

# Review of compliance

Westcare (Somerset) Ltd  
Friarn House

<b>Region:</b>	South West
<b>Location address:</b>	Friarn House Residential Home 35 Friarn Street Bridgewater Somerset TA6 3LJ
<b>Type of service:</b>	Care Home
<b>Date the review was completed:</b>	April 2011
<b>Overview of the service:</b>	<p>The home is registered to provide the activity Accommodation for persons who require nursing or personal care. There is a condition on the registration which states that the home must not provide nursing care.</p> <p>The home is able to accommodate up to 16 people. The home specialises in the care of people who require care due to a dementia.</p>

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

## What we found overall

**We found that Friarn House was not meeting one or more essential standards. Improvements are 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, carried out a visit on 11 March 2011, observed how people were being cared for, talked to people who use services and talked to staff. We checked the provider's records, and looked at records of people who use services. We also asked the manager to provide some written information about how they felt that they were meeting some of the essential standards.

### What people told us

The home cares for people who have a dementia. Many of the people who live at Friarn House are unable to fully express their views about the service which they receive.

On the day of the visit there was a calm quiet atmosphere in the home. We observed that people appeared comfortable and relaxed with the staff who supported them. One person said "Staff do what they can to help you, they are always sociable," another said staff were "helpful and kind."

Most people asked said that they were able to choose what time they got up and when they went to bed. We noted that the majority of bedroom doors were locked

during the day and the manager stated that this was at the request of people living at the home. It was stated that people could ask to go to their rooms at any time. When we asked people living at the home if they were able to spend time in their room one person said "It's not advisable to go back to your room."

We observed the main meal of the day and noted that it appeared to be enjoyed. People asked said "The food is nice," "Dinner is alright" and "There's always plenty to eat." One person said "If you don't like what's for dinner, they always find you something else."

People said that staff arranged for them to see healthcare professionals and assisted them to attend appointments outside the home.

No one living at the home expressed any concerns about equipment in the home or the comfort of furnishings. People asked said that they were happy with their personal rooms. One person said that it was nice living at the home because "There's always someone to talk to in the lounge."

## **What we found about the standards we reviewed and how well Friarn House 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 Friarn House was meeting this essential standard.

People receive care and support in a manner that protects their dignity. Opportunities for spending time in private during the day are limited.

### **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 Friarn House was meeting this essential standard.

People, where able, give consent to the care and support which they receive. Staff working at the home are aware of the safeguards which need to be in place where someone lacks the capacity to give valid consent.

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

- Overall, we found that improvements are needed for this essential standard.

As information about people is recorded in different places it is hard to see how any concerns or requests are dealt with. There is no clear audit trail showing how changes in need influence reviews of care plans and medication. There is no clear evidence to show how peoples' specific emotional and mental health needs are assessed and addressed.

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

- Overall, we found that improvements are needed for this essential standard.

Nutritional assessments are incorrectly completed placing people at possible risk. Issues of significant weight loss are not addressed. Fluid offered to people is not based on personalised assessments of need.

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

- Overall, we found that Friarn House was meeting this essential standard.

The home assists people to attend healthcare appointments and ensures that information about the person is shared to ensure that their needs are met appropriately.

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

- Overall, we found that Friarn House was meeting this essential standard.

People living at the home are supported by a staff team who understand how to recognise and report abuse.

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

- Overall, we found that Friarn House was meeting this essential standard.

People live in a clean and fresh environment and staff have received training in infection control.

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

- Overall, we found that Friarn House was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

There are systems in place to ensure that people receive their prescribed medication. Care plans do not show why some medication is prescribed or how often it will be reviewed.

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

- Overall, we found that Friarn House was meeting this essential standard.

Friarn House is pleasantly furnished and decorated but it does not provide an enabling environment for people who have a dementia.

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

- Overall, we found that Friarn House was meeting this essential standard.

There is equipment in place to meet the physical needs of people living at the home.

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

- Overall, we found that Friarn House was meeting this essential standard.

