

Review of compliance

Cephas Care Limited Dunsland	
Region:	East
Location address:	23-25 Paston Road Mundesley Suffolk NR11 8BN
Type of service:	Care home service without nursing
Date of Publication:	January 2012
Overview of the service:	Dunsland is a care home for up to 14 adults with a learning disability. It is registered to provide the regulated activities accommodation for persons who require nursing or personal care and treatment for disease, disorder or injury. There is a registered manager in post.

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

Our current overall judgement

Dunsland was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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

Why we carried out this review

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

How we carried out this review

We reviewed all the information we hold about this provider, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We visited Dunsland care home during the morning of 12 December 2011 and spoke with five people who live there.

The comments were generally positive about the care, comfort and support they receive. One person told us "I think the staff are marvelous, they help me when I want to go out and do some lovely food." Another person said "I like living here because the staff are very nice."

We saw that staff spoke kindly to people and responded with patience when they required support.

What we found about the standards we reviewed and how well Dunsland was meeting them

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

The provider is compliant with this outcome. Each person's views and opinions are taken into account when they are planning their activities and care needs.

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

The provider is compliant with this outcome. People are supported to make their own decisions about their care and welfare and are supported by a staff team to achieve this.

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

The provider is compliant with this outcome. People are safeguarded and protected from harm by a supportive staff team, although improvements must be put in place for staff to know how to report concerns to the local safeguarding team.

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

The provider is compliant with this outcome. People live in a clean and comfortable home, although improvements must be maintained with the decor and general maintenance of the premises.

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

The provider is compliant with this outcome. People's views and opinions are taken into account in the planning to meet their needs.

Actions 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.

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

Other information

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We spoke to five people about how they are supported to make their own decisions while living at Dunsland care home.

One person told us "I can go out to the shop if I want to buy anything, and one of the staff comes with me, in case I go the wrong way."

Another person told us "I go and visit my family, the staff drive me there and come and collect me."

Other evidence

We were told that people's views were constantly sought during residents meetings, discussion during meal times, with individual views collected during the care plan reviews when staff spoke with people in private.

We randomly selected a care plan to ascertain whether people's care and social needs were recorded. We saw the written support plan was contained in a main folder with people's own health needs, social appointments and daily activities in their own booklet they kept in their own rooms.

One person's records showed us they attend day services during the week and work on

a farm. They also attended martial arts, take part in multisports and go on a boat trip as part of their social activities.

Each person has a weekly social calendar and records were in place regarding discussions or changes to these social activities.

Our judgement

The provider is compliant with this outcome. Each person's views and opinions are taken into account when they are planning their activities and care needs.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us "The staff talk with me about my health and whether I'm still alright, or whether I want to change anything."

Another person said "The staff looked after me when I came back from hospital, and I have moved into this room on the ground floor until I'm better."

Other evidence

Each care plan that we saw contained personal details of the individual regarding their health, care and social needs to be supported by the staff. Alongside these were risk assessments that reduce risks associated with their chosen activities, such as the boat trips, falls and getting lost. Some of the support plans had a pictorial format alongside the written records.

Some of the care plans had been updated using the pictorial format while others were still on the older style without pictures. Each care plan had been reviewed with the person on a regular basis with records showing how they had been involved in the discussion with their key worker.

Each plan was written in the style indicating the person is the centre of their care such as "I like to get up at seven o'clock so I have plenty of time to get ready to go out".

We were told how each person had a choice of key worker who oversee's their care plan reviews.

Our judgement

The provider is compliant with this outcome. People are supported to make their own decisions about their care and welfare and are supported by a staff team to achieve this.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We did not speak with people regarding safeguarding people, although comments during the day confirmed that people felt safe living at Dunslund care home.

Other evidence

We spoke to staff regarding how they protect people living at Dunslund. One staff member explained various training they had attended confirming ways to manage challenging behaviour by talking and distracting the person first as well as keeping people safe within the area. Staff told us they do not use any form of restraint if a person becomes challenging. A care plan of a person who has challenging behaviour was checked and showed these methods of talking and distraction was to be used first.

The training records showed that all care staff had attended safeguarding training updates, although one member of staff was unsure how to follow the local procedure for following an alert, but did tell us they would seek advice from the manager in the first instance.

We checked one person's financial records and noted that each transaction was signed by two people and receipts were kept for audit evidence. The records showed people's financial records were checked on a monthly basis by the manager and were included during the operations manager's regular audits of the service to reduce any risks with people's money.

We observed people were treated with dignity and respect by the staff during our visit.

Staff supported people by helping one person put up Christmas decorations another was seen preparing lunch and hot drinks. People looked comfortable and relaxed in their surroundings.

Our judgement

The provider is compliant with this outcome. People are safeguarded and protected from harm by a supportive staff team, although improvements must be put in place for staff to know how to report concerns to the local safeguarding team.

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 spoke with two people about the premises. One person told us "I have a large picture on my bedroom wall that the staff painted for me."

Another told us "There's no carpet on the floor upstairs because we are getting a new one."

Other evidence

We toured the building and saw that the first floor hall had no carpet. We were told that a new carpet was to be laid within the following few days. The lighting in the hall had been replaced with sensor lighting that switches on automatically when someone passes through due to this area being very dark at the last inspection.

We received information that the bedroom doors required updating in line with fire regulations after a recent inspection by the fire officer in December 2011. The operations manager told us the fire doors were to be replaced.

Dunslund care home is a large house accommodating up to fourteen people in single rooms. It has a garden at the rear of the building where people have a vegetable plot and an area to sit out. There are two lounges with a separate dining room beside the kitchen. People and staff assist each other when preparing their meals and each person has a cupboard for their own food choices such as their favourite cereal. It was observed that people make their own hot drinks and are assisted by staff if they required help or guidance.

The menu was displayed showing the choices of main meals for that evening. Staff told

us the menu was planned each week during the residents weekly meetings.

We were told the main lounge had been repainted and the colour scheme was decided by people living there. Some areas of the building was a little 'tired looking', staff told us that the majority of the building was to be repainted during the following few months.

Our judgement

The provider is compliant with this outcome. People live in a clean and comfortable home, although improvements must be maintained with the decor and general maintenance of the premises.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not specifically speak to people regarding the assessment of the service.

Other evidence

We looked at the last quality assurance survey when people's, visitors and staff's views were collected. This confirmed the house required some repainting and updating to make it more comfortable for people to live in.

We were told that people's views were collected each week during the residents meetings to plan the menu, activities and trips out.

People's care records were monitored during the monthly reviews with discussion or changes recorded in the plans. Improvements to care plans were ongoing and some contained pictorial formats alongside the old style written records.

Staff told us they receive individual supervision with the manager as well as attending staff meetings to discuss and plan future events, parties and training courses.

Our judgement

The provider is compliant with this outcome. People's views and opinions are taken into account in the planning to meet their needs.

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	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	Why we have concerns: Improvements are required for staff to understand how to report safeguarding concerns to the local safeguarding team.	
Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	Why we have concerns: Improvements are required for staff to understand how to report safeguarding concerns to the local safeguarding team.	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	Why we have concerns: Improvements to the fire doors and general decor of the building must be maintained.	
Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	Why we have concerns: Improvements to the fire doors and general decor of the building must be maintained.	

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 to us within 28 days of the date that the final review of compliance report is sent to them.

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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