

Review of compliance

Redbridge Community Housing Limited
Pinewood & Hollywood

Region:	East
Location address:	Smithfields Colchester Essex CO12HP
Type of service:	Accommodation for persons who require nursing or personal care
Date the review was completed:	30 December 2010
Overview of the service:	Pinewood & Hollywood is a small care home without nursing, providing accommodation for persons who require personal care only. Pinewood & Hollywood provides services for people who have a learning disability and/or autistic spectrum disorder.

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

What we found overall

We found that Pinewood & Hollywood was not meeting one or more essential standards. Improvements are 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, talked with people who use services, carried out a visit on 30 December 2010, saw how people were being cared for, checked the provider's records, and looked at records of people who use services. We asked the provider to complete a self assessment.

What people told us

People with whom we spoke said that they knew they could talk to their keyworker if they had any concerns. Several positive comments were received, such as:

- "The staff are nice, we have a joke with them."
- "I go shopping to buy the clothes I like. I like to visit my sister in law to and we go out for lunch sometimes."
- "I like it here. My room has recently been changed. I picked the colour."

People told us that they knew about their care plans and that they can look at them.

What we found about the standards we reviewed and how well Pinewood & Hollywood 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 involved in the making decisions about their care and treatment; however, this could be further developed to ensure that people's views are recorded and represented fully.

- Overall, we found that Pinewood & Hollywood 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

Staff obtained consent to carry out care practices from people who were able to give it but there were inadequate processes to identify and support people who lacked the capacity to give informed consent. Not all care practices promoted and respected people's privacy and dignity.

- Overall, we found that Pinewood & Hollywood was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

People are supported to receive personalised care. Suitable care planning and risk management procedures are in place to empower and enable the person to make and take risks in their every day living.

- Overall, we found that Pinewood & Hollywood was meeting this essential standard.

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

People are supported to maintain a healthy well balanced nutritious diet, meeting individual needs and requirements; however, some staff need to update their training in food hygiene.

- Overall, we found that Pinewood & Hollywood was meeting this essential standard.

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

Staff ensured that people using the service benefited from the expertise of other health care professionals by making appropriate referrals and by sharing essential information.

- Overall, we found that Pinewood & Hollywood was meeting this essential standard.

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

People using the service could expect to be protected from abuse because staff have access to guidance about safeguarding people; however, planned refresher training would ensure that all staff are up to date with new guidance.

- Overall, we found that Pinewood & Hollywood was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

People using the service live in a clean and hygienic environment, which helps to minimise the risk of spread of infection.

- Overall, we found that Pinewood & Hollywood was meeting this essential standard.

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

Not everyone using the service received their medicines as they were prescribed. Recording and auditing systems did not ensure that people's medication was managed effectively and safely.

- Overall, we found that improvements are needed for this essential standard.

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

People using the service benefited from a safe and comfortable environment.

- Overall, we found that Pinewood & Hollywood was meeting this essential standard.

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

There was sufficient, suitable equipment available throughout the service to meet the needs of people using the service.

- Overall, we found that Pinewood & Hollywood 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 using the service were protected by the recruitment process, which helped to ensure that staff were fit to work with vulnerable people.

- Overall, we found that Pinewood & Hollywood 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

There are satisfactory numbers of staff on duty to meet the current individual needs and preferences of people using the service. Additional personnel work during evenings and weekends to support individuals and they are able to access the community; however, if needs change, the level of staffing would need to be reviewed.

- Overall, we found that Pinewood & Hollywood was meeting this essential standard.

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

Not all staff are adequately supervised or have up to date training in order to meet the needs of their role and support the people with whom they work.

- Overall, we found that Pinewood & Hollywood was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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 internal systems for assessing and monitoring the quality of the service were not sufficiently structured to ensure that information from all sources is captured, collated and used to improve the experiences of people using the service.

- Overall, we found that Pinewood & Hollywood was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

Pinewood & Hollywood has an effective complaints process and people using the service could be confident that complaints would be listened to and acted upon.

- Overall, we found that Pinewood & Hollywood 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 could be confident that their personal records were held securely and were confidential.

- Overall, we found that Pinewood & Hollywood was meeting this essential standard.

Action we have asked the service to take

We have asked the provider to send us a report within fourteen 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
We received several positive comments from the people with whom we spoke, such as:

- "We have tenants' meetings once a month to talk about living here."
- "They ask me how I am getting on and if I am happy."
- "I like to work in the café washing up. I Like it there"
- "I have been once to the meeting; it was good."

When asked about their care plan, one person with whom we spoke stated "I can look at my folder in the office if I want to".

Other evidence
We observed some positive examples of staff explaining to people about their care and treatment. A care worker gave a very clear explanation to an individual about a planned activity, whilst another person was being supported to make their own lunch.

Redbridge Community Housing Limited offers the people who use the service the opportunity to engage in service user participation forums. During our visit on 30 December 2010, we saw information about the previous service users' participation forum and the next planned one.

There was little evidence that people are directly consulted about the review of their care plans. Care plans reviews had taken place but appeared not to involve the individual. There was, however, evidence in the care plans that people's opinions about their personal care routines had been sought. The care plan was person specific and detailed the person's specific needs in relation to subjects such as the use of money, road safety, personal belongings, accessing placements and the community. The owner told us that the people using the service are involved in helping to complete and update all their support plans, including the treatment of personal care. We were also informed that risk assessments are completed with individuals to support them to have an understanding of the risk in their daily living. The owner reported that the individuals living in the home are involved in meetings, which would cover any other health professionals, such as reviews and health visits, and that some service users have "user-friendly care plans".

We saw a staff handover occurring between the morning and afternoon shift. Staff spoke about people with respect and dignity. The handover was conducted in an office with the door closed.

Our judgement

People are involved in making decisions about their care and treatment; however, this could be further developed to ensure that people's views are recorded and represented fully.

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

There are minor concerns with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us
A person with whom we spoke commented, "I like it here. My room has recently been changed. I picked the colour".

Other evidence
In the main lounge area, we saw four high street-purchased listening monitors. We asked the manager and another staff member on duty of the reason for these. The manager told us that the devices are used by the night staff to monitor people in their rooms. When we asked the manager whether consent to their use within people's rooms had been obtained, it was confirmed that consent had not been sought or obtained. The information about the use of monitors was not detailed within any individual's plan of care.

One person using the service was terminally ill. A preferred priorities of care document had been completed, outlining the person's wishes for their care, treatment and support in managing their condition. This had been completed with the person's relatives and GP. The provider told us that service users are involved in the process of completing their overall support plans to ensure consistency in working as a care team. The provider confirmed that service users would at all times

have either a family member, advocate or key worker looking out for their best interests, supporting individuals to make decisions about treatments and change of care needs. People would be presented with options and the outcome of refusing treatment and given time to make a decision. If needed, a mental capacity act assessment would be completed.

We observed that, whilst additional measures and steps had been taken to record the preferred priorities of care for one person, there was limited information held within other people's care plans regarding their preferred priorities of care, end of life arrangements and consent.

Staff training records showed that most staff have received training in mental capacity.

Our judgement

Staff obtained consent to carry out care practices from people who were able to give it but there were inadequate processes to identify and support people who lacked the capacity to give informed consent. Not all care practices promoted and respected people's privacy and dignity.

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
One person with whom we spoke to told us that, "the staff are nice, we have a joke with them". Another person with whom we spoke told us that, "I go shopping to buy the clothes I like. I like to visit my sister in law to and we go out for lunch sometimes".

Other evidence
People appeared to be well presented and were wearing clothes that they had chosen that day.

We looked in detail at the care records for two people. Each person had a health action plan held on file. The plans showed how the individuals are supported to meet their health needs and described the specific needs of the person in relation to being supported to attend appointments, for example with the doctor, dentist or other health appointments.

Records also showed that people had a detailed assessment completed once a year. This assessment outlined all the support, treatment and care needs of the person. This information was then used to review the care plans twice a year or sooner, if required. The review was completed by the person's key worker. The care plan was specific to a person's needs and explored, for example, a person's health

needs, dietary needs, accessing the community, skin and hair care, personal belonging and medication. Care plans showed that people were supported to meet their physical health care needs. There were records to show that physical illness was identified quickly and staff responded appropriately.

