

# Review of compliance

<b>Norlington Care Ltd</b> <b>Dalvey House</b>	
<b>Region:</b>	South West
<b>Location address:</b>	35 Belle Vue Road Southbourne Bournemouth BH6 3DD
<b>Type of service:</b>	Care Home service without nursing
<b>Publication date:</b>	July 2011
<b>Overview of the service:</b>	<p>Dalvey House is registered to provide accommodation and personal care for a maximum of 19 Older people. It does not provide nursing care.</p> <p>The home is owned by Norlington Care Ltd and has a registered manager, Mrs Joanne Smart who is in day to day charge of the home.</p> <p>The premises consist of a large lounge and dining room with 19 single occupancy bedrooms on the ground and first floors. Eight of the rooms have ensuite facilities and a through floor passenger lift provides level</p>

	<p>access to all areas of the home.</p> <p>There is a large, secure garden at the rear of the home which has well maintained lawns and plenty of colour from flowers either in pots or flower beds. There are level paths and plenty of seating including in a covered pergola.</p>
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# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that Dalvey House was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we suggested that some improvements were made.**

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 because concerns were identified in relation to:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safety and suitability of premises

## How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 21<sup>st</sup> June 2011, 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 spoke with all of the people living in the home either in the main lounge or in the privacy of their bedrooms. We also spoke with one of the relatives that was visiting during our review. Everyone held the home, manager and staff in high regard and had only positive comments to make about all aspects of living at Dalvey House.

The relative told us "we are very satisfied, it's excellent and we are very pleased".

People who live in the home also said they were listened to and their needs and requests were responded to.

They told us that they felt all of their needs were catered for; they receive visits from nurses and doctors if they feel unwell and they could always request an alternative meal to that on the menu if they were unwell or did not like what was being served. People told us that they found Dalvey house was “homely and comfortable”. They also said they liked their bedrooms and had been able to bring their own possessions and furniture with them to personalise their rooms as much as they wished. Nobody raised any concerns about the building and a number of people referred us to the well maintained gardens at the rear of the home.

## **What we found about the standards we reviewed and how well Dalvey 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**

People living at Dalvey House are able to express their views and have them taken into account. Their privacy, dignity and independence is respected and promoted by the manager and staff. Records do not always reflect that people are offered choices and involvement or how their privacy, dignity and independence is respected and promoted.

- Overall, we found that Dalvey House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

People living at Dalvey House experience effective care and support that meets their needs and protects their rights. Records do not always reflect the needs of each person or how their needs are met.

- Overall, we found that Dalvey House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

Dalvey House provides a homely and safe environment for the people who live there.

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

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

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

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

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

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

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

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

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

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

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

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

# Outcome 1: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

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

### Our findings

**What people who use the service experienced and told us**  
We spoke with all of the people living in the home either in the main lounge or in the privacy of their bedrooms. We also spoke with one of the relatives that was visiting during our review. Everyone held the home, manager and staff in high regard and had only positive comments to make about all aspects of living at Dalvey House. The relative told us “we are very satisfied, it’s excellent and we are very pleased”. People who live in the home told us they were listened to and their needs and requests were responded to.

**Other evidence**  
During our review we spent time walking around the home. We were able to speak with the people living in the home as well as observe the interactions that took place between everyone who either lives or works there. It was clear that the manager and staff knew each person and understood their personality as well as their needs. We saw that there was a ‘community spirit’ amongst everyone, there were

discussions about the upcoming trip to a local zoo as well as about the previous weeks Ascot Ladies Day that had been held in the home.

Discussions with staff evidenced that they had a good understanding of people's lives before they moved to Dalvey House and tried to support them to continue contact with friends and relatives etc as well as support them in hobbies and interests such as local football teams, knitting, enjoyment of particular drinks or foods and general socialising.

We looked in detail at the care and support that four of the people living in the home receive. This is called "pathway tracking" and involves looking at the records that the home must keep about each person. These records did not always record all the information that the manager and staff clearly had about each person, the choices they had made or their involvement in the creation of assessments of needs and plans of care. Only one of the care plans had been signed by the person about whom it concerned.

### **Our judgement**

People living at Dalvey House are able to express their views and have them taken into account. Their privacy, dignity and independence is respected and promoted by the manager and staff. Records do not always reflect that people are offered choices and involvement or how their privacy, dignity and independence is respected and promoted.

