

# Review of compliance

<b>A B C Care Homes Ltd</b> <b>Burnside Court</b>	
<b>Region:</b>	South West
<b>Location address:</b>	Burnside Court 104-106 Torquay Road, Preston, Paignton. Devon. TQ3 2AA
<b>Type of service:</b>	Care Home without Nursing
<b>Publication date:</b>	6 <sup>th</sup> June 2011
<b>Overview of the service:</b>	<p>Burnside Court is a well established care home in Paignton, close to the town centre and local services. There is a church next door, a doctors surgery opposite and the home is close to a local park.</p> <p>The home provides care for up to 26 people, in mainly single rooms with en-suite toilets or bathrooms. There are communal areas, including an extended lounge and dining room.</p>

	<p>The home is set over four floors, and there are two passenger lifts to access the upper and lower floors.</p> <p>Many of the people at the home have some degree of memory loss.</p> <p>There is some parking to the rear of the home, or on streets nearby.</p>
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## **Summary of our findings** for the essential standards of quality and safety

## What we found overall

**We found that Burnside Court was not meeting one or more essential standards. Improvements were needed.**

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

### Why we carried out this review

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

### How we carried out this review

We reviewed all the information we hold about this provider, and carried out two visits on 4<sup>th</sup> and 8<sup>th</sup> April 2011. On these visits we observed how people were being cared for; we talked with people who use services and relatives who were visiting; we talked with staff; checked the provider's records; and looked at the records of people who use services. We also looked round the building, and went into most rooms, apart from some where people were receiving care.

### What people told us

People we spoke to said the staff at the home were "Lovely, really caring" people who supported them well. Another person said "They are all good and work very hard. They look after me very well".

They told us they were not aware of the records the home kept, but we could see information in some of the files that showed us that people can be involved in assessments and reviews.

A relative told us that they come to the home every day and have some involvement with their relative's care which is a great comfort to them both.

People told us the meals were good home cooked food. After a meal one person told us "I have had plenty of everything and I have enjoyed it".

## **What we found about the standards we reviewed and how well Burnside Court was meeting them**

### **Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

- Overall, we found that Burnside Court was meeting this essential standard
- People's views about the service are taken into account and they are encouraged to make choices with support where needed.

### **Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

- Overall, we found that Burnside Court was meeting this essential standard but, to maintain this, we suggested that some improvements were made.
- Procedures for seeking valid consent from individuals with memory loss need to be clarified where several agencies may be involved with people's care.

### **Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

- Overall, we found that Burnside Court was meeting this essential standard
- Peoples care needs were being met.

### **Outcome 5: Food and drink should meet people's individual dietary needs**

- Overall, we found that Burnside Court was meeting this essential standard.
- People's nutritional and dietary needs are being met well.

### **Outcome 6: People should get safe and coordinated care when they move between different services**

- Overall, we found that Burnside Court was meeting this essential standard.
- People should receive care that is co-ordinated across involved agencies.

### **Outcome 7: People should be protected from abuse and staff should respect their human rights**

- Overall, we found that improvements were needed for this essential standard.
- People are protected from abuse, but staff need more information on the Mental capacity Act.

**Outcome 8: People should be cared for in a clean environment and protected from the risk of infection**

- Overall, we found that improvements were needed for this essential standard.
- People are not fully protected against cross infection. The laundry facilities cannot be properly cleaned or disinfected.

**Outcome 9: People should be given the medicines they need when they need them, and in a safe way**

- Overall, we found that Burnside Court was meeting this essential standard.
- Systems in use mean people should receive the correct medication in a safe way.

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

- Overall, we found that Burnside Court was meeting this essential standard.
- The home provides a comfortable environment for people to live and work in.

**Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

- Overall, we found that Burnside Court was meeting this essential standard.
- Equipment needs are assessed, and equipment is maintained appropriately to ensure it is safe in use.

