

# Review of compliance

Orwell Housing Association Savile Court	
<b>Region:</b>	East
<b>Location address:</b>	Savile Court Victoria Road Felixstowe Suffolk IP11 7PT
<b>Type of service:</b>	Domiciliary care service
<b>Date of Publication:</b>	March 2012
<b>Overview of the service:</b>	<p>Savile Court is a supported housing service providing care and support to people living with learning disabilities in their own homes.</p> <p>Savile Court is registered to provide personal care.</p>

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

## Our current overall judgement

**Savile Court was not meeting one or more essential standards. Improvements are needed.**

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

### Why we carried out this review

We carried out this review 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, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

People we spoke with told us that they were very happy with the care they received at Savile Court. We were told that staff were "Very lovely" and that "Their manner is very polite". One person told us that they had been apprehensive about going to live at Savile Court and to begin with, did not want any help from the staff and would refuse any support offered. However, we were told that staff took time to get to know them and provided choice and encouragement about the support on offer and that now support was "Just right" to meet their individual needs.

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

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

Savile Court is compliant with this Outcome. People who used the service are involved in their care planning and are provided with sufficient information about the service.

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

Savile Court is not compliant with this outcome. Moderate concerns have been identified because people cannot be assured that where they lack capacity decisions about their care will be appropriately assessed and acted on in their best interests.

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

Savile Court is compliant with this outcome. People using the service are protected from the risk of abuse.

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

Savile Court is not compliant with this outcome. Moderate concerns have been identified because people using the service are not protected from the risk of acquiring infections because training, policy, procedures or monitoring systems are not in place.

### **Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

Savile Court is not compliant with this outcome. Minor concerns have been identified because appropriate training is not in place and improvements are needed to ensure that risks in relation to people's individual medications are documented.

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

Savile Court is not compliant with this outcome. Minor concerns have been identified because there was no evidence to confirm that staff receive appropriate training to enable them to deliver safe care and support.

### **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

Savile Court is not compliant with this outcome. Moderate concerns have been identified because effective management systems to monitor and manage risks to people's health, welfare and safety are not in place.

### **Actions we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

### **Other information**

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

People we spoke with confirmed that staff were respectful and always took time to involve them in their care. One person told us that they "Get on very well" with the carers and managers at Savile court. Another person told us that they were aware of their care plans and what records and information the service kept about their support needs.

We also asked people if they had goals for their future and two people told us that they would eventually like to achieve independent living but for now were happy at Savile Court.

People we spoke with also told us that they felt staff maintained their privacy and dignity and that they had been involved in developing their care plans.

##### Other evidence

As part of our visit we reviewed four care plans and saw that people had good initial assessments to discuss the level of care and support they needed. We reviewed the plans, which were kept in people's homes, and were able to see that these had been agreed by the person to which they related. Plans contained detailed information about choices and preferences however we noted that limited information relating to Equality,

Diversity and Human Rights (EDHR) was present. We fed this back to the manager at the end of our inspection and they confirmed that one person living in the home did attend church but acknowledged that other people's preferences in relation to EDHR had not been documented.

During our visit we saw that information about the service was available to people. A copy of the statement of purpose and user guide was accessible as was a notice board which displayed information about local activities that could be accessed by people using the service. It was also evident from talking to people, care plans and daily notes that carers supported people to access the community to go shopping or visit places of interest.

**Our judgement**

Savile Court is compliant with this Outcome. People who used the service are involved in their care planning and are provided with sufficient information about the service.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

There are moderate concerns with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People we spoke with told us that they "Loved" living at Savile Court and the level of support provided was "Perfect".

Another person told us that the staff were "Lovely" and provided support and encouragement to help them with the things they sometimes forgot to do.

##### Other evidence

We looked at four care plans and were able to see that they had sections to include a profile, support plans, medication information and risk assessments.

Upon reviewing these care plans we found that there was information about people's current and past medical history and that care plans referenced these needs throughout. We saw that individual assessments had been carried out and that people's plans were regularly reviewed. We found that for a person living with epilepsy detailed assessments and plans were in place for staff to access should they need to assist during a seizure. This meant that care and support was assessed in accordance with people's individual needs.

