

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Dunsland

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✘	Action needed
Safeguarding people who use services from abuse	✔	Met this standard
Management of medicines	✔	Met this standard
Safety and suitability of premises	✔	Met this standard
Records	✘	Action needed

Details about this location

Registered Provider	Cephas Care Limited
Registered Manager	
Overview of the service	Dunsland is a residential home for up to 14 adults with a learning disability.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

Dunslund had experienced some complex issues during the last 12 months, with no permanent manager in post for some months. A new manager had only been in post for two months at the time of this inspection but they were able to demonstrate a good knowledge of each person living in the home and provided us with a brief but detailed overview of their support needs.

We saw that a number of improvements had already been made since the manager started working in the home and we acknowledged further areas for improvement that were 'work in progress'.

We saw that where one person required one-to-one support 24 hours a day, this was provided appropriately by staff who showed good knowledge and understanding of the person's support needs.

We noted from minutes of the most recent 'residents' meeting that people had been involved in making choices with regard to the menu options and were supported to understand the positive aspects of 'healthy eating'.

We did not speak directly with people living in the home about safeguarding. However, our observations showed people to be relaxed and comfortable with the staff and we noted positive and friendly interactions between the staff and people being supported.

We found the home to be clean and hygienic, with a homely atmosphere and noted that people had individual rooms, which either had been or were being decorated and furnished in accordance with their preferences and choices.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 18 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights. However, there was a risk that people may not always receive the care and support they needed, because not all of the support plans and associated records had been fully reviewed and updated.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The manager had only been in post for two months at the time of this inspection. However, when we asked, they demonstrated good knowledge of the people living in the home and provided us with a brief but detailed overview of each person and a summary of their support needs.

We noted that the majority of people had lived in the home for more than 10 years, with the two most recent people having moved in during 2009.

The manager told us that she was currently in the process of re-assessing everybody's care needs and had been liaising with the Community Learning Disability Team, in order to have each person's needs fully reviewed.

The manager told us they were aware that some people's needs had changed and their support requirements had increased significantly since moving into the home. For this reason, it was important to ensure appropriate funding and any necessary increases in staffing levels were achieved.

We saw that the care records for people were still not completely fully organised or up to date and some information was lacking in clarity. However, we acknowledged that the home had experienced some complex issues during the last 12 months, with no permanent manager in post for some months. The new manager assured us that everyone's care records were being fully reviewed and updated and provided evidence of this being work in progress.

Our observations showed that people in the home during this inspection were comfortable and relaxed with the staff. Eight member of staff responded to questions we asked and six

people told us that they knew the people well that they supported. Two members of staff had only worked in the home for three months and were still getting to know people.

We saw that where one person required one-to-one support 24 hours a day, this was provided appropriately by staff who showed good knowledge and understanding of the person's support needs.

In order to support people to follow healthy eating plans, we saw that the manager had compiled a new four week menu programme. We saw that these were very detailed and included the ingredients required, methods and nutritional values. We also saw that alternative options were available for people when they preferred. One member of staff told us, "...It's really good - I cook a lot more now because I know what to do. Everything's written really clearly and a lot of the meals aren't as difficult as I thought they were..."

We noted from minutes of the most recent 'residents' meeting that people had been involved in making choices with regard to the menu options and were supported to understand the positive aspects of 'healthy eating'.

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

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We did not speak directly with people living in the home about safeguarding. However, our observations showed people to be relaxed and comfortable with the staff and we noted positive and friendly interactions between the staff and people being supported.

We noted from the minutes of a recent staff meeting that staff were reminded of the need to follow the appropriate procedures and processes to protect people from the potential risks of financial or other abuse.

Eight staff members responded to questions about safeguarding and abuse and were clear in their answers regarding what they felt could be regarded as abuse in the way staff supported people living in the home. Some of the examples that we were given included swearing, inappropriate jokes, neglecting people's needs, physical abuse, not giving medication correctly and mishandling people's money.

All eight staff confirmed that they had undertaken safeguarding training and told us that they would report anything they felt was inappropriate.

The staff members who responded to our questions all told us that physical restraint was never used in the home. Some staff explained that methods such as distraction techniques, reassurance and discussion were used when needed, if people became agitated.

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw that the manager had implemented new style rotas which clearly identified the person responsible for administering medication during each shift. The manager explained that there were occasions where two people had been assigned responsibility for medication, which showed us that staff were being supervised whilst administering medication or undergoing their medication training.

We saw that the manager completed a detailed medication audit in January 2013 and had identified a number of areas that required immediate attention and appropriate action to be taken by staff. We saw that a number of issues had been addressed by the manager at the time of the audit and the manager assured us that they would carry out regular reviews and medication audits to ensure ongoing compliance was maintained within the home.

The results of the medication audit assured us that the manager was ensuring appropriate arrangements were in place in relation to obtaining medicines, disposing of medicines, storage, handling, recording and administration.

The manager also assured us that people's care records in relation to the administration of medication were in the process of being fully reviewed and updated and we acknowledged this as being work in progress.

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

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe premises.

Reasons for our judgement

The manager gave us a full tour of the premises during this inspection and we saw that a number of significant improvements to the overall environment had already been carried out. We also saw evidence of further relevant 'work in progress'.

We saw that, overall, people were provided with comfortable private accommodation and shared communal areas that were clean and generally well maintained. We found the home to be clean and hygienic, with a homely atmosphere and noted that people had individual rooms, which either had been or were being decorated and furnished in accordance with their preferences and choices.

Some of the improvements we noted that had already been made to the premises included new work-tops in the kitchen, a number of replacement windows and we saw that a new conservatory had been added on to one person's bedroom.

We saw that quotes had been received in respect of new carpets and vinyl flooring and further refurbishment works due to be completed in the next few months included a new bathroom suite, new wet-room, complete re-structure of the existing conservatory with new furniture, complete refurbishment of the 'snooze' room and completion of the required painting and decorating throughout the home. The Manager told us that some of the support staff had been instrumental in completing some of the redecorating work in the home, outside of their care shift hours, which had been very much appreciated.

A Fire Safety Officer from Norfolk County Council visited the premises on 07 February 2013, to conduct a fire safety audit. The fire precautions in place were confirmed as satisfactory, with no actions required.

We saw that the manager had produced clear guidance for staff in respect of their roles and responsibilities regarding daily room checks, weekly room cleaning and the night staff's cleaning schedule. This was to ensure people's rooms and the home remained safe and clean.

This told us that the provider had taken steps to provide care in an environment that was being suitably designed and adequately maintained.

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

Our judgement

The provider was not meeting this standard.

People were not completely protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records had not been fully completed or maintained in respect of people's support plans and associated care records.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Our previous inspection in March 2012 identified that records were not being accurately maintained or appropriately stored.

During this inspection we acknowledged that since the new manager had been appointed in January 2013, a number of significant improvements had been made in respect of how records were completed and maintained.

For example, we saw in the minutes from the last staff meeting that staff had been clearly reminded of the importance of completing and maintaining accurate records, particularly in areas such as people's finances, medication, incidents, daily records and changes in people's support needs.

We saw that the manager had begun carrying out internal audits in the home and we were assured that these would continue on a regular basis.

We noted that a staff meeting and 'residents' meeting had taken place since the manager had commenced work and we saw that these were also scheduled to take place on a regular basis.

Although we identified that some of the care records for people were still not fully organised or up to date and some information was lacking in clarity, we acknowledged that the home had experienced some complex issues during the last 12 months, with no permanent manager in post for some months, which had resulted in the delay in completing the required improvements in this area.

Meanwhile, the new manager assured us that everyone's care records were being fully reviewed and updated and we saw evidence of this being work in progress. We also saw that records had been stored appropriately and people's personal information was being kept confidential, during this inspection.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Treatment of disease, disorder or injury	How the regulation was not being met: Not all of the support plans and associated records had been fully reviewed and updated to reflect people's identified and changing needs, which meant that people weren't fully protected against the risks of receiving care or treatment that was inappropriate or unsafe. Regulation 9 (1)(a)(b)(i)(ii)(iii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
Treatment of disease, disorder or injury	How the regulation was not being met: People were not completely protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records had not been fully completed or maintained in respect of people's support plans and associated care records. Regulation 20 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This section is primarily information for the provider

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 by 18 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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