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

- Overall, we found that Burnside Court was meeting this essential standard
- A full recruitment process is in place and policies and procedures are updated and externally audited.

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

- Overall, we found that Burnside Court was meeting this essential standard
- Staffing levels and skills mix were satisfactory

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

- Overall, we found that Burnside Court was meeting this essential standard but, to maintain this, we suggested that some improvements were made.
- Staff work well together as a team, but the formal staff support systems would benefit from development.

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

- Overall, we found that Burnside Court was meeting this essential standard
- The home receives regular internal and external audits and feedback is used to develop the service.

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

- Overall, we found that Burnside Court was meeting this essential standard
- In the last year the home have improved their systems for investigating and managing complaints and identifying issues with people who do not have the ability to verbalise concerns

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

- Overall, we found that Burnside Court was meeting this essential standard
- The home is managing their records well, and areas for improvement have been identified and are being worked upon.

**Action 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.

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 1: 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 1: Respecting and involving people who use services

### Our findings

**What people who use the service experienced and told us**

On our visits to the home we spoke to the people living there and their relatives about the ways in which people are involved in the services they receive. We also observed care being delivered and for example heard people being given information about the medication they were taking, including what the tablets were for.

We saw staff promoting people’s independence with regard to mobility and feeding, with interventions given when needed but not in ways that disabled people further.

We also spoke to a relative who visits the home daily and is able to participate in their relative’s care which is of great comfort to them both.

People are asked their views on the service through a regular questionnaire or via a

suggestion box in the home's hallway. The home does not hold formal meetings or quality forums, but the manager said that she always tries to speak to relatives and 'her door is always open'. She is also planning changes to the website to allow for a more interactive facility.

New communication assessments as part of people's care plans help staff to identify the best way for people to take in information about their care, where they have an identified memory loss.

We saw people being treated with respect for their individuality and dignity. We observed staff in conversation with people and in carrying out care tasks. Generally we saw staff facilitating people with tasks and using appropriate language to support them. At times however staff did talk over people or used terms of endearment such as "Sweetheart" which are not supportive of a person's individuality or identity.

### **Other evidence**

Information is available about the services the home provides and people's rights while living there. This is given to people thinking about moving in. It also contains copies of contracts and complaints procedures, so people should have a clear understanding of what they can expect before making a decision about moving in.

Staff transfer information between each shift in handovers and in a handover book, which helps make sure information about people's needs is known to all the care team.

### **Our judgement**

People's views about the service are taken into account and they are encouraged to make choices with support where needed.

# Outcome 2: 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 2: Consent to care and treatment

### Our findings

**What people who use the service experienced and told us**

The people we spoke to were not able to discuss with us at length their experiences regarding consent to treatment examination or care. However, whilst we were at the home, we were able to observe care being delivered to individuals, and read records which showed us what people experienced from the service.

We saw and heard people being given options with regards to their care and interventions carried out by staff. We saw people being asked whether they wanted to be helped and supported, and in what way they wished this to be done.

We also saw in a person's file, information about how they are supported by the home when their behaviour presents challenges to staff and visiting professionals. This included an episode where the individual had needed to have a blood test carried out by a district nurse, and was resistive to having this done. The home's staff clearly indicated to district nurses that the person was refusing to have the action carried out. Nurses had asked staff from the home to hold the individuals arm

down so that blood could be taken. We checked with the manager, and she said that at that time it might have been that the nurses were making a decision in the best interests of the individual, however neither they nor the home had recorded that decision, who had been involved or why it had been made. On a previous occasion when an attempt had been made to take a blood sample, the individual had become agitated and refused, so the sample had not been taken. In another instance it was recorded that a flu vaccination had been given, as the person had not complained. However implied consent also needs to be identified and recorded.

Where people lack the capacity to make a particular decision, there should be clear arrangements to identify how these decisions are made and the best interest decision making process that had been followed. These should be based upon The Mental Capacity Act 2005 principles.

All staff at the home have received training in safeguarding adults, however further training is needed for all staff in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Senior staff at the home have an understanding of this legislation and how it protects people's rights to make decisions, obtain consent and the appropriate advocacy structures.

The manager told us that staff working at the home know the individuals who live there well, and are able to interpret through non-verbal communication if necessary whether people are reluctant to participate in a task. She said that if that were to be the case families, advocates or other solicitors would be involved along with medical staff in helping to ensure decisions are made appropriately. It is understood that recently improved links have been created with a financial advocate as an example.

### **Other evidence**

Recent training provided to the home on dementia has included time spent looking at supporting people in decision-making and improving communication. This was a two-day course delivered to all staff.

### **Our judgement**

Procedures for seeking valid consent from individuals with memory loss need to be clarified where several agencies may be involved with their care.

# Outcome 4: 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 4: Care and welfare of people who use services

### Our findings

**What people who use the service experienced and told us**

On our visits to the home we spoke to people living there, and relatives or friends who were visiting. We also spent time observing the care being delivered to individuals, as some people were not able to discuss with this at length the care that they received. We also looked at the care plans and records kept by the home, and related the care that we saw to the content of these plans.

People we spoke to could not tell us that they had been involved in the development of their care plan. The manager told us that when people are not able or willing to do this families or other supporters are involved wherever possible. This helps to ensure that as far as could be identified people's wishes are included. Care delivery is co-ordinated through handovers between each shift, to ensure that information is passed on about changes in needs, and important information is also updated in the handover book which we saw.

We observed people receiving care from staff, and this showed us that staff understood people's needs and were quick to react to changes.

The care plans that we looked at had been improved including additional information

on how people communicate, and cognitive ability profiles. These help to identify for individuals at the home what the effect is on each person of her memory loss. This might for example mean problems with following sequences of information or understanding complex tasks. This information helps staff tailor their care and communication in a way that each individual can understand.

Care plans also contained some information on individual's family history and life story. Work has been undertaken on developing memory boards for people which were in their bedrooms, which showed in pictorial fashion significant events or people from their life. This helps to understand people and their behaviours in the context of the life they have lived.

Some risk assessment was evident in files, although some of this was general. Other assessments included for more physical interventions such as continence, pressure areas, moving and handling and mobility. In one person's final we saw information about herbal remedies which have been suggested may help relieve anxiety. The information that we saw was clear and was being regularly updated.

We also looked at some of the activities people at the home have been planning, from Easter celebrations to a Royal Wedding Party. People living at the home have been involved in the preparations, and one spoke about a display on the wall with photographs relevant to the coming event.

#### **Other evidence.**

We also spoke to the manager and staff on duty about the care that they were delivering. The staff we spoke to had worked at the home for a long time, and knew many of the individuals living there well, as well as having links with their families.

#### **Our judgement**

Peoples care needs were being met.

# Outcome 5: 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 5: Meeting nutritional needs

### Our findings

**What people who use the service experienced and told us**

On our visits we spoke to people living at the home and to the cook about the meals provided, and spoke to staff about nutritional assessments and monitoring of dietary intake.

Records are kept of peoples preferences with regards to meals and people who have difficulties with eating or swallowing are referred to the speech and language therapy team for support and advice. Some people at the home currently need food liquidised and support with eating and drinking. Independence was encouraged for as long as possible in this area, and we could see staff giving support discreetly. Equipment to support independence, such as specialised drinking cups, cutlery and plates is provided for each individual as needed, along with supplementation or fluid thickeners as prescribed. We were told attention is paid to people's positioning and was also felt important that wherever possible mealtimes are relaxing and undisturbed.

Meals are freshly prepared and home-cooked. On the day of the first visit the lunchtime room was egg, chips and beans followed by banana custard. Home-made cakes were being prepared and several visitors stayed to have lunch with people living at the home. The meals we saw being served were of a good quality and

quantity, attractively served and presented. We also saw evidence that relatives are able to bring particular foods into the home if they wish. As an example one care plan indicated that a person's family regularly bought a takeaway in the home for them in an evening which was shared.

One person after their lunch said "I have had plenty of everything and I have enjoyed it".

### **Other evidence**

The cook has worked at the home for many years and has a high level of interest in nutrition and dementia. The home is able to cater for individuals cultural or religious needs as identified, and currently a vegetarian and diabetic diet are being supported.

### **Our judgement**

People's nutritional and dietary needs are being met well.

# Outcome 6: Cooperating with other providers

## What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

## What we found

### Our judgement

**The provider is compliant**  
with outcome 6: Cooperating with other providers

### Our findings

**What people who use the service experienced and told us**

Many of the people living at the home have memory loss and so were not able to verbally give us their understanding of how the home co-operates with other agencies to meet their care needs. However we were able to track through care files and a recent discharge process to see what people should experience.

We saw evidence of several health and community support services working with the home to meet people’s needs, including district nurses, speech therapists, psychiatric services, physiotherapists and dieticians. Care plans record visits from these services and what the outcome was, including any action plans or care needs. District nurses have their own files in the home which people can see to check on treatment underway.

People who need to go to hospital or appointments would be accompanied by staff from the home or relatives if they are unable to pass information over about the outcome or need support. In one recent case the person was transferred to hospital without an escort in a medical emergency, We were able to see copies of transfer information sent with them, and the home manager followed this up with a telephone call the next morning to make sure that all relevant information had been passed

onto the hospital staff to help them care for the person appropriately. We were also able to see on files evidence of information sent to the home from other agencies following a discharge from care services elsewhere.

### **Other evidence**

Information kept in care files is maintained securely. The home have told us that information transferred to other agencies is also kept secure and is only given to people who are identified and need to know. Each person at the home should have a named key worker who has as a part of their responsibilities a role in co-ordinating information and ensuring regular reviews are carried out.

Information about a person's needs is faxed to the home by their Social worker or other agencies before the person is admitted, so that the manager can make sure it is included in their assessment. This information transfer is notified in advance so that the home can intercept the information and keep it confidential.

### **Our judgement**

People should receive care that is co-ordinated across involved agencies.

# Outcome 7: 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 7: Safeguarding people who use services from abuse

### Our findings

**What people who use the service experienced and told us**

People at the home we spoke to told us the staff were kind to them, We did not see any written behaviour management guidelines to support behaviours that challenge, but the manager confirmed that advice had been taken for at least one person and that the staff had clear information on how they managed their needs.

Communication assessments had been undertaken for individuals which contained some information on how their behaviours could be interpreted as communication of for example distress or dislike of a particular activity.

Staff we spoke to told us they knew the people living at the home well and would be able to know if they were unhappy if they could not verbalise the feelings they had. They also acknowledged they had received training in safeguarding people and prevention of abuse.

**Other evidence**

All staff have recently received training in safeguarding people from abuse. For some senior staff recent training has also included de-escalation techniques and

management of behaviours that challenge.

We had some discussion with the manager of the home who is now clear about the role of the local safeguarding team and about how to report concerns over abuse. Staff are informed about appropriate professional boundaries through Induction, policies and procedures and via staff meetings, appraisals and handovers.

We recently received information from a person who was concerned that the bedroom door locks could be used to lock people in their rooms. This was checked immediately with the home and was also looked at on the site visits. This confirmed that the locks on use on the bedroom doors could not be used to keep someone in their room and that people could always get out of their room. The home has used locked doors in the past to stop people wandering into unoccupied rooms, but at the time of the visits had no people who did this. The manager agreed to write to us to let us know what action they will be taking about locks throughout the home, which will be risk assessed and de-commissioned wherever unnecessary. All staff hold a master key.

The front door locks are on a key pad which is disabled when the fire alarm is activated. People wishing to leave the home would need to ask for staff to assist them in leaving the premises.

### **Our judgement**

People are protected from abuse, but staff need more information on the Mental Capacity Act.

# Outcome 8: 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 moderate concerns**  
with outcome 8: Cleanliness and infection control

### Our findings

**What people who use the service experienced and told us**

We looked around the home on the visits, but did not go into all of the bedrooms as people were receiving care.

The areas that we saw were clean and odour free in general, which meant that people were able to live in pleasant surroundings. Toilets and bathrooms in use were cleaned during the day and any accidents were cleaned up quickly which helped to keep the home smelling fresh. Toilets had soap dispensers and hot air dryers or towels available so that people could clean their hands. Staff did not have anti-bacterial gels but washed their hands regularly after care activities.

Staff delivering care wore aprons and gloves, which helps to reduce any risks of cross infection.

The home employs a cleaner who works for 5 hours a day for six days a week.

**Other evidence**

The home did not have a copy of the standards and code of practice for infection control. They are working on developing procedures, risk assessments and

guidelines on managing any infection control issues, and we could see the developments of this on our visit. A general risk assessment is available for the premises.

Arrangements are in place for the disposal of clinical waste and dispersible bags are available to safely transport potentially soiled or infected linens to the laundry room. The laundry room was cluttered with general items and could not be easily cleaned or disinfected. It also contained staff lockers. An infection control audit has not been completed, however Legionella testing was carried out as a part of the recent building works according to the manager.

No plans were yet available to detail emergency planning with regard to infection control. Notices are on display asking people not to visit the home if they have an infection such as a cold, but there is no anti bacterial or hand wash facility near the door to minimise any risks of infection being brought in to the home.

The home has a washing machine which is capable of achieving a sluicing cycle, which means that potentially soiled or infected clothing or linen can be disinfected.

Staff have not all received training in infection control practices.

### **Our judgement**

People are not fully protected against cross infection. The laundry facilities cannot be properly cleaned or disinfected.

# Outcome 9: 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

**The provider is compliant**  
with outcome 9: Management of medicines

### Our findings

**What people who use the service experienced and told us**

When we visited we spoke to the people living at the home about their medication, and we heard people being given information about the medication they were being given, including what it was for in language they would understand. The home told us that they do not need to conceal any medication from people.

When we looked through the medication files we saw that very little medication was being used to control people's behaviour, and that the home had followed suggestions by the local mental health team to try alternative or complimentary remedies such as herbal teas to help relieve anxiety symptoms.

In recent times the staff have used oxygen and nebulised medication for a person who was receiving end of life care, but other routes of medication such as injections, dressings or suppositories are given by district nurses. They also carry out any regular blood tests which are needed with some medication and adjust the dosages accordingly. Changes are recorded so that everyone is clear when there is a variable dose what the correct amount is.

**Other evidence**

A monitored dosage system is in use which means medication is supplied to the home in a series of blister packs prepared by the supplying pharmacist. This helps to reduce the risk of errors in administration. All staff who would deal with medication have been trained in this system and there are sources of information available for staff to look up the medications they are giving out and check any side effects. The staff we spoke to told us of a recent incident where they noted that the medication a new admission had with them indicated they were diabetic, which had not been passed on to them in the supporting paperwork. This indicates that the staff have an understanding of the medication they give out and act to protect people accordingly.

Each medication given is signed for and the home has copies of people's signatures so it is clear who gave out any particular medication. Safe lockable storage is available in a clinical room. Some prescription dressings were in a cupboard with first aid equipment and should be removed in case they were used inappropriately.

**Our judgement**

People should receive the correct medication in a safe way.

# Outcome 10: Safety and suitability of premises

## What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

## What we found

### Our judgement

**The provider is compliant**  
with outcome 10: Safety and suitability of premises

### Our findings

**What people who use the service experienced and told us**

Burnside Court is situated over four floors, and is set in a residential area of Paignton, close to local facilities and services. People living there live in single rooms with en suite facilities, although there is a double room available if people express a wish to share. Rooms vary in size and shape, with some having outlooks over the garden and a private lounge area. The manager told us that people often said to her that although the home wasn't the 'grandest' in the area, the care people got 'more than made up for it.'

People we spoke to told us that they liked their rooms. One person told us that their relatives room wasn't very big, it was convenient for the lounge and they had their own toilet which they valued. People are also able to personalise their rooms with small items of furniture and belongings such as pictures. Furnishings were plain but serviceable and the lower lounge which has been newly extended was bright and comfortable, with an accessible toilet area and large screen television.

We saw people using the lower ground floor dining room and lounge mainly throughout the day. The lounge on the ground floor was used by other people and their relatives, some of whom visit every day and spend time at the home.

### **Other evidence**

We looked around the majority of the home on our visits, which has recently been extended to provide additional accommodation on the third floor. All floors are accessible via two passenger lifts.

Bathrooms and toilets of varying types were available including a walk in shower and a bath suitable to be used with a hoist. This means people can have a choice of bathing facilities. The water temperature we tested to a sink in a bathroom was very hot at over 50 degrees centigrade, which could cause a scald. The manager confirmed that this bathroom is kept locked and people would only use it accompanied by staff. We were told other water temperatures are regulated. Two rooms we saw had heaters in them which were not part of the central heating system. The manager confirmed these were not in use, and that hot surfaces were risk assessed and protected.

There is some limited parking to the rear of the home and a garden to the front of the home with pergola and gravel areas. The manager hopes to develop this area to make it more accessible to people with mobility problems. The garden regularly wins prizes in the Torbay in Bloom award scheme and the manager is keen to enable people living at the home to participate in this competition further.

Risk assessments are being developed and amended with a specialist agency following the increase in accommodation. At this time assessments were updated for the Legionella assessment and fire precautions (workplace) risk assessment.

### **Our judgement**

The home provides a comfortable environment for people to live and work in.

# Outcome 11: Safety, availability and suitability of equipment

## What the outcome says

This is what people should expect.

- People who use services and people who work in or visit the premises:
- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
  - Benefit from equipment that is comfortable and meets their needs.

## What we found

<b>Our judgement</b>
<b>The provider is compliant</b> with outcome 11: Safety, availability and suitability of equipment

<b>Our findings</b>
<b>What people who use the service experienced and told us</b> <p>People living at the home are assessed by local community physiotherapy services for aids and equipment as needed and we could see copies of assessments and equipment provision notices in files.</p> <p>Some equipment is owned by the home for example hoists, bedrails (for which there are risk assessments), raised toilet seats and some pressure relieving mattresses. Some specific equipment for individuals, for example heel protectors were obtained on their behalf from community equipment services following assessment.</p> <p>We could also see evidence of servicing requests for wheelchairs and equipment in use, including slings for hoists, which told us that equipment is regularly checked to ensure it is safe. Staff are trained in moving and handling people and assessments were available in people's files to show how transfers should be carried out.</p> <b>Other evidence</b>

We discussed the recent concern regarding suitable locks on the doors and the manager agreed to write to us about the action they have taken to ensure people in their rooms can easily be accessed if there is a concern and staff with a master key were not available.

The laundry contains machines capable of achieving a sluicing cycle to allow for disinfection of linens. Portable appliances are regularly tested for electrical safety and we saw evidence that equipment is cleaned regularly.

**Our judgement**

Equipment needs are assessed, and equipment is maintained appropriately to ensure it is safe in use.

# 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 the staff at the home were “Lovely, really caring” people who supported them well. Another person said “They are all good and work very hard. They look after me very well”.

