed the records of any meetings they had been involved in as accurate documents.
Other evidence In their transition registration application of 24 June 2010, the provider declared compliant with this outcome of maintaining appropriate records. On review of the evidence we held about the provider at the point of registration, we agreed with this assessment. During this review the manager provided evidence demonstrating how all personal records are securely kept in the service, for example staff records are kept locked

and are only accessible to senior staff. The manager stated that all communication, including verbal, is documented in the appropriate care record, to ensure every aspect of people's care is shown. We were told that the records of everyone using the service are updated at regular intervals or when changes occur. This ensures an accurate record of an individual's care needs is maintained.

The manager advised that staff training includes how to complete records to ensure that only factual accounts are documented and not individual opinions. Staff are also made aware that records and information are confidential and are aware of the implications of the Data Protection Act and that written consent from the people concerned would be required before any information was provided for a third party.

The manager has confirmed during this review that general records for activities in the home are kept for the statutory length of time. These include records of servicing and maintenance, fire safety activities, financial procedures and notifications sent to the CQC. It was stated that these records could then be accessed should any relevant investigation take place.

Our judgement

The provider is compliant with this outcome at Health House People who use the service can be confident that their records are securely kept, are accurate and only disclosed in line with statutory requirements.

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
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA