

Review of compliance

Ryedale Court Nursing Home

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| Region: | London |
| Location address: | Victoria Road, Barking, Essex IG11 8PE |
| Type of service: | Care Home with Nursing |
| Publication date: | May 2011 |
| Overview of the service: | <p>Ryedale Court Nursing Home is a purpose built care home for older people with dementia and older people with care needs due to frailty associated with the ageing process. The care home is located in a residential area of Redbridge on the borders with Barking. It is well served by public transport and within walking distance of the local amenities. The care home comprises of two floors with accommodation and has a passenger lift. There is a garden area.</p> <p>The care home can accommodate up to 70 people. All of the bedrooms are single with an ensuite toilet, although there are three</p> |

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| | bedrooms that two people could share, if requested. |
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Ryedale Court Nursing Home was not meeting one or more essential standards. Improvements were needed.

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

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

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

What people told us

We visited Ryedale Court Nursing Home over three days in January 2011. We talked to those people who were able and happy to talk to us. We also talked to a significant number of relatives and visitors.

We received many positive comments from people living in the home and their relatives. A few suggestions regarding how the service could be improved were made, such as new social activities and the need for staff to gain a more in depth history of people admitted to the service with dementia.

What we found about the standards we reviewed and how well Ryedale Court Nursing Home 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

People are cared for in a respectful manner that promotes their dignity and individuality. Although there was certain evidence to indicate that people and their relatives are consulted about their individual care plans, this needs to be officially confirmed through people signing their agreement in the care plan.

- Overall, we found that Ryedale Court Nursing Home 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

People are supported to make informed choices and decisions.

- Overall, we found that Ryedale Court Nursing Home was meeting this essential standard.

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

Although some very positive strengths were found with the planning and delivery of personal and health care, the service needs to demonstrate a more individualised approach to care planning and Life History work.

- Overall, we found that Ryedale Court Nursing Home was meeting this essential standard.

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

Good systems were in place to support people to meet their nutritional needs, although some small alterations to the current menu could enhance enjoyment of mealtimes and snack times.

- Overall, we found that Ryedale Court Nursing Home was meeting this essential standard.

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

The service demonstrated some strengths with working effectively with other providers but needed to continue to build upon its performance in dealing with medical emergencies services.

- Overall, we found that Ryedale Court Nursing Home was meeting this essential standard.

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

Appropriate systems were in place to protect people from abuse, although some staff needed to refresh their Safeguarding training.

- Overall, we found that Ryedale Court Nursing Home was meeting this essential standard.

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

People were provided with a clean environment.

- Overall, we found that Ryedale Court Nursing Home 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 medication needs of people are safely addressed.

- Overall, we found that Ryedale Court Nursing Home was meeting this essential standard.

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

People are provided with a safe home, which is designed to meet their holistic needs.

- Overall, we found that Ryedale Court Nursing Home was meeting this essential standard.

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

People are provided with appropriate equipment that is safely maintained.

- Overall, we found that Ryedale Court Nursing Home was meeting this essential standard.

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

People that use the service were protected by staff being satisfactorily recruited.

- Overall, we found that Ryedale Court Nursing Home 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

People benefited from having a suitable number of staff to meet their health and safety needs.

- Overall, we found that Ryedale Court Nursing Home was meeting this essential standard.

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

People benefit from staff that have received appropriate training for their roles and responsibilities, although a more in-depth approach to dementia training would be very beneficial.

- Overall, we found that Ryedale Court Nursing Home 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

People benefit from receiving a service that assesses and monitors its quality of care. However, while this is currently being carried out by the manager, there is also a need for the provider to undertake this role.

- Overall, we found that Ryedale Court Nursing Home was meeting this essential standard.

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

People who use the service can be assured that they will receive an efficient and helpful response to any concerns raised.

- Overall, we found that Ryedale Court Nursing Home was meeting this essential standard.

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

People using the service can be confident that records are up to date and fit for purpose.

- Overall, we found that Ryedale Court Nursing Home was meeting this essential standard.

Action we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

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

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

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

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

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

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

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

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

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

Outcome 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

“I am pleased with excellent care”.

“Ryedale Court is always warm and friendly, and we feel that the care given to X is first class”.

We spoke to people and their visitors about how the service supported people to be involved in their care. A relative stated that they had been visiting a resident every day for over ten years and had never had any concerns with the manner that staff spoke to people living at the care home.

We observed how staff interacted with people at different times during the day (for example, during meal times and medication rounds). We found that people were spoken to in a respectful and pleasant way. For example, it was noted that a person enjoyed frequently telling people the same joke and anecdotes; staff responded appropriately with genuine interest and good humour.

Other evidence

The vast majority of people were not able to comment upon how they had been formally consulted about their individual needs and preferences, due to their cognitive and/or physical health needs. We noted that the care plans were not signed by people (or their relatives, if required) although the visitors that we met confirmed that staff had spoken to them about care planning and significant updates to the care plans. The manager informed us that he intended to introduce a new and more streamlined care planning model, which would have built-in prompts for staff to ensure that the views of people (and/or their relatives) are consistently sought and recorded.

We also identified that one of the assessment documents contained the term 'geriatric nursing home', which is no longer used professionally. This will be addressed through the manager introducing a newer care planning system that promotes current good theory and practice.

The views of people and relatives were also obtained through the service hosting meetings and conducting surveys, although it was acknowledged by the manager that very few residents were able to participate because of their cognitive and/or physical health needs.

Our judgement

People are cared for in a respectful manner that promotes their dignity and individuality. Although there was certain evidence to indicate that people and their relatives are consulted about their individual care plans, this needs to be officially confirmed through people signing their agreement in the care plans.

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

Many of the people that use the service were not able to express their views due to their cognitive and/or physical needs.

We spoke to a relative who explained that they had been consulted about the use of a specific piece of safety equipment for a person. The relative felt that staff had fully explained the potential risks of not having the equipment, but had also pointed out any known potential risks associated with its' use.

Other evidence

We spoke to staff regarding their understanding of the Mental Capacity Act 2005. Staff had received training and were able to competently explain their understanding of issues such as Deprivation of Liberty, by relating their knowledge to the needs of residents at the care home.

Our judgement

People are supported to make informed choices and decisions.

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

“I enjoy the chat (with staff)”

“I think that my brother’s needs are being met perfectly”

“Very happy with mum’s care”

“Staff should be made aware of his background and interests to establish better communication”

We spoke to people about their care, although the vast majority of the people were unable to comment on whether their more complex needs were being met. People stated that they were offered choices, such as their favoured routine (for example, a bath or a shower, and when to get up and when to go to bed). Discussions with visitors confirmed that the service identified and strived to meet individual preferences.

Other evidence

We read several of the care plans, speaking to these people (and/or their families)

where possible. The care plans we looked at were randomly selected but chosen from units where people have different needs; for example, people with dementia and people with short-term and long-term physical health care needs.

We found that there were some good examples of care planning for people with health care issues, such as people with diabetes and pressure sores. We had previously spoken to a specialist National Health Service nurse that had recently visited the care home to assess the needs of a couple of people with pressure sores. We were informed that the staff had well managed the holistic care of these people.

We found that the service had adopted some risk assessment tools that could be streamlined. For example, staff were assessing the susceptibility of people to developing pressure sores using two different nursing models. We felt that this created extra work for staff and could potentially lead to some confusion when relaying information to external medical and nursing professionals. It was noted that sometimes abbreviations were used, without an explanation of what it meant, such as TVN (Tissue Viability Nurse). This would make it difficult for people and their representatives to be more actively involved in planning and reviewing care.