There is a robust recruitment procedure which minimises the risks of abuse to people who live at the home.

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

- Overall, we found that Friarn House was meeting this essential standard.

There are sufficient staff to meet the needs of the people who currently live at the home but this should be kept under review.

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

- Overall, we found that Friarn House was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

People living at the home are supported by staff who have completed National Vocational Qualifications in care. They do not benefit from a manager and staff team who have up to date knowledge and skills in the specialist care of people who have a dementia

**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 Friarn House was meeting this essential standard.

There are systems in place to seek the views of people living at the home and assess the quality of the service offered. There is no formal analysis of satisfaction surveys to ensure they influence ongoing improvements.

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

- Overall, we found that Friarn House was meeting this essential standard.

There is a complaints policy to ensure that any complaints are addressed.

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

- Overall, we found that improvements are needed for this essential standard.

Although people living at the home all have a care plan which is personal to them, not all personal information is kept in the care plan. Communal records about peoples' health and welfare do not provide a clear picture of the individuals needs and may lead to significant areas of need being overlooked.

**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.

## **Other information**

Please see previous review reports for more information.

**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 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**

Some of the people living at the home are unable to fully express their views about the service which they receive and the choices that they are able to make. Most people asked said that they were able to choose what time they got up in the morning and what time they went to bed. Staff spoken with said that they tried to assist people to get up in line with their expressed wishes. People said that they spent their day in the communal areas of the home. We observed that bedroom doors were kept locked during the day and the manager confirmed that people did not have keys but were able to ask staff if they wished to go to their rooms. It was explained that this was at the request of people living at the home but this information was not recorded in care plans seen. When asked if they were able to spend time in their room one person said “It’s not advisable to go back to your room.”

Throughout the visit we observed that staff spoke with people in a friendly respectful manner. Assistance with personal care was carried out discreetly and in private.

**Other evidence**

Written information provided by the manager states everyone has their needs assessed before they are offered a place at the home. In addition to physical care needs the assessment includes cultural and religious beliefs. Food preferences are also recorded to ensure that peoples' preferences are adhered to. Information states that all care plans are reviewed regularly and people living at the home and/or their representatives are invited to discuss the current care that the person is receiving. Care plans seen were very personal to the individual setting out their likes as well as their needs.

Information states that staff respect peoples privacy by always knocking on doors and addressing people by their preferred names. There is one shared room at the home which at the time of the visit was only occupied by one person.

**Our judgement**

People receive care and support in a manner that protects their dignity. Opportunities for spending time in private during the day are limited.

# 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

**The provider is compliant** with outcome 2: Consent to care and treatment

### Our findings

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

During our visit we observed that staff explained what they were doing for people and asked if they were happy to be helped. People appeared comfortable with the people who supported them. We observed that one person who initially did not wish to eat lunch in the dining room was encouraged to do. This was done by staff asking the person and then returning to them later to see if they had changed their mind. It was noted that this approach was in line with the persons care plan.

**Other evidence**

Written information states that no treatment or examinations take place without the agreement of the person concerned. Where a person lacks the capacity to make a decision the decision would be made in the persons best interests in partnership with others involved in the persons care.

The manager stated that all staff receive training in the Mental Capacity Act. The training matrix seen did not evidence that staff had received this training but there was information around the home about the act and in personal care plans. At the time of the visit the manager stated that formal training is being arranged for all staff. Staff spoken with had a basic knowledge of the principles of the Mental Capacity

Act. The home has arranged for one person to be assessed under the Deprivation Of Liberty safeguards and it was found that this person was not being deprived of their liberty.

**Our judgement**

People, where able, give consent to the care and support which they receive. Staff working at the home are aware of the safeguards which need to be in place where someone lacks the capacity to give valid consent.

# 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

**There are moderate concerns** with outcome 4: Care and welfare of people who use services

### Our findings

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

Everyone living at the home has a care plan which is personal to them. During the visit we looked at three care plans in detail. All gave very personal information about the persons' day time needs and preferences. All care plans gave evidence that they were reviewed on a monthly basis. Staff spoken with said that where possible they tried to involve people and/or their representatives in the review process. People living at the home do not have individual night time care plans. The manager explained that everyone is checked every two hours throughout the night but this is not based on any personalised assessment of need or wishes. In addition to people who live at Friarn House the home also provides day care to a small group of people. Some basic information is kept but full care plans are not in place for these people. There was no evidence that the care and support required by these people had been discussed with them. Staff observed and spoken with had a good knowledge of the people who lived at the home. The home employs a part time activity worker to support people to take part in one to one and group activities. In January this year the home carried out a brief survey to see what sort of activities people enjoyed. Activities mentioned included helping in the kitchen, chatting, watching films and singing. On the day of the visit the activity worker had taken two people into town for a coffee. Staff at the home said that there is a monthly activity programme but activities were carried out on an ad

hoc basis depending on what people wanted to do each day. The minutes of the last meetings for staff and for people living at the home said that people would be encouraged to take part in household chores such as light cleaning, peeling vegetables and laying tables. No one was seen to take part in these activities during the visit.

### **Other evidence**

Care plans seen showed that assessments were carried out regarding the persons' mobility, skin care and nutrition. These assessments were regularly reviewed but information was not always recorded correctly. Records about peoples' daily life and significant events are all recorded together in one book and therefore it is not clear how individual changes are audited and incorporated into care plans. Appointments with health and social care professionals are recorded in care plans but they do not give a reason for the appointment or the outcome. There is no information in the care plan to state why some medication is prescribed or when it is reviewed. This information is recorded in the 'day book.' This makes care plans disjointed and hard to analyse any concerns identified and what action had been taken to address. Anyone wishing to see what had been written about them could not easily do so as the book also contains personal information about other people living at the home.

The home provides care to people who have a dementia. The training matrix shows that staff have received some training in dementia care and coping with aggression. One member of staff said that they had arranged further training for themselves and all staff said that they felt that they, and the people living at the home, would benefit from additional training in this area. Staff were keen to learn more about caring for people who have a dementia and be able to put learning into practice. There is a need to consider how peoples' mental health and emotional needs are met within a structured day and how care can be personalised to meet the specific needs of people with a dementia.

### **Our judgement**

As information about people is recorded in different places it is hard to see how any concerns or requests are dealt with. There is no clear audit trail showing how changes in need influence reviews of care plans and medication. There is no clear evidence to show how peoples' specific emotional and mental health needs are assessed and addressed.

# 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

**There are moderate concerns** with outcome 5: Meeting nutritional needs

### Our findings

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

The home operates a four week menu which is displayed in the hallway. The main meal of the day is written on a white board by the four week menu and is easier to read. Neither menu gave a choice of food. We observed lunch time in the home and noted that everyone was offered a choice with very few people choosing the meal on the menu board. Although people were offered a choice of the main part of the meal, for example fish or sausages, they were not offered a choice of accompanying vegetables. Staff said that people were always given at choice of food at each meal. We observed that people were offered choices of drink and condiments but were not given the opportunity to serve themselves to promote choice or independence. People asked said “The food is nice,” “Dinner is alright” and “There’s always plenty to eat.” One person said “If you don’t like what’s for dinner, they always find you something else.”

#### Other evidence

The home regularly weighs people and completes nutritional assessments on a three monthly basis. Three weight records seen showed that people had lost weight. The homes records indicate one person had lost ten pounds over a seven month period, one person had lost one stone seven pounds over a six month period and the other had lost one stone two pounds over a three month period. The nutritional assessments for these people had been incorrectly completed and none showed that any weight loss had occurred. There was no evidence that any action had been

taken to explain or address these significant weight losses.

The home also records all drinks given to people each day. There is no rationale in care plans for the practice and the records give limited information. Every drink given was marked by a tick, the quantity or type of fluid was not recorded. When asked, the manager stated that this was just to ensure that everyone had drinks throughout the day but was not based on any personalised assessment of need or preference.

The training matrix shows that all staff have completed training in diet and nutrition.

### **Our judgement**

Nutritional assessments are incorrectly completed placing people at possible risk. Issues of significant weight loss are not addressed. Fluid offered to people is not based on personalised assessments of need.

# 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**

Each care plan seen contained an information pack which could be taken by the person if they were admitted to hospital or transferred to another care setting. This information contained very personal information to ensure that any other professional would have instant access to knowledge about the person's abilities and wishes. It also contained details of significant people to contact and liaise with. People living in the home said that staff arranged for them to see healthcare professionals and assisted them to attend appointments outside the home.

**Other evidence**

As previously stated records of professional appointments in care plans do not give information about the nature of the appointment or the outcome.

**Our judgement**

The home assists people to attend healthcare appointments and ensures that information about the person is shared to ensure that their needs are met appropriately.

# 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

**The provider is compliant** with outcome 7: Safeguarding people who use services from abuse

### Our findings

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

People living at the home appeared comfortable with the staff who supported them. We observed that staff treated people in a kind and respectful manner. As the majority of bedrooms are locked through the day people do not have unrestricted access to their personal rooms.

**Other evidence**

Staff spoken with had completed training in the protection of vulnerable adults and had knowledge about signs of abuse. The whistle blowing policy, which allows staff to take serious concerns outside the home, is clearly displayed.

**Our judgement**

People living at the home are supported by a staff team who understand how to recognise and report abuse.

# 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

**The provider is compliant** with outcome 8: Cleanliness and infection control

### Our findings

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

All areas seen at the time of the visit were clean and fresh. During the day we observed that staff had access to, and used, protective equipment such as disposable gloves and aprons.

**Other evidence**

There is a cleaner employed at the home everyday. The training matrix shows that all staff, including ancillary staff, have received training in infection control. The laundry is upstairs in the home and is sufficient to meet the current needs of the people living at the home. On the day of the visit the laundry was clean and tidy. We observed that there was a tear in the flooring which may prevent it from being effectively cleaned.

**Our judgement**

People live in a clean and fresh environment and staff have received training in infection control.

# 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

**There are minor concerns** with outcome 9: Management of medicines

### Our findings

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

No one currently living at the home has been assessed as being able to safely administer their own medication. People have their medicines administered to them from a member of staff who has completed training and been assessed by the manager or deputy.

We saw medication being given out at lunch time. To minimise the risk of errors medication is administered from a monitored dosage pack provided by the pharmacist.

We saw one person being assisted to use an inhaler whilst they were in the middle of eating their lunch.

**Other evidence**

Medication Administration Records (MARs) showed that all medication is signed for when it enters the home and when administered or refused. This gives a clear audit trail. MARs were well maintained and correctly signed.

We observed that a high number of people (62%) are prescribed anti anxiety or anti psychotic medication. Care plans do not give details of why this medication was prescribed or when it was last reviewed. The directions for one persons anti anxiety medication stated “1/2 tablet up to twice a day” This medication was being routinely given everyday at the 5pm medication round.

**Our judgement**

There are systems in place to ensure that people receive their prescribed medication. Care plans do not show why some medication is prescribed or how often it will be reviewed.

# 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**

Friarn House is set in a residential area of Bridgwater close to shops and other amenities. Accommodation is set over two floors with stair lifts between. The communal areas are on the ground floor making them accessible to people with all levels of mobility. Communal areas consist of dining room and lounge with a conservatory which leads to an enclosed garden. People are able to choose which communal area they spend time in. There is some signage to assist people to find their way to the communal areas and toilet facilities.

Bedroom doors are numbered but there are no names on doors and nothing to assist people to find their personal rooms. People are able to bring small items of furniture and ornaments to personalise their rooms. People asked said that they were happy with their personal rooms. One person said that it was nice living at the home because “There’s always someone to talk to in the lounge.”

The home is light and airy but there are limited points of interest to assist people to orientate themselves around and therefore retain some independence.

**Other evidence**

All areas of the home seen during the inspection were in good decorative order and well maintained. One upstairs window was not sufficiently restricted and this was addressed before the end of the visit.

**Our judgement**

Friarn House is pleasantly furnished and decorated but it does not provide an enabling environment for people who have a dementia.

# 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

### Our judgement

**The provider is compliant** with outcome 11: Safety, availability and suitability of equipment

### Our findings

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

No one living at the home expressed any concerns about equipment in the home or the comfort of furnishings. There are assisted bathing facilities and a level access shower giving people a choice about which one they prefer to use. As previously stated there is some signage to assist people to find their way to the homes communal areas and toilets.

#### Other evidence

The home is fitted with a fire detection and call bell system. The training matrix shows that all staff have received training in manual handling. Staff spoken with during the visit said that no one currently living at the home requires specialist lifting equipment. Minutes of the staff meeting held in November 2010 show that the manager of the home went through the fire procedure with staff and gave a manual handling demonstration.

#### Our judgement

There is equipment in place to meet the physical needs of people living at the home.

# 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**

The manager stated that people living at the home have opportunities to meet all potential staff and give feedback before a new person is employed. We observed that people living at the home appeared comfortable and relaxed with the people who supported them.

**Other evidence**

We looked at the recruitment records for the two most recently appointed members of staff. Both showed evidence of a robust recruitment procedure. Staff had completed application forms. References and Criminal Records Bureau (CRB) checks had been obtained before the person began work.

**Our judgement**

There is a robust recruitment procedure which minimises the risks of abuse to people who live at the home.

# 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**

People living at the home said that staff were “helpful and kind.” One person said “Staff do what they can to help you, they are always sociable.” During the morning we observed that staff spent some time in communal areas with the people who lived at the home. There is a very stable staff team which ensures that people are supported by staff who are familiar to them.

**Other evidence**

We were given copies of duty rotas which show that there are two care staff on duty between 8am and 10pm. In addition to this through the week there is an activity worker for two hours in the morning. The manager and ancillary staff hours are in addition to this. Overnight there is one member of staff on duty and another person sleeping in to provide back up in an emergency. The manager said that they or the deputy were always on call but this is not marked on the duty rota. Staff spoken with generally felt that there was sufficient staff to meet the needs of the people currently living at the home although all said that they would like to see additional staff at mealtimes. The cook in the home prepares and cooks breakfast and lunch and care staff are responsible for the evening meal. If one member of staff is making the evening meal in the kitchen then only one member of staff is available to the people living at the home.

**Our judgement**

There are sufficient staff to meet the needs of the people who currently live at the home but this should be kept under review.

# 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**

People asked said that staff were kind and helpful. Throughout the visit we observed that staff interacted with people in a friendly manner. Staff spoken with had limited knowledge of the specialist needs of people who have a dementia but were extremely keen to learn more.

**Other evidence**

Staff said that they had an adequate induction when they began work in the home and copies of induction records were seen in recruitment files. There is a very stable staff team, with many staff who have worked at the home for a number of years. The training matrix shows that all care staff have a National Vocational Qualification (NVQ) in care at level two or above. The manager stated that four member of staff are now working towards level three. The home uses the Red Crier system for training, this is a distance learning system where staff have to complete a worksheet in order to gain a certificate. Staff spoken with felt that it was a good way of learning and said that they found all the courses useful. Although the home provides care to people who have a dementia there is no ongoing training to ensure that people have up to date skills and knowledge in this area. The manager at the home has NVQ level four in care and has achieved the Leadership and Management Award.