## Outcome 4: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

##### There are minor concerns

with outcome 4: Care and welfare of people who use services

#### Our findings

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

People living at the home told us that they felt all of their needs were catered for. They told us that they receive visits from nurses and doctors if they feel unwell and that they could always request an alternative meal to that on the menu if they were unwell or did not like what was being served.

One person told us they were wearing an item of clothing that they did not like wearing. The manager very gently explained to the person why this was and later explained to us, in private, that this had been recommended by a health professional to help in the management of a health problem. The manager also told us that the person concerned had had this explained a number of times and they would continue to reassure this person whenever required. We later heard a member of staff doing just that.

##### Other evidence

As part of our 'pathway tracking' we looked at pre-admissions assessments, assessments of need, risk assessments and care plans for the four people we had chosen to follow in the home. We saw that care plans were in place for each person, key information was recorded and records were regularly reviewed.

We saw that appointments were made for health professionals to make sure that people's teeth, feet and eyes were looked after. We also saw that the home had links with the local community mental health teams to assist them in caring for anyone with dementia or mental illness.

Having discussed each person's needs with the manager as well as meeting the people concerned, we did note that the records did not always include the full detail of a person's needs and how they should be met. For example, staff were clearly aware of signs and triggers which could signal a person's mental health was deteriorating but this was not clear in the records. Another person needed a special mattress to support their skin integrity but there was no information about the settings needed for the mattress or evidence that it was checked and serviced to make sure that it was working properly. One person had had the type of sling changed to help improve their use of the hoist. There was no information about how the decision to use this type of sling had been arrived at.

There were no nutritional assessments for anyone living in the home although the home were keeping fluid and food intake records for a number of people. The manager was able to tell us why this was but there were no records of assessments or care plans to support this.

Not all of the records we looked at were dated or signed. This meant it was not always possible to establish who created the record or which was the most recent version of a record.

Not all of the records contained a photograph of the person. Photographs are helpful for new or agency staff to help them identify they are giving the required care to the correct person.

Daily recording of care given and incidents which occurred was detailed and informative. We did see that there were occasions where problems were identified, such as a medical issue, but there was no information about what actions were taken to address the problem. This was also the case with some risk assessments where risks were identified but the actions to reduce the risks were not always recorded.

One person had been in the home for over a month but the home had still not completed the process of assessments and care planning.

### **Our judgement**

People living at Dalvey House experience effective care and support that meets their needs and protects their rights. Records do not always reflect the needs of each person or how their needs are met.

# 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**  
People told us that they found Dalvey house was “homely and comfortable”. They also said they liked their bedrooms and had been able to bring their own possessions and furniture with them to personalise their rooms as much as they wished.  
Nobody raised any concerns about the building and a number of people referred us to the well maintained gardens at the rear of the home.

**Other evidence**  
A tour of the premises showed that the home is well maintained. Some areas of the home were in need of re-decoration but the manager told us that plans for this were already in hand. We were also told that two of the bathrooms were to be refurbished as people’s needs are changing and the home wants to ensure that they can continue to meet their needs in the best manner possible.

The communal areas are nicely furnished and equipped and we told that residents had recently been consulted about the pictures they would like to have in the lounge.

There is a through floor passenger lift which provides level access to all areas of the home. We were told that this is regularly serviced. We saw records to evidence that

the fire alarm system and fire fighting equipment is regularly checked and serviced.

The home has 19 bedrooms. Eight of these rooms have an ensuite lavatory and wash hand basin. As detailed earlier in this report, rooms were personalised and it was evident that people had chosen how much or little they wanted to keep in their rooms.

**Our judgement**

Dalvey House provides a homely and safe environment for the people who live there.

## Action we have asked the provider to take

### Improvement actions

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

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	<b>17</b>	<b>1. Respecting and involving people who use services.</b>
	<b>Why we have concerns:</b> Records do not always reflect that people are offered choices and involvement or how their privacy, dignity and independence is respected and promoted	
Accommodation for persons who require nursing or personal care	<b>9</b>	<b>4. Care and welfare of people who use services.</b>
	<b>Why we have concerns:</b> Records do not always reflect the needs of each person or how their needs are met.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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

The provider's report should be sent within 28 days of this report being received.

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



# 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

<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