Review of compliance

Eastfield Farm Residential Home Limited Eastfield Farm Residential Home Limited	
Region:	Yorkshire & Humberside
Location address:	Eastfield Farm Southside Road Halsham Hull East Riding of Yorkshire HU12 0BP
Type of service:	Care home service without nursing
Date of Publication:	November 2011
Overview of the service:	Eastfield Farm Residential Home is registered to provide personal care and support to people, including those who may have dementia. The home is situated next to a working farm with views over the open countryside. There is a car park to the front of the building.

	The home has three sitting rooms, a dining room and a treatment room. Bedroom accommodation is provided on both the ground and the first floor.

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

Our current overall judgement

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

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

Why we carried out this review

We carried out this review to check whether Eastfield Farm Residential Home Limited had made improvements in relation to:

Outcome 07 - Safeguarding people who use services from abuse
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 28 October 2011, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

People spoken with told us they were treated with respect and supported to maintain their independence.

They said they were involved in decisions and felt able to complain when the need arose.

People liked the home and loved the views from the sitting room. They also said they enjoyed watching and feeding the wild birds and ducklings that hatched annually.

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

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

People were protected from the risk of harm and abuse by staff training and adherence to policies and procedures.

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

The induction of new members of staff was not based on an assessment of their competence in basic care tasks.

Staff received some formal one to one supervision to guide them when supporting people who lived in the home. However, the supervision did not occur in any planned or structured way so that staff development could be monitored and addressed.

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

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 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us
People spoken with told us they were treated with respect and supported to maintain their independence.

They said they were involved in decisions and felt able to complain when the need arose.

People liked the home and loved the views from the sitting room. They also said they enjoyed watching and feeding the wild birds and ducklings that hatched annually.

Other evidence
At a previous visit in May 2011 we issued a compliance action to ensure that members of staff at all levels were clear about the safeguarding policy and procedure. We also wanted to be assured that people were treated with dignity and respect.

Since that visit the registered manager and the provider had completed a more in depth safeguarding training course with the local authority, which covered their role in referral and investigation. The manager had also completed a safeguarding, 'train the trainer' course with the local authority to enable them to train staff within the home. In discussions the manager was clear about the safeguarding policies and procedures.

Most staff had completed safeguarding training and the manager had made plans to train the remaining staff. A staff member spoken with confirmed they had received safeguarding training.

In discussions the manager gave examples about how people were supported to take risks and be independent. Risk assessments were completed and these included guidance for staff in how to manage behaviours that could be challenging to others. There was evidence that professionals had visited and provided advice regarding the support for one specific person.

We discussed the way people's finances were managed within the home. Individual records were held and receipts obtained for all purchases and deposits. People who requested them had lockable facilities in their bedrooms to store their valuables. The manager told us that one person had requested this facility.

Our judgement
People were protected from the risk of harm and abuse by staff training and adherence to policies and procedures.

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 with people about this outcome area.

Other evidence
We completed a separate visit in June 2011 and we issued a compliance action to ensure staff improved their practice when administering medication.

Since that visit the registered manager and provider had held a meeting with all staff who administered medicines to discuss the findings of the inspection. The management of medicines was also discussed in a group staff supervision session. Each member of staff received a letter reminding them of the importance of following policies and procedures and the action that would be taken if they were not followed.

Members of staff who administered medicines had completed training and had started an additional training course in July 2011, which was nearing completion.

There was evidence that new staff completed an induction. This consisted of an orientation to the home and signatures in a booklet that covered specific tasks. Senior staff signed off the booklet on completion but this did not test out the member of staff's competence in the tasks.

There was a training plan in place that covered mandatory training and some conditions that affected older people. Staff had individual training logs.

There was evidence that staff were supported with one to one supervision. This was not

planned in any structured way but was completed as a reaction to specific incidents. For example, the medication incident that initiated the compliance action mentioned above.

A staff member spoken with confirmed they were able to raise issues with the manager or the provider and said these would be addressed.

Our judgement
The induction of new members of staff was not based on an assessment of their competence in basic care tasks.

Staff received some formal one to one supervision to guide them when supporting people who lived in the home. However, the supervision did not occur in any planned or structured way so that staff development could be monitored and addressed.

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 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	Why we have concerns: The induction of new members of staff was not based on an assessment of their competence in basic care tasks.	
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 received some formal one to one supervision to guide them when supporting people who lived in the home. However, the supervision did not occur in any planned or structured way so that staff development could be monitored and addressed.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

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

What is a review of compliance?

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

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

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

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

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

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

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

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

Information for the reader

Document purpose	Review of compliance report
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