We also observed staff working with people, supporting them with their mobility, feeding and general care. Staff supported people well, and the interactions we saw showed people were treated with respect and courtesy. We saw people being offered choices and support when needed without disabling them or reducing the skills they had retained. Sometimes though we saw that staff talked over people or about them in front of them, which is not good practice.

Some staff have worked at the home for many years and are mostly local people and who work mostly full time. This means the team is stable and offers consistency to the people living at the home.

**Other evidence**

We looked at the ways in which the home recruits and employs the staff who work there. We looked at a sample of staff files which showed us that generally the home

follows a full recruitment process for the staff employed, including references and criminal record bureau checks. In one file we saw a Criminal record bureau form had been used that had been undertaken by a previous employer within a month of the employment at Burnside court. This should have been undertaken by the home again, as at that time Criminal records bureau checks were not portable between employers.

The other files we saw contained evidence a full employment process had been followed. Application forms and medical forms had also been completed. The home is assessed under 'Investors in people' standards for their human resources management and are currently working with a specialist provider to update all their personnel information, policies and procedures. This would include for example staff risk assessments in the case of pregnancy and employment policies.

### **Our judgement**

A full recruitment process is in place and policies and procedures are updated and externally audited.

# 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**

On the two visits to the home we spent time observing how the staff worked with individuals and groups of people living at the home. We also spoke to the staff on duty, people who lived there and the relatives visiting. People told us that staff were always busy, but always had time for a chat.

We saw that there were enough staff on duty to meet people’s needs on the day we visited. People did not have to wait for care and there was a mix of levels of training of staff on duty which helped to ensure there was always a senior person on duty. The manager told us that the home only rarely has to use agency staff.

The staff we saw were working together as a team and clearly knew the people living there well. The interactions we saw between them and the people living or visiting there were good humoured and cheerful. Staff told us the home had a good working atmosphere and that they try to develop a family like atmosphere.

We saw staff explaining their actions to individuals they were caring for and communicated well between themselves about changes and people’s ongoing needs.

**Other evidence**

While all the building work has been occurring for the extension the home has remained below their maximum occupancy, but was planning an open day and re-marketing strategy to allow for an increase in people accommodated, at which time the staffing levels will rise.

**Our judgement**

Staffing levels and skills mix were satisfactory.

# Outcome 14: Supporting 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 competent staff.

## What we found

### Our judgement

**There are minor concerns**  
with outcome 14: Supporting workers

### Our findings

**What people who use the service experienced and told us**

We looked at the ways that staff who work at the home are trained and supported. Staff we spoke to confirmed they had undertaken training for their role which had been updated recently in some areas. They also told us they worked well as a team.

The people we spoke to who were able to give us an opinion told us that the staff had the skills they need to look after them.

**Other evidence**

A staff training matrix has been provided, which shows the training staff have completed and what updates are needed. Staff also undertaken national vocational qualifications, which are a measure of their skills and competency in their job role.

There is a full Induction programme staff follow on appointment and the samples we saw had been completed with staff during their first few weeks of employment. The home manager is working with a specialist company to develop the homes employment policies and procedures along with risk assessments which will also relate to staff and their working activities. It is likely to also include developments to the ways in which staff are formally supported. Currently the manager carries out an

annual appraisal for all the staff and supervision on a group basis approximately every three months. The system has fallen behind recently, and the manager is keen to develop a system that better meets people's needs.

Staff support systems are externally audited and accredited by Investors in people.

**Our judgement**

Staff work well together as a team, but the formal staff support systems would benefit from development.

# Outcome 16: Assessing and monitoring the quality of service provision

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

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

### Our findings

**What people who use the service experienced and told us**

People we spoke to were not able to comment to us on the ways in which the home assessed and managed the quality of the service provision. However we saw the results of regular surveys that have been carried out with people living at the home or their relatives/supporters. The results from these are collated to link into an annual development plan for the service. The manager is looking at ways of developing consultation further with individuals.

**Other evidence**

A number of external and internal audits monitor the service provision, from Investors in people to the company developing the records and risk management systems. In addition the home uses a full quality audit system with a yearly audit plan with performance indicators externally verified.

The system was last fully assessed at the end of 2010, and we looked at some of the outcomes and planning for this.

We also looked at some of the home's internal auditing systems and their business plan for 2009-2010. The systems we saw were comprehensive and gave clear indicators for areas of improvement or compliance with legislation.

**Our judgement**

The home receives regular internal and external audits and feedback is used to develop the service.

# 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

<b>Our judgement</b>
<b>The provider is compliant</b> with outcome 17: Complaints

<b>Our findings</b>
<b>What people who use the service experienced and told us</b> <p>People we spoke to who were able, told us that they knew how to make a complaint and would feel free to do so if they were not happy about something. People said they would tell the manager or one of the staff they knew well.</p> <p>For people who were not able to communicate their views well staff told us that they would be able to tell if people were unhappy about something by their body language or facial expression and would interpret their dislike from that.</p> <p>Care plans now include information on people's communication, to help ensure staff interpret this consistently. We discussed one person with the manager in particular as they had very limited verbal skills.</p>
<b>Other evidence</b> <p>There is a formal complaints procedure but this needs updating to reflect changes in the management of complaints outside of the homes internal systems. This system is on display by the front door and near to a suggestion box where people are</p>

encouraged to share any ideas that may have for improving the service.

One complaint was received in the last year, which became a safeguarding investigation.

The initial complaint was not managed well, and the management have learned from this and have improved the systems for complaints management to include clearer systems for recording and investigating concerns. No other complaints have been received.

### **Our judgement**

In the last year the home have improved their systems for investigating and managing complaints and identifying issues with people who do not have the ability to verbalise concerns.

# 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

<b>Our judgement</b>
<b>The provider is compliant</b> with outcome 21: Records

<b>Our findings</b>
<b>What people who use the service experienced and told us</b> <p>People we spoke to were not aware of the records the home kept, but we could see information in some of the files that showed us that people can be involved in assessments and reviews. Some people have also contributed information about individual's life history prior to coming into the home, which helps staff understand people's behaviour in the context of the life they have led.</p> <p>Some records were kept in people's rooms for example fluid balance charts and information on pressure area care to ensure they are updated at the time of an intervention. The records we saw were up to date and were being filled in throughout the day, for example every time a person was given a drink.</p> <p>Other records are kept securely in the homes office or clinical room. Files are identified by room number only externally, and this room is kept locked when not in use. Other files are kept in the office, with policies and procedure open for staff to see, but staff personnel files for example being kept in a locked filing cabinet.</p>

**Other evidence**

Records management forms part of the homes internal and external audit systems and currently developments are underway regarding risk assessment and management policies.

The records we saw were either in development, under review or were completed and up to date. There are policies on maintaining confidentiality and discussions with the manager indicated that information transferred or shared is done so with the person's permission wherever possible.

**Our judgement**

The home is managing their records well, and areas for improvement have been identified and are being worked upon.

## 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.	18	2 – Consent to care and treatment
	<b>Why we have concerns:</b> Procedures for seeking valid consent from individuals with memory loss need to be clarified where several agencies may be involved with people's care.	
Accommodation for persons who require nursing or personal care	23	Outcome 14 – Supporting workers
	<b>Why we have concerns:</b> Staff work well together as a team, but the formal staff support systems would benefit from development.	

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	11	Outcome 7 - safeguarding people who use services from abuse
	<p><b>How the regulation is not being met:</b>                      People are protected from abuse, but staff need more information on the Mental capacity Act.</p>	
Accommodation for persons who require nursing or personal care	12	Outcome 8 – Cleanliness and infection control
	<p><b>Why we have concerns:</b>                      People are not fully protected against cross infection. The laundry facilities cannot be properly cleaned or disinfected.</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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