Risk assessments were in place to enable people to take risks in order to maintain their independence or assert their preferences and choices. There were care plans to minimise identified risks and these had also been reviewed by the key worker. Examples of risk assessments in place included bathing, traffic, self injurious behaviour, kitchen access and fire. Risk assessments were also in place for the safe management and control of people's finances. The provider told us that service users are involved in their support plans and risk assessments, which would be further supported by the family and/or key worker. The provider explained that individuals are given options and are supported to choose how care is provided to meet their needs.

Our judgement

People are supported to receive personalised care. Suitable care planning and risk management procedures are in place to empower and enable individuals to make and take risks in their everyday living.

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
One person with whom we spoke told us, "I help make the dinner once a week. Last night I cooked pork chops". Another person commented, "we can make what we like. I like cheese and pickle sandwiches".

Other evidence
During our visit on 30 December 2010, we saw people using the kitchen with and without support. People made their own drinks, lunch and accessed snack foods. Fresh fruit was available. People were able to eat or drink where they chose. The provider told us that service users sit down each week to plan the evening meals for the week ahead. We were informed that each service user makes their own choice in what they want to eat and can choose to make their own pack lunch to take on visits to community centres, or can receive support from staff if they prefer. We were told that one person living in the home chooses to eat breakfast in the lounge but take dinner in their bedroom. Staff have tried to encourage this person to use the dining room but have upheld the individual's choice on where they wish to eat. We were also told that a daily intake record of food and drink is maintained for all people and includes foods eaten whilst away from the home.

Records of food choices were seen and a weekly menu had been planned. If additional nutritional or dietary support is needed, the provider will seek additional input. Where required, risk assessments are in place supporting people with dietary needs and the management of any risk of choking.

Staff have received training in food hygiene; however, from the information received from the provider, this showed that twelve people are due to renew the course in 2011 and/or have lapsed the three year refresher period.

Our judgement

People are supported to maintain a healthy well balanced nutritious diet, meeting individual needs and requirements; however, some staff need to update their training in food hygiene.

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 gather any comments from people who use the service in relation to this outcome.

Other evidence
We saw details within care files that people were referred to health and social care professionals as needed. For example, one of the people whose records we looked at had been referred to advanced health care specialists. The records showed that staff had acted upon the advice they had been given and had monitored the person's progress so that they could tell that the advice had worked.

The provider has a process to ensure that if anyone was transferred to another service, either a care home or hospital, certain information would be sent with them. The provider told us that all of the people living in the home have their personal details in files, which cover name, gender, date of birth, address and emergency contact details. All support plans and risk assessments include any prescribed medication and any known allergies. We noted that one person had a specific folder, which had been completed with the input from their family, GP and specialist health care support services. This detailed the advanced care wishes and preferences of this person.

Our judgement

Staff ensured that people using the service benefited from the expertise of other health care professionals by making appropriate referrals and by sharing essential information.

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

There are minor concerns with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
A person with whom we spoke to told us "I like it here, I talk to the staff if I need to or am unhappy". Another person commented "If I wanted to make a complaint or did not like something I would talk to my key worker".

Other evidence
The training records given to us by the provider showed that the majority of staff had received safeguarding training. However, the records showed that 20 people require refresher training within 2011, with eight of these staff having lapsed the provider's two year refresher guidance and a further two staff not having received any training. Staff had access to written information about the types and possible indicators of abuse and how to respond in the event of suspected or actual abuse.

Information regarding safeguarding and abuse was available to staff and the people who use the service. The provider also has policies and procedures in place. Referral forms and systems were in place should the need arise to make a referral to the local authority.

The provider told us that all staff attend SOVA (safeguarding of vulnerable adults) training as one of the mandatory courses.

Our judgement

People using the service could expect to be protected from abuse because staff have access to guidance about safeguarding people; however, planned refresher training would ensure that all staff are up to date with new guidance.

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

What people who use the service experienced and told us
One person with whom we spoke to told us "It's nice and clean here. I get help when I clean my room".

Other evidence
There were procedures and written guidance about the prevention and control of infection. There were some systems in place to reduce the risk of spread of infection, for example, visitors were encouraged to wash their hands.

Staff training records provided by the manager showed that 21 staff have completed infection control training. Of those 21 staff, two have lapsed outside the provider's refresher guidelines, with two needing to be completed in 2011 and three not recorded as completed.

During our visit on 30 December 2010, we saw staff wearing gloves. Aprons were available if required. Washing machines were able to be used for any soiled laundry items. Staff were also seen washing their hands on a number of occasions. There were appropriate systems for handling waste.

All areas of the service were clean on the day of our visit.

Our judgement
People using the service live in a clean and hygienic environment, which helps to

minimise the risk of spread of infection.

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

There are moderate concerns with outcome 9: Management of medicines.

Our findings

What people who use the service experienced and told us
We did not gather any information from people who use the service in relation to this outcome.

Other evidence
All medicines were stored in an appropriate metal lockable cabinet in the office. Medication administration records (MAR) were held in a folder. At the front of this file there was information about the medication people were prescribed and additional information about side effects. The service has a medication policy in place, which is reviewed. The service uses a monitored dosage system (MDS) for the administration of medicines. This process means that the service has a contract with a local high street pharmacy that provides the medication on a 28-day cycle, with prescriptions supplied by the person's GP. We saw that medication cabinet temperatures were being recorded to ensure that medication was being stored in the correct environmental conditions. We saw that they were being stored correctly. There were no controlled drugs.

We found that, where medication was stored in bottles or boxes, these had not been dated once opened. This would not ensure that the medication was within its shelf life if not taken on a regular basis. On several occasions, medication instructions had been written on to the MAR. These instructions had not been signed or stock

checked in by two people. On one occasion, one person was prescribed olive oil for their ears. This was not booked in, did not have a signature or date and did not detail the instructions for administration. We also found that one person was prescribed medication that was initially dispensed on 28 October 2009. The medication was due to expire at midnight of the day of the site visit. There were no medication audits due to take place later that day. This was brought to the attention of the manager and the medication removed for return to the local pharmacist.

In a separate instance, one other person's medication was seen in a small pot in the medication cupboard, with a label stating the initials of the person. The medication was not easily identifiable. The medication had already been signed by staff to state that it had been taken. There were no additional records of notes made about this medication, of errors in administration or refusal to take the medication by the person.

There is a system at the service where daily checks occur to ensure that all medication had been signed for. Medication audits also occurred. However, none of the audits identified the issues we had identified, which raises concerns about the quality of these audits. Training records showed that six people are due their medication refresher training in 2011, an additional two people were highlighted as being outside the provider refresher time scales and therefore needed the training. A further two people were not recorded as completing any medication training. Records showed that 15 people had received training and were still within the refresher time scales by more than six months.

Our judgement

Not everyone using the service received their medicines as they were prescribed. Recording and auditing systems did not ensure that people's medication was managed effectively.

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
We did not gather any information from people who use the service in relation to this outcome.

Other evidence
Pinewood & Hollywood is a purpose built care service, which is divided into two separate living areas and accommodation. Four people reside in each area.

We visited and observed most areas of the service. We found the home to be well maintained, with a good standard of décor and furnishings. The provider explained that the premises are suitable for the regulated activity, as they are a pair of purpose-built, adapted bungalows. The provider stated that people using the service have individual bedrooms, for which they can have their own key. Bedrooms meet size and space requirements, being large enough for use by people requiring a wheelchair and for staff carrying out any necessary manual handling/personal care activities.

We noted that safety measures, such as low surface temperature radiators, were in place. A fire action notice was on display by the fire panel and gave staff clear instructions on what to do. Fire equipment had been checked. We saw that people were able to move freely around the building without restriction.

There was a health and safety manual where any faults were recorded. There were

regular checks of all the systems and installations in the service. The provider told us that there is a maintenance handbook on site, which clearly identifies roles, responsibilities and procedures around repairs and maintenance. The provider also stated that risks are identified, assessed, managed and reviewed, either within individual risk assessments kept in individual's files or within the general health and safety risk assessment documents.

We looked that the monthly health and safety audits completed. The last audit was completed in October 2010. The audits for November and December could not be located.

Our judgement

People using the service benefited from a safe and comfortable environment.

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

What people who use the service experienced and told us
None of the people with whom we spoke made comments about any of the equipment in the home but we saw a number of people being assisted to move with the aid of moving and handling equipment.