We spoke to the manager about the need for the care plans to be written in a more concise way that demonstrated a more individualised understanding of a person's needs. For example, the care plans for supporting people with their washing and dressing stated actions that would form part of the service's safety policies (such as checking the temperature of bath water) but did not specify if a person liked to be assisted to use a particular aftershave/perfume or have items of make-up applied. Care plans did specify if a person had a preference in regard to the gender of the staff providing personal care.

Another care plan identified that a person that sometimes displayed challenging behaviour responded well to having the television in their room switched on as a distraction. Although this type of recording was appropriate, an individualised approach might state if they prefer news, sports or other programmes.

We also found that there was an inconsistent approach to creating individualised Life Histories, which are used to understand and respond to the needs of people with dementia. For example, a person provided us with an interesting account of their earlier life including memories of the Second World War but this had not been recorded in their individualised Life History. Care plans appropriately stated the need to 'try and stimulate short and long-term history'; hence there is a recognised need to gather as much information as possible about a person's life.

We met with the Activities Organiser and looked at the records regarding social activities and entertainment. Through speaking to the Activities Organiser, people living at the care home and their families, we found that a varied programme was offered. This included bingo, soft ball games, armchair exercises, arts and crafts, board games, film sessions and cream teas. Entertainers regularly visited the service and people were offered opportunities for local trips.

Our judgement

Although some very positive strengths were found with the planning and delivery of

personal and health care, the service needs to demonstrate a more individualised approach to care planning and Life History work.

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 food is very nice here”

We joined people for lunch during this review. People informed us that the quality of the food was good, and that they were offered choices. We observed that the people that needed any extra support at mealtimes were assisted in a sensitive manner.

Other evidence

We checked the menu, toured the kitchen and spoke to the chef. The menu offered a balanced and nutritious diet, which catered for people that needed arrangements to meet medical and/or cultural needs. There were good supplies of fresh fruits and vegetables, and choices of beverages, cereals and snacks. The chef confirmed that a number of people have opted for a cooked breakfast, and the service purchased specific cereals of choice if required. We noted that there wasn't an active approach to providing people with regular home-baked items, such as cakes, scones, cookies and puddings; the manager stated that this would be addressed.

Bowls of fresh fruit were delivered twice a week to the bedrooms of people that requested this. We suggested that the service should consider providing fresh fruit

platters and smoothies on a regular basis to the communal lounges, to be served alongside other refreshments at coffee and teatimes.

Visitors could make arrangements to have a meal at the care home. We spoke to one visitor who regularly purchased lunches, who reported that it was as good as a more costly café meal.

The service demonstrated that it had systems in place to monitor peoples' weight, in order to identify if any actions needed to be taken (for example, the involvement of the General Practitioner or a dietician). Care plans were in place for people that needed any type of support with eating and drinking.

Our judgement

Good systems were in place to support people to meet their nutritional needs, although some small alterations to the current menu could enhance enjoyment of mealtimes and snack times.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We did not seek the views of the people that use the service.

We noted some evidence of when the service worked well with other providers of medical and health care services. We received positive comments from specialist nurses in the fields of tissue viability and palliative care. We noted that the delivery and checking in of new medication each month occurred very smoothly, and staff were observed to be confident in their communication with the pharmacist when reporting any discrepancies that they had discovered.

Other evidence

There have been issues in regard to the care home demonstrating safe and rigorous practices when dealing with ambulance services, which have been investigated by Redbridge Safeguarding team. The service had responded through introducing a number of new protocols, such as re-structuring the staff team so that there is always a nurse in a managerial position on duty to co-ordinate communications with ambulance crews.

The care plans that we read indicated that staff clearly recorded and acted upon instructions from General Practitioners and other external professionals.

Our judgement

The service demonstrated some strengths with working effectively with other providers but needed to continue to build upon its performance in dealing with medical emergencies services.

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

We did not seek the views of the people that use the service.