**Our judgement**

People living at the home are supported by staff who have completed National Vocational Qualifications in care. They do not benefit from a manager and staff team who have up to date knowledge and skills in the specialist care of people who have a dementia

# 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**

All care plans seen contained assessments of capacity which describes the decisions that they are able to make regarding their care and support. There are also names and contact details for personal and professional representatives who would assist in decision making on behalf of the person if needed. The home holds meetings for the people who live at the home and records of the most recent meeting held in February 2011 were seen. The records show that many people talked about the activities which they would like to take part in. All agreed that they would like to have someone come to the home to sing and entertain them every couple of months. Staff said that entertainers are sometimes arranged.

**Other evidence**

Written information states that the home sends out quality assurance questionnaires to people living at the home and their representatives. Copies of the completed questionnaires for January 2011 were seen during the visit. The manager looks at all returned questionnaires and addresses any individual comments but does not create an analysis of the responses to give an overall picture to inform ongoing improvements. The returned questionnaires seen showed high level of satisfaction with the care and facilities provided by the home.

Written information states that all accidents and incidents in the home are analysed on a monthly basis to identify trends.

**Our judgement**

There are systems in place to seek the views of people living at the home and assess the quality of the service offered. There is no formal analysis of satisfaction surveys to ensure they influence ongoing improvements.

# 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 asked said that they had no complaints about the care which they received. People said that staff were always available and one person said “The staff are friendly, you can talk to them.” Another person said “People are very nice, I can’t criticise them.”

**Other evidence**

The home has a formal complaints policy. No complaints have been made to the home or the Care Quality Commission in the past 12 months.

**Our judgement**

There is a complaints policy to ensure that any complaints are addressed.

# Outcome 21: Records

## What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

## What we found

### Our judgement

**There are moderate concerns** with outcome 21: Records

### Our findings

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

Although the main part of the care plans were very personal to the individual some assessments of need and risk were not always correctly completed and incorporated into the care plan. For example nutritional assessments seen were incorrect meaning people did not receive the additional support which they needed. It was unclear why some medication had been prescribed and individual care plans did not give details of medication reviews. People living at the home do not have individual night time care plans. The manager explained that everyone is checked every two hours throughout the night but this is not based on any personalised assessment of need or wishes.

Daily records about everyone living at the home are all recorded in the same book making it difficult to identify any changes in need for the individual. As the book contains information about everyone living at the home people are not easily able to read everything written about them.

Staff gave some evidence that people living at the home and their representatives are involved in care reviews.

**Other evidence**

All records requested were made available. It was noted that records were securely

stored.

### **Our judgement**

Although people living at the home all have a care plan which is personal to them not all personal information is kept in the care plan. Communal records about peoples' health and welfare do not provide a clear picture of the individuals needs and may lead to significant areas of need being overlooked.

## 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.	<b>13</b>	<b>9</b>
	<b>Why we have concerns:</b> There are systems in place to ensure that people receive their prescribed medication. Care plans do not show why some medication is prescribed or how often it will be reviewed.	
Accommodation for persons who require nursing or personal care.	<b>23</b>	<b>14</b>
	<b>Why we have concerns:</b> People living at the home are supported by staff who have completed National Vocational Qualifications in care. They do not benefit from a manager and staff team who have up to date knowledge and skills in the specialist care of people who have a dementia	

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.	9	4
	<b>How the regulation is not being met:</b> As information about people is recorded in different places it is hard to see how any concerns or requests are dealt with. There is no clear audit trail showing how changes in need influence reviews of care plans and medication. There is no clear evidence to show how peoples' specific emotional and mental health needs are assessed and addressed.	
Accommodation for persons who require nursing or personal care.	14	5
	<b>How the regulation is not being met:</b> Nutritional assessments are incorrectly completed placing people at possible risk. Issues of significant weight loss are not addressed. Fluid offered to people is not based on personalised assessments of need.	
Accommodation for persons who require nursing or personal care.	20	21
	<b>How the regulation is not being met:</b> Although people living at the home all have a care plan which is personal to them not all personal information is kept in the care plan. Communal records about peoples' health and welfare do not provide a clear picture of the individuals needs and may lead to significant areas of need being overlooked.	

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 Adult 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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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA