Review of compliance

Fassaroe Limited Fassaroe House	
Region:	South East
Location address:	5-7 Warwick Road Walmer Deal Kent CT14 7JF
Type of service:	Care home without nursing
Date the review was completed:	20th January 2011
Overview of the service:	Fassaroe House is a privately owned 28-bedded home for people needing residential and dementia care. The home is situated off the main road leading into the seaside town of Deal. Local shops and amenities are close by and the town is approximately 1 mile away. The home is also close to the beach. There are local transport links nearby. Accommodation is provided over two floors,

	with the main communal spaces being on the ground floor and bedrooms on both floors. There is a garden to the rear of the property. The service went into voluntary administration in July 2010 and is currently managed on a day to day basis by Health Care Management Solutions Limited.

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

What we found overall

We found that Fassaroe House was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we have suggested that some improvements are made.

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, surveyed people who use services, carried out a visit on 20th January 2011, observed how people were being cared for, talked to people who use services, talked to staff, checked the provider's records, and looked at records of people who use services.

What people told us

The people that we spoke to said that they liked living at the home. Relatives commented on how good the care was. People and their relatives told us they were involved in decisions about their care and support and that their privacy and dignity was respected.

Care plans had been reviewed and developed with individuals to inform staff how people wished to be supported. People told us they were happy with the care and support they received. Menus reflected a varied and balanced diet. People confirmed the food was good and there was always a choice.

People had access to health care such as dentists, doctors and specialist teams.

All medication was managed by the staff and people got their medication safely and on time.

People told us they felt safe living at Fassaroe House.

The home was clean and tidy and people said this was always the case.

People we spoke to told us that the staff were very good and caring. They said there was enough staff on duty to meet the needs of the people in a timely manner.

Staff had received the training they required. This means they had the skills and knowledge they needed to look after people in a way that suited them best.

Relatives and visitors told us that they did not have any complaints but felt confident to raise any issues or concerns with the manager. Records were stored in a safe and secure place.

What we found about the standards we reviewed and how well Fassaroe 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

People using the service were treated with respect and enabled to be involved in the planning of their care and supported to make decisions and choices in their lives.

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

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

People who use services understand the care, treatment and support choices available to them. It was found that people were supported if they were not able to give their informed consent.

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

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

People who use services experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

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

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

People had a varied, balanced and healthy diet.

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

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

People who use services receive safe and coordinated care, treatment and support where more than one provider is involved or when they move between services.

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

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

People were protected from abuse, or the risk of abuse and their human rights were respected and upheld.

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

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

People lived in a home which was clean and fresh.

People may not be as protected as they should be from acquiring infections because all staff had not received infection control training.

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

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

People who use services had their medicines at the times they needed them and they were given in a safe way.

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

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

People who use services have safe and accessible surroundings that promote their wellbeing.

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

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

People who use services benefit from being assisted with safe and suitable equipment. They use equipment that is comfortable and meets their needs.

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

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

A full employment history was not in place for each member of staff. Not all gaps in employment had been explored and a record kept.

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

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

People who use services benefit from there being sufficient staff to meet their needs at all times.

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

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

People who use services are safe and have their health and welfare needs met by competent staff. Staff are properly supported to provide care and treatment to people who use services. Staff are properly trained, supervised and appraised.

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

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

People who use services benefited from safe quality care and support due to effective decision making and the management of risks to their health, safety and welfare.

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

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

People who use services can be sure that their comments and complaints are listened to and acted on effectively. There are systems in place to deal with comments and complaints.

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

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

People's personal records were individual and held securely.

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

Action we have asked the service to take

We found that the Registered Provider was fully compliant with 14 of the 16 essential standards of quality and safety.

For 2 of the essential standards, although compliant, we believe there is a risk that they will not maintain compliance with these outcomes. We have noted that we have minor concerns that they may not be able to sustain compliance in these areas and have set an improvement action upon the service in these areas.

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

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

People using the service told us that they were treated with respect by the staff that supported them and that their privacy was maintained. They said they felt listened to and supported to make decisions about their care. They said that their likes and dislikes were taken into consideration and acted upon. Any suggestions they made were taken seriously by the staff and that they could openly discuss any concerns they had. Observations confirmed people on the whole were treated with respect. We saw members of staff knocking on people's doors before they entered their rooms. We saw staff explaining to people what support and care they were going to give.

Relatives told us that they had been involved in the care planning process. The home worked with the peoples, next of kin and care managers to make all care plans are agreed.

People confirmed they were able to do as they pleased, such as get up and go to bed when they wished. They said that they had their meals where they choose. One person told us that they had requested to move bedroom and this request was listened to and acted on.

Discussions, observations and documentation confirmed people were able to participate and enjoyed planned activities. People told us about the activities provided in the home such as arts and crafts, gardening, arm chair exercises, games, and religious services. Some people said they attended outside clubs and groups.

Other evidence

Each person had received an assessment before they moved to the home to make sure that their needs could be met in the way they preferred. People were asked questions like whether or not they would like a key to their room, they were asked about what time they prefer to go to bed and if they would like a lamp left on. They were also asked if they minded if staff went into their rooms at night and whether they would like an early morning cup of tea.