Through speaking to people and staff, we found that people felt confident that they could raise any concerns or report any allegations of poor practice. The manager of the home was clearly identified as the person that could be approached.
We observed that the manager did practice a ‘hands-on’ approach by walking around the units and greeting people and their visitors.

Other evidence

We found that the service used the local Safeguarding procedures for the London Borough of Redbridge. Staff received regular training from a senior member of staff, who was a recognised Safeguarding Adults trainer. The service had its own Whistle-Blowing policy for staff to report any concerns to the organisation, and to appropriate external authorities.

Through discussions with a couple of members of staff we identified that some people could benefit from refresher training to ensure their full knowledge of safeguarding and whistle-blowing.

Our judgement

Appropriate systems were in place to protect people from abuse, although some staff needed to refresh their Safeguarding training.

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

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

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| Our findings |
| What people who use the service experienced and told us “Mum’s room is always lovely and tidy, I don’t know how they (house-keeping staff) do it” “The housekeeper sews on name tags if you ask her, no problem” We observed that the house-keeping staff maintained a very visible presence within the service, attending to their duties and chatting to people residing at the care home. Some of the house-keeping staff also had language skills to communicate with people living at the service that did not speak much English, or now spoke in their first language because of the impact of dementia upon their cognitive skills. We found that the premises were clean and free from any offensive odours. Other evidence We noted that there was a satisfactory level of housekeeping staff rostered on duty. Staff were provided with training and guidance on how to prevent cross-infection. The laundry room was well organised and laundry staff demonstrated their understanding of procedures to manage soiled items. Our judgement |

People were provided with a clean environment.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us

We did not seek the views of the people that use the service.

We observed staff supporting people to take their prescribed medication. We found that people were given the appropriate support to take their medication safely.

Other evidence

We checked the storage and administration of medication, which was well managed. Staff recorded the date that they opened eye-drops, which need to be disposed of after 28 days. We suggested an extra precaution of recording the due date for disposal. Otherwise, the medication room was very organised and the staff nurse on duty was knowledgeable about the standard and controlled medications, storage instructions and recording procedures.

We observed that the pharmacy supplier was now dispensing large supplies of prescribed thickening granules for people with swallowing problems, rather than the previously supplied individualised containers. We sought guidance from a CQC pharmacist, who advised that this practice is acceptable as long as the service maintains a rigorous audit trail.

Our judgement

The medication needs of people are safely addressed.

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

“I like my room; my family put up all my pictures to make it cosy”.

“I love all the lights in this room (sensory room), I come in here to just sit and relax”

We toured the premises with the manager, as well as making other observations during the review. We joined a resident enjoying a one-to-one reminiscence session in the sensory room, which was specifically designed to provide a quiet and relaxing environment.

Other evidence

We noted that the premises were well maintained to promote the safety of older people with physical health problems, and older people with dementia. The building had good lighting and ventilation, and was heated at a comfortable temperature to reflect the external weather conditions. People could take part in social activities not on their floor by using the passenger lift. Portable equipment was safely stored to ensure that it did not create a trip hazard.

Our judgement

People are provided with a safe home, which is designed to meet their holistic

needs.

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

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| Our judgement |
| The provider is compliant with outcome 11: Safety, availability and suitability of equipment |

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| Our findings |
| <p>What people who use the service experienced and told us</p> <p>We were not able to discuss this outcome area with the people that use the service. We observed that people who used wheel chairs were equipped with the required apparatus as stated in their care plan (for example, a pressure relieving cushion). We met people that needed other types of equipment for their health and comfort, such as air mattresses and stools to ensure foot elevation; it was noted that their equipment was in place and being correctly applied.</p> <p>Other evidence</p> <p>The training records identified that staff had received manual handling training. There was also training regarding the prevention of pressure sores, inclusive of information and updates about using essential equipment. The service provided documented evidence that regular maintenance took place for equipment such as the hoists, adapted baths and the passenger lift. Care plans contained relevant risk assessments, for example, if bed rails needed to be used for a person at risk of falling out of bed.</p> |

Our judgement

People are provided with appropriate equipment that is safely maintained.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We did not speak to people living at the care home about this outcome area.

Other evidence

We checked a random sample of staff files, which evidenced that appropriate recruitment practices took place. However, we advised the manager of the need to ensure that all references are consistently verified by a telephone call to the referee, even when written on official stationary or with a company stamp.

Our judgement

People that use the service were protected by staff being satisfactorily recruited.

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

“She’s very good, she never stops still” (a person speaking about their care worker)

“At the entertainments you can really enjoy yourself, she makes it really nice” (a different person speaking about the activities organiser)

We observed that staff demonstrated good relationships with people living at the care home. The service conducted a residents and relatives survey late last year which demonstrated a very high level of satisfaction regarding the staff. We observed that staff were well organised during notably busy times of the day, such as meal times. They demonstrated an efficient approach to ensuring that people received the support that they needed for their lunch, whether they were in the dining room, the communal lounge or their individual bedrooms.

Other evidence

We looked at the staffing rotas for day and night duties. The manager demonstrated that the dependency levels of the people living at the care home were very regularly assessed in order to make sure that sufficient staff were placed on each shift.

Our judgement

People benefited from having a suitable number of staff to meet their health and safety needs.

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

We did not speak to people living at the care home about this outcome area. We observed some good practices on the unit for people with dementia, including positive attempts to engage people in conversation and activities. However, we found that some staff were not confident in their knowledge of how to use reminiscence materials.

Other evidence

The service produced an up to date training matrix which evidenced that staff received induction, mandatory and other training. We spoke to the manager about the need for nursing and care staff to be offered a recognised dementia training course, to supplement the existing dementia training.

Our judgement

People benefit from staff that have received appropriate training for their roles and responsibilities, although a more in-depth approach to dementia training would be very beneficial.

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

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

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| Our findings |
| What people who use the service experienced and told us <p>We did not speak to people living at the care home about this outcome area.</p> |
| Other evidence <p>We looked at the home’s quality assurance system. It was strongly based upon spot checks by the manager who arrived at the care home at unexpected times during the week or weekend. There was also formal auditing of care practices, including the management of medication. The service sought the views of residents and their supporters through conducting meetings and undertaking surveys. We saw that the results of the last survey were very positive about standards of care in the home. At the time of this visit, the service was being transferred into new ownership, hence the manager was not fully aware of what quality assurance arrangements would be made by the new provider. We spoke to the manager about the need for the service to benefit from quality assurance monitoring visits by the provider and regular supervision and support for the manager.</p> |
| Our judgement <p>People benefit from receiving a service that assesses and monitors its quality of</p> |

care. However, while this is currently being carried out by the manager, there is also a need for the provider to undertake this role.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

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

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us

Some people were not able to tell us how they would make a complaint, due to their cognitive impairment. However, other people and all of the visitors that we spoke to expressed their confidence in speaking with the manager. Relatives informed us that they had brought minor issues of concern to the attention of the manager or senior staff, which had resulted in a speedy remedy.

Other evidence

The service produced a well written complaints procedure, which was made available to people in their guide booklet to the care home. We read all of the complaints within the past 12 months and noted that effective action had been taken to resolve any concerns.

Our judgement

People who use the service can be assured that they will receive an efficient and helpful response to any concerns raised.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with outcome 21: Records

Our findings

What people who use the service experienced and told us

We did not ask people who use the service about their views on this outcome.

Other evidence

We looked at a wide range of records kept by the care home, including accident and incident forms and documents regarding fire safety and other health and safety issues. We found that documents were securely kept, well maintained and up to date. The manager had administrative support to ensure the efficient approach to managing records.

Our judgement

People using the service can be confident that records are up to date and fit for purpose.

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

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Care Quality Commission

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| 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 |