We also saw that individual risk assessments were in place for people living at Savile Court, including for their medical needs, accessing the community, cooking, and the environment. These risk assessments demonstrated that the service takes into account risks to people's health, safety and welfare whilst providing care and support.

However, upon reviewing one persons care file, we found the service had taken the decision to not allow someone their choice to order a take-away meal. We were told, the reasoning behind this decision was due to recent changes in their behaviour, these changes were described to us as "difficult". Whilst the service did have a risk assessment in place which detailed why the decision had been taken there was no evidence that mental capacity issues about this decision had been considered. It is important that when making decisions on behalf of someone else appropriate planning and assessments are considered and where applicable, take place.

We reviewed staff training records and did not see evidence that staff had been trained on the The Mental Capacity Act 2005 (MCA) or the Deprivation of Liberty Safeguards (DoLS). The above example demonstrates why it is important such training should be in place, so that staff can identify and address people's best interests according to the correct procedures.

We further reviewed the services policy on these matters and found that whilst a "Mental Capacity Act Policy" was in place it only described the actions to be taken when a person lacking capacity began to use service. We could find no policy or guidance in place which detailed procedures to be taken in the event a person's capacity to make decisions deteriorated whilst using the service.

#### **Our judgement**

Savile Court is not compliant with this outcome. Moderate concerns have been identified because people cannot be assured that where they lack capacity decisions about their care will be appropriately assessed and acted on in their best interests.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

#### Our findings

##### What people who use the service experienced and told us

People we spoke with told us that they felt safe living at Savile Court.

##### Other evidence

We spoke with two members of staff about their knowledge of safeguarding people from abuse. They both demonstrated an understanding of the signs of abuse and the actions they would take if they suspected abuse was taking place.

We reviewed Savile Court's safeguarding procedures. These were up to date and an accessible copy of Suffolk County Council's safeguarding policy and guidance was in place.

We reviewed staff training records and found that there was evidence of safeguarding training having been undertaken by the majority of staff. Plans were also in place for staff who had not undertaken training and new starters to access a course.

##### Our judgement

Savile Court is compliant with this outcome. People using the service are protected from the risk of abuse.

## Outcome 08: Cleanliness and infection control

### What the outcome says

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

### What we found

#### Our judgement

There are moderate concerns with Outcome 08: Cleanliness and infection control

#### Our findings

##### What people who use the service experienced and told us

On this occasion we did not speak to people using the service about this Outcome.

##### Other evidence

We asked to review the infection control policies and guidance in place for Savile Court and were provided with their "Infection Control Policy". This policy was overarching to all Orwell Housing Association's locations, however it did not describe the infection control arrangements in place for Savile Court..

We asked the manager if they had reviewed and implemented where necessary the Department of Health's "Code of Practice for health and adult social care on the prevention and control of infections and related guidance" and were told that this had not taken place. It is a requirement of the Health and Social Act 2008 for this guidance to be reviewed and implemented where applicable.

We asked to review details of audits undertaken in relation to infection control, including and hand hygiene, and were told none were in place.

We reviewed staff training records and found that no evidence was available to demonstrate that staff had been trained in areas of infection control including hand hygiene practices.

We did however speak to a staff member who confirmed that they had some understanding of infection control practices and that personal protective equipment, for example disposable gloves were issued for use when providing personal care and support.

**Our judgement**

Savile Court is not compliant with this outcome. Moderate concerns have been identified because people using the service are not protected from the risk of acquiring infections because training, policy, procedures or monitoring systems are not in place.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

There are minor concerns with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

On this occasion we did not speak to people using the service about this Outcome.

##### Other evidence

We asked to review the medicines management policies and guidance in place for Savile Court and were provided with their "Medication Administration" Policy. Again, this policy was overarching to all of the provider's locations but did provide adequate guidance on the obtaining, recording, handling, using, safe keeping, safe administration and disposal of medications.

On reviewing staff training records we found that not all staff had evidence of undertaking medication training. We also found that staff who had no evidence of this training were recording in people's daily records that they had "Supported" or "Given" medication to people using the service.

A requirement of the training course undertaken by some staff with the pharmacy who dispenses their medication was that an assessment of learning outcomes and practical assessment was undertaken following the training. Of the records reviewed, we only found that one person had evidence of undertaking such assessment.

We checked people's Medication Administration Record [MAR] charts and details of the current medication in their care files. We found all records to be up to date and accurate.

However, when reviewing peoples care files we found that there was no evidence of a medication risk assessment having been undertaken that described associated risks and possible side effects of individual medications. Such risk assessment should be in place to alert staff to possible side effects of medicines and the possibility of unsafe use as people's medications are kept in their own homes. It is important that this information is easily accessible so staff are able to quickly identify people's needs.

**Our judgement**

Savile Court is not compliant with this outcome. Minor concerns have been identified because appropriate training is not in place and improvements are needed to ensure that risks in relation to people's individual medications are documented.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

There are minor concerns with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

People we spoke with told us that staff delivering care are "Very good" at what they do.

##### Other evidence

We spoke with staff who told us that they were happy working at Savile Court and that they felt completely supported by their managers. They said they felt confident in raising concerns should they need. Regular supervision sessions are held and annual appraisals are undertaken.

We reviewed staff training records and found that staff had completed mandatory training such as manual handling and health and safety

We also found that other training courses were provided to meet the individual needs of people using the service such as epilepsy and autistic spectrum disorder. Staff told us that they felt they had all the training they needed to be able to carry out their role and confirmed that should they feel they lack knowledge they were able to request this training and it would be provided.

The manager kept a training matrix which detailed when people were booked on specific courses; however no record was kept as to whether or not staff actually attended their booked training. For example, each staff member was booked to attend medication training on the 5 May 2011. However, we could not find evidence that people booked on this training actually attended because there was no documented evidence available nor were certificates present in their files.

Given our findings in outcomes 4, 8 and 9 of this report it is apparent that the training system in place at Savile Court has not been developed to ensure that staff are appropriately trained to meet the needs, and mitigate risks, for the people living at Savile Court.

**Our judgement**

Savile Court is not compliant with this outcome. Minor concerns have been identified because there was no evidence to confirm that staff receive appropriate training to enable them to deliver safe care and support.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

There are moderate concerns with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

On this occasion, we did not speak to people using the service.

##### Other evidence

Savile Court had a comprehensive suite of policies and guidance in place and staff confirmed that they had been informed of these procedures and how to access them.

We saw incident and risk management systems in place. We reviewed Savile Court's reported incidents and were able to see that these were monitored and reviewed. We were also provided with copies of overarching risk assessments for the service such as for lone working and fire. These documents demonstrated that overarching risks are managed to ensure people's health, safety and welfare are not at risk.

We asked to review recent audits which had been carried out at Savile Court however none could be provided.

We also asked to review details of any recent satisfaction survey's carried out and although we were told one had been carried out, we could not be provided with details.

##### Our judgement

Savile Court is not compliant with this outcome. Moderate concerns have been identified because effective management systems to monitor and manage risks to people's health, welfare and safety are not in place.

## Action we have asked the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<b>How the regulation is not being met:</b> People cannot be assured that where they lack capacity decisions about their care will be appropriately assessed and acted on in their best interests.	
Personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<b>How the regulation is not being met:</b> People using the service are not protected from the risk of acquiring infections because training, policy, procedures or monitoring systems are not in place.k	
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<b>How the regulation is not being met:</b> Appropriate training is not in place and improvements are needed to ensure that risks in relation to people's individual medications are documented.	
Personal care	Regulation 23 HSCA 2008	Outcome 14: Supporting staff

	(Regulated Activities) Regulations 2010	
	<b>How the regulation is not being met:</b> There was no evidence to confirm that staff receive appropriate training to enable them to deliver safe care and support.	
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<b>How the regulation is not being met:</b> Effective management systems to monitor and manage risks to people's health, welfare and safety are not in place.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

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

# What is a review of compliance?

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

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

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

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

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA