

Review of compliance

<p>Eastfield Farm Residential Home Limited Eastfield Farm Residential Home Limited</p>	
<p>Region:</p>	<p>Yorkshire & Humberside</p>
<p>Location address:</p>	<p>Eastfield Farm Southside Road Halsham Hull East Riding of Yorkshire HU12 0BP</p>
<p>Type of service:</p>	<p>Care home service without nursing</p>
<p>Date of Publication:</p>	<p>July 2011</p>
<p>Overview of the service:</p>	<p>Eastfield Farm Residential Home is a care home that is registered to accommodate and provide care for older people, including those with dementia related conditions. The home is situated in the village of Halsham, in the East Riding of Yorkshire. It is adjacent to a working farm and has views over open countryside. Communal accommodation consists of</p>

	<p>two lounges and a dining room, plus some smaller areas where meetings can take place. Most bedroom are on the first floor and are single.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Eastfield Farm Residential Home Limited 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 01 - Respecting and involving people who use services
Outcome 02 - Consent to care and treatment
Outcome 04 - Care and welfare of people who use services
Outcome 07 - Safeguarding people who use services from abuse
Outcome 08 - Cleanliness and infection control
Outcome 09 - Management of medicines
Outcome 12 - Requirements relating to workers
Outcome 13 - Staffing
Outcome 14 - Supporting staff
Outcome 17 - Complaints
Outcome 24 - Requirements relating to registered managers

How we carried out this review

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

What people told us

People told us that they are able to make decisions about their day to day care and that staff respect their privacy, dignity and independence. They said that they were well cared for and that they felt safe at the home.

People told us that the home was always clean and that their own bedrooms were kept clean and tidy. They told us that there were no unpleasant smells in the home.

People told us that they would be able to speak to various members of staff and the manager if they had a complaint or a concern and that they were quite confident that their comments would be listened to and acted upon.

What we found about the standards we reviewed and how well Eastfield Farm Residential Home Limited 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

People had individualised care plans in place and were able to make decisions about their day to day lives. People had their privacy, dignity and independence respected.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

People were helped to understand their care provision and there were arrangements in place to support people with decision making and consent. However, some issues regarding capacity to consent needed further consideration.

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

People experience effective, safe and appropriate care that is designed to meet their individual needs.

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

People were not fully protected from abuse or the risk of abuse and there had been incidents when their human rights had not been respected or upheld.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

People living at the home are not fully protected from the risk of infection.

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

People received their medicines at the times they needed them and in a safe way, although more care needed to be taken with recording on medication administration record charts.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

People living at the home had their needs met by staff who had been appointed via effective recruitment and selection procedures.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

People had their health and welfare needs met by sufficient numbers of appropriate staff.

Outcome 14: Staff should be properly trained and supervised, and have the chance

to develop and improve their skills

Staff should be encouraged to meet regularly so that they are given the opportunity for peer support.

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

People are sure that their comments and complaints would be listened to and acted upon effectively.

Outcome 24: Services must be managed by people who are honest, reliable and trustworthy. They must also have the right skills, experience and qualifications to do the job

The home was managed by a person who had applied for registration and who had made some improvements towards providing a safe and effective service.

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. Any regulatory decision that CQC takes 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

People told us that they are able to make decisions about their day to day care and that staff respect their privacy, dignity and independence.

Other evidence

There had been a number of recent safeguarding investigations concerning allegations about staff shouting at or being disrespectful towards people living at the home. These had all been investigated by the local authority safeguarding adult's team and the providers had taken appropriate action following these investigations, including disciplinary action.

We spoke to the manager and the provider and they acknowledged that there had been a culture of disrespect from some staff towards people living at the home. They believed that these issues were being dealt with and that the atmosphere at the home was improving.

We also spoke to four members of staff who told us that they worked well together as a team and that they understood the need to be respectful towards people living at the home, as well as promoting independence, dignity, choice and privacy.

People had care plans in place that reflected their individual needs and preferences. There was evidence that care plans were reviewed regularly and that formal reviews took place where people had the opportunity to express their views about the care they received. Care plans also recorded whether people would like to be assisted with personal care by a male or female carer; this evidenced respect for a person's privacy and dignity.

All staff had undertaken training on equality and diversity and the manager told us that he intended to arrange training for staff on 'dignity' when all mandatory training had been completed. The manager also said that he intended to arrange a resident's forum to give people living at the home the opportunity to express their opinions about the care being provided.