Other evidence
There was a range of moving and handling equipment in the service, which was sufficient to meet the needs of people using the service. We saw the equipment being used safely. For example, all wheelchairs had footplates attached. Equipment was serviced and maintained in line with legislation and manufacturers' recommendations and we saw evidence of this within records.

Where people require the use of specialist beds, these are provided. The provider did not inform us of any additional information in relation to this outcome

Our judgement
There was sufficient, suitable equipment around the service to meet the needs of people using the service.

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
One person with whom we spoke to told us "The staff are kind and help me".

Other evidence
Pinewood & Hollywood have recruitment policies and procedures to help to ensure that staff are fit and safe to work with vulnerable people.

We looked at the files of three staff to check that the recruitment procedures had been followed. We found that staff did not start working at the service until they had the necessary pre-employment checks. These included a criminal records bureau (CRB) disclosure and employment references.

Staff were given a contract to ensure that they were aware of their rights and responsibilities as an employee of the company. The provider told us that all newly recruited members of staff are subject to two references prior to starting employment; a check on their qualifications and a CRB police check. The provider also told us that the interviewing panel involves the inclusion of people using the service and that their views are taken into consideration. Where necessary, people on the panels are assisted to understand the procedures of the interview and may be helped to formulate relevant questions. Each tenant who takes part receives remuneration for the task.

Our judgement

People using the service were protected by the recruitment process, which helped to ensure that staff were fit to work with vulnerable people.

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
Some of the people with whom we spoke confirmed they were able to access community services and that they exercised choice in respect of which services they visited. For example we were told "I like to go to Red House and help out". Red House is an employment scheme supporting people with daily living skills.

Other evidence
The manager told us that there are a number of staff shortages. Recruitment is progress. We were told that, in one of the bungalows, there is one member of staff on duty all day, with one member of staff covering the waking night. In the second bungalow, there are two members of staff on duty all day, one waking night person and one person who sleeps in. In addition, there is a manager who works Monday to Friday. The manager told us that additional staff work on Tuesday evenings and Saturdays, to help with trips out. In one of the bungalows, a person using the service receives additional assistance for six to eight hours a week, over two days, with a substantive staff member working alongside. This further supports the individual in accessing the community. The staff rotas provided further evidence that the staffing level was as described.

The provider told us that there are several vacancies in the scheme for support workers and senior support workers and that this had arisen through recent staff departures and a temporary freeze on recruitment. The provider confirmed that

selection and recruitment is going ahead later this month. We were told that there has a 'healthy' bank of relief staff at support and senior level to fill the gaps, so that the scheme has continued with a high level of service delivery without causing distress to those using the service. It was anticipated that the present situation will be resolved by appointments and continuing use of experienced RCHL relief staff.

Our judgement

There are satisfactory numbers of staff on duty to meet the current individual needs and preferences of people using the service. Additional people work to support the provision of care and to ensure that people are able to access the community during evenings and weekends; however, if needs change the level of staffing would need to be reviewed.

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

There are minor concerns with outcome 14: Supporting workers .

Our findings

What people who use the service experienced and told us
We did not gather any information from people who use the service in relation to this outcome.

Other evidence
We spoke to the manager about supervision. Not all staff have received regular, planned supervision. This meant that staff did not have the opportunity to meet privately with their manager to discuss their work and areas they needed help with. The manager told us that she was appointed in September 2010 and was developing within her new role.

We looked at a report completed by the area manager. This also detailed that supervisions needed to be increased. The provider had told us "Staff have ongoing one to one supervision. They are clear about their responsibility within the company as received in their job description. Staff meetings are held, there is a senior on duty at all times to mentor support workers and the manager Monday to Friday 8.30 to 16.30 which they can come to if they have any issues they need to discuss. Most of the training is arranged within the training team at head office and the manager will support additional training when necessary". The provider told us that they would be making improvements in relation to Skills for Care induction and training.

Staff complete a variety of training courses in line with their role. The provider offers

essential courses. Examples of essential courses include manual handling, first aid, food hygiene, medication, fire safety, safeguarding of vulnerable adults and mental capacity. Records showed that staff receive safeguarding training every two years but highlighted that a high number staff will require refresher training in 2011.

Our judgement

Not all staff are adequately supervised or have up to date training in order to meet the needs of their role and support people with whom they work.

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 minor concerns with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

One person confirmed that tenant’s meetings are held once a month to talk about living in the home. Another person stated "They ask me how I am getting on and if I am happy".

Other evidence

The manager told us that minutes are taken from the tenant’s meetings. The provider told us "Each individual has their own monitoring system which gives the information needed to enable us to support them in any other treatments needed, which gives us overall information of their health needs to act with other professionals". The provider also confirmed that monthly tenants’ meetings take place and that staff observations are carried out within the home. The provider described the audits that take place and stated that the home maintains a matrix report of incidents, errors and near misses, which is sent by email to the manager and the line manager within the company. The provider further confirmed that there is a complaints and comment books available to everyone and a ‘user-friendly’ complaints leaflet, which the people using the service had helped to develop. The provider did not provide any further information about assessing and monitoring the quality of service provision.

We spoke to the manager about quality assurance systems at the service. Whilst audits occur at the service, it became unclear how these systems worked together to improve outcomes for the people using the service. Outcomes from the last survey of the tenants, relatives and professionals were not made available to us during our visit.

Our judgement

The internal systems for assessing and monitoring the quality of the service were not sufficiently structured to ensure that information from all sources is captured, collated and used to improve the experiences of people using the service.

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
None of the people with whom we spoke said they had ever had to make a complaint. One person told us "I would talk to my key worker if I had a problem".

Other evidence
Each person using the service is given written information about the service, which included the complaints procedure.

The provider told us that monthly tenants' meetings are held, where people living in the home have the opportunity to comment or complain about the service they are provided. Action points from these meetings are intended to be used by staff as guidelines in setting weekly plans and/or diary dates. A leaflet on the complaints procedure has been developed in conjunction with the people using the service and is accessible within the communal areas of each house. The provider explained that relatives acting on behalf of the people using the service are also made aware of the complaints procedure. The provider confirmed that questionnaires are sent to other interested parties allowing for feedback on the services provided but are currently overdue.

We were told that one person does not currently have an advocate but their key worker is addressing this on their behalf.

Information about how to make a complaint is available throughout the building and also held in the person care plan file.

Our judgement

Pinewood & Hollywood has an effective complaints process and people using the service could be confident that complaints would be listened to and acted upon.

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
Two of the people with whom we spoke said they knew that staff held records about them. One person told us that "My file is in the office".

Other evidence
Personal records for people using the service are stored safely and with regard to confidentiality. These records were generally well maintained. Some records we reviewed were out of date and dated back to 2005. The manager told us that she intends to complete an archiving task, as many of the records in the office were in need of this. Entries made in the care records that we looked at were objective and non-judgemental.

Other records relating to the running of Pinewood & Hollywood, such as maintenance certificates, were in place.

Our judgement
People using the service could be confident that their personal records were held securely and were confidential.

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 people who require nursing or personal care.	18	2
	<p>Why we have concerns: Staff obtained consent to carry out care practices from people who were able to give it but there were inadequate processes to identify and support people who lacked the capacity to give informed consent. Not all care practices promoted and respected people's privacy and dignity.</p>	
Accommodation for people who require nursing or personal care	11	7
	<p>Why we have concerns: People using the service could expect to be protected from abuse because staff have access to guidance about safeguarding people; however, planned refresher training would ensure that all staff are up to date with new guidance.</p>	
Accommodation for people who require nursing or personal care	23	14
	<p>Why we have concerns: Not all staff are adequately supervised or have up to date training in order to meet the needs of their role and support people with whom they work.</p>	
Accommodation for people who require nursing or personal care	16	10
	<p>Why we have concerns: The internal systems for assessing and monitoring the quality of the service were not sufficiently structured to ensure that information from all sources is captured, collated and used to improve the experiences of people using the service.</p>	

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 14 days of this report being received.

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

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
Accommodation for person who require nursing or personal care.	13	9
	<p>How the regulation is not being met: Not everyone using the service received their medicines as they were prescribed. Recording and auditing systems did not ensure that people's medication was managed effectively and safely.</p>	

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 this report being received.

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 Adult 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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