

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:	April 2012
Overview of the service:	Dunsland is owned and operated by Cephas Care Limited. It is registered to provide the regulated activities of 'accommodation for persons who require nursing or personal care' and 'treatment of disease, disorder or injury.' The home can provide care and support for up to 14 adults with a learning disability.

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

Our current overall judgement

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

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

Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Outcome 04 - Care and welfare of people who use services
- Outcome 05 - Meeting nutritional needs
- Outcome 09 - Management of medicines
- Outcome 14 - Supporting staff

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 16 March 2012, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

The people we spoke with told us about the activities they were engaged in during our visit. One person was drawing and showed us the pictures they had made. Another person was in their room, playing music. One person told us about how they liked to grow rhubarb and they were busy with a member of staff measuring out the ground for a greenhouse. They said they were going to grow tomatoes in the greenhouse to eat at the home and they were also planning planting other vegetables to grow for the table.

People were engaged in their activity and they spoke freely to staff. We saw that people spoke to staff as their friends and the conversations were warm, friendly and full of laughter.

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

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

The provider is not compliant with this outcome. People are at risk of not receiving the treatment and support they need because support plans and associated records are not

fully completed and not easily accessible.

Outcome 05: Food and drink should meet people's individual dietary needs

The provider is compliant with this outcome. Choices of food and drink are available to people and they are supported to have adequate nutrition and hydration.

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

The provider is not compliant with this outcome. Clear guidance is not available to staff about when a person should be given a medicine that is prescribed as 'when necessary.' Some staff need to be reassessed to show they are competent to handle and administer medicines so that their training can be completed and their certificate obtained.

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

The provider is compliant with this outcome. Staff are properly trained and supervised. Medication Training records need to be brought up-to-date.

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

The provider is not compliant with this outcome. Personal records of people living in the home are not kept up to date. Information is difficult to find and retrieve. Some personal records are not held in a way that protects confidentiality.

Actions we have asked the service to take

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

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

Other information

In a previous review, we suggested that some improvements were made for the following essential standards:

- Outcome 07: People should be protected from abuse and staff should respect their human rights
- Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

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 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We did not speak with people about their care and welfare during our visit on 16 March 2012. However, we were able to chat with some of the people living in the home and one person told us about their plans for growing vegetables and fruit in the garden and also about plans for a greenhouse in which they could grow tomatoes. People spoke with us freely about what they were doing during their day at home and they told us they were all going out to the local pub for a pub lunch.

We saw the interaction between staff and people using the service and it was warm and friendly, with plenty of verbal support and encouragement being given.

We looked at this outcome because of concerns that had been raised with us about the service.

Other evidence

We looked at records kept with the support plans for two people. There was significant difficulty in finding the information we were looking for about how these people were supported and looked after when ill. We spoke with the quality assurance manager, who told us they visited the home two days each week to provide support and guidance to staff and to assist the acting manager. The quality assurance manager found some risk assessments we had asked for and these were all kept in a single plastic wallet. This meant that staff were not able to see quickly what risk assessments were in place and the action they needed to take to reduce risks. We also saw that out of date risk assessments were kept in the plastic wallet instead of being archived and this could

potentially cause confusion to staff or the wrong action being taken.

We wanted to look at the daily records but these were kept in a chaotic state. They were not kept in date order and previous months were left in a bundle in a cupboard where the support plans were kept. One current daily record was seen left on the work surface in the kitchen, where it was visible to all staff and people using the service. The daily records were inconsistently completed, with some containing very little information about the personal care and support provided, what the person ate and how they spent their day.

The quality assurance manager said that a support plan would be put together properly as a model for the staff to follow. They said this would be done the week after our visit and attention would be paid to ensuring that information was in place, that it was fully accessible and that important records would be completed in full.

Our judgement

The provider is not compliant with this outcome. People are at risk of not receiving the treatment and support they need because support plans and associated records are not fully completed and not easily accessible.

Outcome 05: 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 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

One person we spoke with was planning what fruit and vegetables to grow so that the home had fresh food to eat. People also told us they were looking forward to going out for lunch at the local pub. We were told they went there quite often and they knew the staff at the pub very well. One person said they enjoyed having a plate of chips at the pub.

We looked at this outcome because of concerns that had been raised with us about the service.

Other evidence

We looked at the store cupboard and saw good levels of grocery provision. The store cupboard also contained fresh vegetables, including broccoli and cauliflower. We spoke with staff and they told us there was a residents' meeting each Sunday, when activities and menus for the week were discussed. We saw picture cards of meal choices and we were told that the meal provided would also include the vegetables shown on the picture. A notice board in the kitchen was used to display the picture of the meals available and people placed their name beside the meal they wanted.

Staff said that some people liked to have fresh fruit with their breakfast and that fresh fruit was always available as a snack. They said they encouraged people to eat fruit rather than crisps and biscuits.

The quality assurance manager said the home was making changes to the choices available and also to the way some foods were cooked. A steamer and slow cookers

were to be purchased so that nutritional values of food were maintained during cooking. They also said that they intended to purchase the main groceries on line in the future so that staff had more time to do activities with the people living at the home, rather than shopping for provisions. They also intended to use farm shops each week for all fresh fruit and vegetables. Staff told us they tried not to use frozen vegetables wherever possible.

Our judgement

The provider is compliant with this outcome. Choices of food and drink are available to people and they are supported to have adequate nutrition and hydration.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

There are moderate concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We did not speak to people about the management of medicines during our visit on 16 March 2012.

We looked at this outcome because of concerns that had been raised with us about the service.

Other evidence

The quality assurance manager told us that one of the support workers was now the named person responsible for ensuring medication was kept up-to-date and in order. They said the person nominated was checking medications regularly and every time they were on shift.

We were told the acting manager had contacted Boots chemists about whether trained staff were able to dispense before receiving their certificate to demonstrate they had completed their training. We were told that Boots had confirmed that staff were able to dispense medicines once they had completed their final assessments. We looked at the medication handling training books for two staff who had completed their final assessments but noted that these had not been dated and signed. We spoke with one member of staff who said they had been assessed by the previous manager at some point during the last year but the record had not been dated and signed by the manager. The matter was discussed with the quality assurance manager, who agreed that staff will need to be assessed again so that they can be properly signed off with the

appropriate date included. The certificates could then be requested from Boots.

We looked at the medication administration records and checked these against medicines held and found them to be correct. However, there was some confusion over the use of medicines that were to be given when needed. These medicines are known as PRN. Staff were unclear if the PRNs were required for one person as they thought the person was no longer on the medication, even though it was still on the administration records chart. We also noted that those people receiving PRN medication did not have a care plan that set out clearly for staff the occasions on which the medicine should be administered. The quality assurance manager later told us that they believed the director of care had taken the PRN plans away to type up.

Our judgement

The provider is not compliant with this outcome. Clear guidance is not available to staff about when a person should be given a medicine that is prescribed as 'when necessary.' Some staff need to be reassessed to show they are competent to handle and administer medicines so that their training can be completed and their certificate obtained.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We did not speak to people about how the service was supporting staff during our visit of 16 March 2012.

Other evidence

The service has been without a permanent manager since the beginning of this year and we wanted to ensure that adequate support was in place for staff.

On the day of our visit the managing director and the quality assurance manager were both working at the home and providing support to staff. The acting manager was working off-site but arrived later in the day. The managing director told us that work was continuing to try and appoint a new manager at the home. The managing director told us that they visited the home each week and dealt with any finances and that the quality assurance manager visited the home two days each week. Other visits were also conducted by the director of care.

We were told that all staff were continuing to receive regular supervision. Supervision was either being conducted by the acting manager or the quality assurance manager. The acting manager was also assessing the competence of staff around issues such as handling and medication.

Our judgement

The provider is compliant with this outcome. Staff are properly trained and supervised. Medication Training records need to be brought up-to-date.

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

There are moderate concerns with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We did not speak to people about how the service keeps its records during our visit on 16 March 2012.

We looked at this outcome because of concerns we identified during the course of our visit.

Other evidence

We looked at the support plans for people using the service and it was difficult to find information within them. Risk assessments had been put together in a plastic wallet so that they were not all visible to staff. This meant that, in an emergency, staff would take time to find the guidance they needed in order to safeguard the person. Some of the risk assessments found within the bundle were in need of updating and review. We found risk assessments about eating and the risk of choking within the bundle that had been replaced by a new one but the old one was still in the bundle, which could also cause confusion for staff.

We asked to see daily records for the month before our visit. These were eventually found in a cupboard and were stored together for the person in a plastic wallet. The records were not in date order, making it difficult to find information. The standard of recording was variable and most of the daily reports had not been completed in full. For example, information about personal care, what the person ate during the day and what

activities they took part in were seldom recorded. This meant that, based on the records, it was not possible to confirm that the person had received all the care and support they needed or that they were receiving adequate nutrition and fluids.

We saw a partially completed daily record on a work surface in the kitchen, where it was visible to all people using the service as they frequently entered the kitchen. This meant that confidentiality could potentially be breached.

Our judgement

The provider is not compliant with this outcome. Personal records of people living in the home are not kept up to date. Information is difficult to find and retrieve. Some personal records are not held in a way that protects confidentiality.

Action we have asked the provider to take

Compliance actions

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

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: People are at risk of not receiving the treatment and support they need because support plans and associated records are not fully completed and not easily accessible.</p>	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: People are at risk of not receiving the treatment and support they need because support plans and associated records are not fully completed and not easily accessible.</p>	
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: Clear guidance is not available to staff about when a person should be given a medicine that is prescribed as 'when necessary.' Some staff need to be reassessed to show they are competent to handle and administer medicines so that their training can be completed and their certificate obtained.</p>	

Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: Clear guidance is not available to staff about when a person should be given a medicine that is prescribed as 'when necessary.' Some staff need to be reassessed to show they are competent to handle and administer medicines so that their training can be completed and their certificate obtained.</p>	
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>How the regulation is not being met: Personal records of people living in the home are not kept up to date. Information is difficult to find and retrieve. Some personal records are not held in a way that protects confidentiality.</p>	
Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>How the regulation is not being met: Personal records of people living in the home are not kept up to date. Information is difficult to find and retrieve. Some personal records are not held in a way that protects confidentiality.</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 the date that the final review of compliance report is sent to them.

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

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

What is a review of compliance?

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

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

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

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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