The manager showed us surveys that had been distributed to people living at the home and other relevant people (such as care professionals and relatives) to monitor their satisfaction with the service provided. Most responses had been received and the manager told us that he would be evaluating the information and then taking any remedial action that was required.

The manager told us in a Provider Compliance Assessment (PCA) that was sent to the Care Quality Commission (CQC) in December 2010 that advocacy services had been sourced so that people living at the home could access these if needed. On the day of our site visit we saw that information about advocacy services was displayed and that people were made aware of the support available to them.

We saw that patient passports had been completed for people; these are documents that contain essential information about a person's individual care needs and wishes. People can take them to hospital appointments and admissions so that health care staff have easy access to this information.

Our judgement

People had individualised care plans in place and were able to make decisions about their day to day lives. People had their privacy, dignity and independence respected.

Outcome 02: 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 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

People told us that they are encouraged to make day to day decisions about their lives.

Other evidence

We saw that information was displayed in the home about the Mental Capacity Act 2005, the Independent Mental Capacity Advocate (IMCA) service and about other advocacy services.

Some staff at the home had undertaken training on mental capacity and deprivation of liberty. We discussed mental capacity, consent to care and decision making with the manager and with staff. We found that there was some understanding about when best interest meetings should be held and of the concepts of mental capacity and deprivation of liberty.

We were told that some people living at the home who lacked capacity did not have relatives so there would need to be best interest meetings held for any major decision making. We advised the manager that best interest meetings may also need to be arranged for people who had relatives or other people to speak on their behalf.

The care needs assessment that was undertaken by the home included a section where any advanced decisions could be recorded. Whenever possible, people had

signed care plans or care assessments to acknowledge that they had agreed to their care provision.

People told us that they were encouraged to make day to day decisions about their lives.

Prior to our site visit we had received information about staff purchasing a lottery ticket each week for a person living at the home who lacked capacity. The manager told us that this was not the national lottery but a 'bonus ball' competition that was held each week for residents. The money raised was shared between the winning resident and a local charity. Although the intention of staff was to ensure that people did not 'miss out' on an activity, the manager acknowledged that the person concerned did not have capacity; we agreed that steps should be taken to decide whether this particular activity was appropriate for people who lacked the capacity to consent. In addition to this, the activity raised questions about people giving consent to money being given to a charity.

Our judgement

People were helped to understand their care provision and there were arrangements in place to support people with decision making and consent. However, some issues regarding capacity to consent needed further consideration.

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 that they are well cared for by staff and that they feel safe at the home.

Other evidence

People living at the home had individual needs assessments, risk assessment and care plans in place. The manager was in the process of updating all care plans. The old style care plans that we saw contained essential information and the new care plans expanded on this by including information that was personalised and that promoted individualised care.

Care plans included sections on mobility, dressing/undressing, personal care, social interaction, medication, dental care and skin integrity. Where assessments identified an area of concern, appropriate risk assessments had been undertaken such as the 'waterlow' pressure care assessment and the Malnutrition Universal Screening Tool (MUST). In addition to this, we saw risk assessments for bathing/showering, medication, mobility, social interaction, hot substances, the use of Steredent and the use of hoists.

Care plans had been reviewed on a monthly basis and updated as necessary. We saw one care plan that had been updated because it had been identified that the person needed the support of two carers where they had previously needed the support of one. Formal reviews of a person's care plan had taken place; the person concerned, family members, care management and care staff had been invited to attend.

Daily diary sheets were included with care plans to record the care provided each day, including food and fluid intake, any activities undertaken, any visitors seen and any areas of concern. In addition to this, there was a personal care checklist in place that recorded the individual care that people received; this was to ensure that people actually received the assistance with personal care that was recorded in their care plan.

Any contact with health care professionals, including the person's GP, had been recorded appropriately, and included the outcome of the contact. We saw that appropriate pressure care equipment had been obtained for people and that people had appointments with opticians and chiropodists as needed.

We had been told prior to our visit to the home that staff had been instructed by the manager that some people who needed the assistance of two people for bathing could only have the assistance of one person (due to low staffing levels). The manager assured us that people received the assistance that had been identified in care assessments and care plans. Staff that we spoke to on the day of our site visit did not raise this as an issue and we found no evidence to substantiate this.

We saw a programme of weekly activities displayed in the lounge area and on the morning of our site visit we saw the activity taking place. Activities had been designed to promote independence, physical activity and mental agility.

A movement to music facilitator visited the home on a regular basis and was present on the afternoon of our site visit. They recorded interaction and progress forms for each participant and we saw that these had been retained with care records.

Our judgement

People experience effective, safe and appropriate care that is designed to meet their individual needs.

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

There are moderate concerns 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 directly to people living at the home about this outcome.

Other evidence

The provider submitted a PCA in December 2010. It recorded that regular staff meetings allowed for discussion on the prevention and management of behaviours so that learning was shared and the risk of further incidents was reduced, and that staff had received safeguarding training. The PCA also recorded that staff were aware of the home's policy on whistleblowing and that information about safeguarding adults from abuse was displayed on the home's notice boards. On the day of our site visit we saw that information was displayed in the home about the principles of safeguarding adults from abuse, both in the office and in the reception area.

Although the staff we spoke to had a reasonable understanding of the principles of safeguarding adults from abuse, there had been a number of recent allegations about staff being disrespectful when dealing with residents or not assisting residents in a sensitive manner. In some instances, incidents or allegations had been reported to the local authority safeguarding adult's team and the CQC by the home, but on some occasions the safeguarding team had become aware of the allegations via different routes. This could indicate that there was a lack of clarity about the type of incidents that must be reported to the safeguarding adult's team and CQC.

Some staff, but not all, had undertaken training on safeguarding adults from abuse. The manager told us that training would be arranged for the staff who had not yet

attended training as soon as it became available via the local authority. The manager acknowledged that, although he had had training on this topic in the past, he was in need of the specific refresher training that was available for managers of care services.

We did not look at the monies held on behalf of people living at the home and associated records. However, we did discuss one specific concern with the manager. See outcome 2. We did see that the money taken from this person's personal allowance each week had been accounted for appropriately.

Our judgement

People were not fully protected from abuse or the risk of abuse and there had been incidents when their human rights had not been respected or upheld.

Outcome 08: 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

There are minor concerns with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People told us that the home was always clean and that their own bedrooms were kept clean and tidy. They told us that there were no unpleasant smells in the home.

Other evidence

On entering the home, we noted that there were no unpleasant odours. We saw that antibacterial hand wash had been made available at various points throughout the home and that people were asked to use this on entering the home.

We had been told prior to our inspection that the home had insufficient domestic staff. On the day of our site visit we were told that they employed one full time domestic assistant and that one domestic assistant had returned to work part time following a period of sickness. They also said that they were in the process of recruiting a new domestic assistant. Despite the recent reduction in domestic hours, we observed that the communal areas of the home were mainly clean and tidy and the people we spoke to told us that they were happy with the cleanliness of the home.

On the day of our site visit some building work was being carried out and this had created some dust and debris in certain areas of the home. This had been kept to a minimum and we saw that people's bedrooms had not been affected.

Staff told us that there was sufficient protective clothing available for them to use when assisting people with personal care, although one person told us that they did not always wear disposable gloves, as they found them uncomfortable. They agreed that they would ask the manager to source alternative supplies and acknowledged that they should always be worn.

Most staff, but not all, had undertaken training on the control of infection. Training would assist in ensuring that all staff have the knowledge needed to carry out their duties safely so that people are fully protected from the risk of infection.

Our judgement

People living at the home are not fully protected from the risk of infection.

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 minor concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We did not speak directly to people living at the home about this outcome.

Other evidence

The provider told us in a PCA that was received in December 2010 that staff had now received appropriate training on the administration of medication and that a pharmacist visited the home on a monthly basis to undertake an audit.

We observed that the medication store cupboard had been relocated from the manager's office to a cupboard in the nearby corridor. This enabled staff to access medication without having to disturb the manager or any meetings that might be taking place.

The home had obtained the services of a new pharmacist and they had provided the home with a new medication trolley. The trolley was fastened to the wall in the medication cupboard and there was a separate metal controlled drugs cupboard attached to the wall.

We checked the medication administration record (MAR) charts and found recording on them to be mostly accurate. New stock was entered appropriately, there were two signatures to verify hand written entries and we found no gaps in recording. However, more care needed to be taken to use the correct codes when medication was not given i.e. the codes that were recorded on the actual MAR chart must be used. A photograph

of each person was attached to their medication records to assist staff with identification and reduce the risk of errors occurring.

We saw that each individual's requirements for 'as required' (PRN) medication was not recorded. Staff told us that people were asked how many pain relief tablets they required and that they usually requested two. MAR charts recorded that people usually took their pain relief tablets when they had been prescribed them, but did not record whether they had taken one or two tablets. Each person's individual requirements regarding PRN medication should be recorded alongside their MAR chart and a record should be kept of when they refused this medication.

We reviewed the records for controlled drugs and checked a sample of records against the number of drugs held; these were found to be accurate. Staff told us that Temazepam was treated as a controlled drug (as recommended) and we saw that this was the case.

Unused medication was returned to the pharmacist and we saw that all medication waiting to be returned had been recorded in a returns book; this was signed by a member of staff and by a representative of the pharmacy at the time of collection.

Training records evidenced that staff who had responsibility for the administration of medication had received appropriate training. There had recently been a medication error at the home and the manager confirmed that the appropriate people had been informed. The staff member concerned had contacted the person's GP, who had advised that they should be observed for 24 hours. The member of staff was then observed whilst administering medication for the next two weeks to ensure that they remained competent to carry out this task.

Our judgement

People received their medicines at the times they needed them and in a safe way, although more care needed to be taken with recording on medication administration record charts.

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

People told us that staff were caring and approachable and that any assistance with personal care was provided in a sensitive manner. They told us that they felt safe at the home.

Other evidence

The manager told us in the PCA submitted in December 2010 that thorough recruitment practices were now followed at the home. Any person starting work prior to full Criminal Records Bureau (CRB) clearance worked under supervision and checks were made on the authenticity of references. They also said that, following a period of probation, residents were consulted with as part of the decision making around the person becoming a permanent employee at the home.

We checked the recruitment records for two new members of staff. These evidenced that appropriate application forms had been used by prospective employees; these recorded the person's employment history, the names of two referees, any relevant training and a criminal record declaration. Two written references had been obtained and one of these had been verified via a telephone conversation with the referee. On both occasions ISA Independent Safeguarding Authority (ISA) first checks and Criminal Records Bureau (CRB) checks had been obtained prior to the person commencing work at the home. There had therefore been no need for these new employees to work under supervision when they first started to work at the home. Copies of training certificates had been obtained when people recorded on their application form that they had completed training courses.

The manager told us that they had recently started to invite a resident to be part of the panel when interviewing prospective employees; this is good practice.

Although the manager was able to tell us the start date for individual employees, we saw that this had not been recorded in individual staff files. We advised the manager that the introduction of a checklist that recorded the dates for each stage of the recruitment process would be good practice, and would make it easier to check that the appropriate information was in place prior to people commencing work.

The manager told us that new staff had been given a copy of the Code of Conduct produced by the General Social Care Council. Staff who had not followed the home's policies and procedures had been subject to disciplinary procedures, including being suspended from duty pending investigation.

Our judgement

People living at the home had their needs met by staff who had been appointed via effective recruitment and selection procedures.

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

We did not speak directly to people living at the home about this outcome.

Other evidence

We looked at staff rotas for two separate weeks and noted that there had been four staff on duty each am and three staff on duty each afternoon/evening.

Some senior staff had worked 12 hour shifts i.e. from 7.00 am to 7.00 pm and the manager told us that there were plans in place for these to be introduced for all care staff. The manager told us that this had been discussed with the staff group and that most staff agreed that the change would lead to greater consistency in the care provided. In addition to care staff, the manager was on duty for five day per week and one of the providers worked at the home most days.

The manager told us that he was 'on call' each evening and weekend and that they were considering making some changes to this system. They planned to introduce an 'on call' rota that included senior staff as well as the manager.

There were two cooks employed at the home and this allowed for a cook to be on duty every day.

We had received information prior to our compliance review that the home was 'short of domestic staff' and the manager acknowledged that more domestic staff needed to be employed. One person had been on long term sick leave and had just returned to work

on a part time basis instead of full time. The manager told us that it had been highlighted in a quality assurance audit that laundry was an area of concern, so they were considering employing a domestic / laundry assistant. Staff told us that it would be a great help if a laundry assistant could be employed.

In addition to catering and domestic staff, there was a maintenance person employed for 16 hours per week who undertook day to day repairs and redecoration.

See outcome 13 re: the employment of domestic staff.

Our judgement

People had their health and welfare needs met by sufficient numbers of appropriate staff.

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 directly to people living at the home about this outcome.

Other evidence

We talked to the manager about what the home considered to be mandatory training. He told us that they expected all staff to undertake training on moving and handling, safeguarding adults from abuse, food hygiene, dementia care, infection control, basic first aid and fire safety.

Records evidenced that 20 staff had undertaken fire safety training in June 2010. The manager told us on the day of our site visit that they tested the fire alarm system every Thursday and that this included a fire drill; this was to ensure that fire safety was continually highlighted as an important topic for staff.

A training session on moving and handling had been provided on the 18th May 2011 and the manager told us that all staff had now had training on this topic. The manager told us that most staff had completed training on safeguarding adults from abuse, dementia care and infection control and that all senior staff who had responsibility for the administration of medication had undertaken appropriate training. The training matrix recorded that six staff had undertaken training on the deprivation of liberty and the Mental Capacity Act 2005. All staff were in the process of undertaking training on equality and diversity.

The manager told us that he only recorded training on the matrix when there was a certificate to evidence completion. Some staff had undertaken training at previous

places of work and at Eastfield Farm Residential Home but training certificates had not been made available. This training was therefore not recorded on the matrix. Using information recorded on the matrix, all staff had been given a letter that recorded their individual training needs and the training courses that it was expected they would attend.

The manager said that, when staff had completed all mandatory training, they would be given the opportunity to attend a training course of their choice; people had asked to attend training courses on diabetes, stroke and Parkinson's.

We spoke to four care workers on the day of our site visit. They all told us that they received appropriate training and acknowledged that refresher training was important to ensure that their practice remained safe and up to date. They said that they felt well supported by the manager and providers and that they worked well as a team. They told us that they had staff meetings every 4 – 5 months but would like to have them more often. This would give them the opportunity to discuss issues and concerns or to raise suggestions about improvements in care practices via peer support.

Our judgement

Staff should be encouraged to meet regularly so that they are given the opportunity for peer support.

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

People told us that they would be able to speak to various members of staff and the manager if they had a complaint or a concern and that they were quite confident that their comments would be listened to and acted upon.

Other evidence

The provider recorded in a PCA sent to us in December 2010 that residents and their representatives received information on how to make a complaint and that the complaints procedure and safeguarding information was displayed on the public notice board.

We saw that information about how to make a complaint was displayed on notice boards within the home. We checked the complaints log and noted that the recent allegations about staff being disrespectful and not assisting people in a sensitive manner had been recorded and that these concerns/complaints had been handled effectively by the home. If issues had been referred to the safeguarding team, this was also recorded. Other complaints had been recorded; these included the outcome of the investigation and any follow up action taken by the home as a result.

People living at the home told us that they would be able to speak to staff and the manager about any concerns or complaints and that they were confident that they would be listened to and acted upon.

Our judgement

People are sure that their comments and complaints would be listened to and acted upon effectively.

Outcome 24: Requirements relating to registered managers

What the outcome says

This is what people who use services should expect.

People who use services:

* Have their needs met because it is managed by an appropriate person.

What we found

Our judgement

The provider is compliant with Outcome 24: Requirements relating to registered managers

Our findings

What people who use the service experienced and told us

We did not speak directly to people living at the home about this outcome.

Other evidence

The manager told us that he had submitted his application for registration to the CQC by the 1st April 2011 as requested at the time of the home's transitional registration. This had been confirmed in records held by the CQC.

We spoke to residents, staff and the registered providers and we were told that improvements had been made at the home since the new manager had been in post. Our discussions with the manager led us to believe that there was an understanding about the work that still needed to take place for the home to become fully compliant with regulations.

Our judgement

The home was managed by a person who had applied for registration and who had made some improvements towards providing a safe and effective service.

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 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	Why we have concerns: People were helped to understand their care provision and there were arrangements in place to support people with decision making and consent. However, some issues regarding capacity to consent needed further consideration.	
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	Why we have concerns: People living at the home are not fully protected from the risk of infection.	
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	Why we have concerns: People received their medicines at the times they needed them and in a safe way, although more care needed to be taken with recording on medication administration record charts.	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff

	Why we have concerns: Staff should be encouraged to meet regularly so that they are given the opportunity for peer support.
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The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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

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

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

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 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>How the regulation is not being met: People were not fully protected from abuse or the risk of abuse and there had been incidents when their human rights had not been respected or upheld.</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 28 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 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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