The care plans had been written based on this assessment and contained information about people's preferences and choices in relation to their care. Staff said that this made sure they could provide the correct level of care to people in a way that respected their wishes.

There was information in the care plans that showed that people in the home had a choice with regards to their care and how they spend their time. We saw staff communicating with people in a way that they would understand and giving them the opportunity to make choices about what they wanted.

Our judgement

People using the service were treated with respect and enabled to be involved in the planning of their care and supported to make decisions and choices in their lives.

On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

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

Before people moved into Fassaroe House they were given information about the home and the services that were provided. They were also encouraged to come and look around the home to help them decide whether the home was the right place for them. This meant that they and their relatives were able to make an informed choice about the home and whether it would suit them or not.

People said that they and their relatives were involved in planning the care and support that they receive.

Other evidence

Care needs assessments were carried out prior to people coming to live in the home to make sure that they knew what care would be provided.

Relatives told us that they had been involved in the care planning process. The home worked with the peoples, next of kin and care managers to make sure all care plans were agreed. Staff understood the need to gain consent from people and to respect the decisions that they made. People who were not able to make a decision about there care and treatment on their own had a meeting to help decide what was in their best interest. This was recorded and signed by the people who attended the meeting.

The manager confirmed that staff had received training about the mental capacity act and we saw evidence of this in their training records. Staff were able to explain about how peoples mental capacity was assessed and how it was decided about what decisions people could make and the areas were they needed support.

Our judgement

People who use services understand the care, treatment and support choices available to them. It was found that people were supported if they were not able to give their informed consent.

On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

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

People told us that they felt they received the care and support that they needed. People told us they were well supported with their personal and health care, mobility and diet.

The people and relatives we spoke to told us that the people at Fassaroe House were well cared for.

They said that the staff did not hesitate to call the doctor if required and that other health care professionals were involved in the care when necessary.

Other evidence

Staff told us that care plans had enough information about how to look after people in the best way.

We looked at three care plans in detail and at specific areas in another two. They

were personlised and detailed. They included clear guidelines about what people could do for themselves and the areas were they needed support. The plans also identified peoples physical and mental health needs. They gave instructions on what to do if a person showed signs of deterioration or change in their well being. There were step by step plans on how staff were to manage any behaviours and physical health changes. We saw that out-side professionals such as district nurses, the older people's mental health teams and doctors were contacted promptly when they were needed by people. There were also regular visits from dentists and opticians. The outcomes of their visits were recorded and the care plans were updated.

We saw staff caring and supporting people in the way that suited them best. We saw that staff followed the information in the care plans when doing this. Peoples had been reviewed routinely on a monthly basis and more regularly if necessary. Staff involved people and where appropriate relatives or their representative when developing the care plans. Relatives told us they were consulted about care plans and they were notified of any changes. Risk assessments were in place to make sure people were kept as safe as possible. Mobility capabilities were reviewed regularly and risk assessments about preventing falls were in place to tell people how to keep risks to a minimum.

Our judgement

People who use services experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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

People told us that they liked the meals and that they had plenty of choice. They said that they were regularly offered tea and coffee and could ask for drinks and snacks whenever they wanted them and they would always be provided with these. We saw this at the time of the visit.

We saw people eat their lunch and after the meal people told us that they had enjoyed their food.

Relatives said that the food always looked good and was of good quality. There were always good sized portions.

Other evidence

During the visit we saw the lunchtime meal being served. The meal was attractively presented and people were offered condiments and cold drinks to go with their meal. Staff provided direct support to people who needed it and checked that everyone was happy with their meals. Where people chose not to eat in the main dining room their decision was respected and they were supported to have their meal elsewhere. The atmosphere during the meal was relaxed and congenial, with

staff sitting and chatting with people and providing support in a respectful and unobstrusive way.

Peoples dietary needs were recorded in the care plans and charts were completed to confirm what people had eaten or drunk during the day. People were also weighed on a regular basis, those who were felt to be most vulnerable to weight loss were weighed more often . This was so that any dietary needs or health problems could be quickly identified and the appropriate action taken. We saw that action was taken when people were not eating sufficiently.

Care plans showed that people received specialised diets if they needed them. People were provided with plenty of drinks to make sure they and different choices of drinks were offered.

Our judgement

People had a varied, balanced and healthy diet.

On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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

People living in the home told us that the doctor or nurse are called as soon as there was a health care issue. People said that the home was very good at looking after their health care needs and did not hesitate to call the doctor if required.

Relatives said that health care professionals were called promptly and where required people are admitted to hospital for further treatment. A relative told us that the dentist and optician visited the home on a regular basis.

Other evidence

We saw that the home kept records of when people need to see other services from the community such as a doctor, district nurse or other specialists. The records showed that medical attention was sought when it was needed.

All health care professional visits/appointments and relative information was recorded in the care plans.

The care plans and the information written on a daily basis by staff showed that people where seen when they needed to be by other health professionals. On the day of the visit we saw that people where being reviewed by the older peoples mental health team. Any advice and changes to treatment had been included in the care plan and followed by staff.

Our judgement

People who use services receive safe and coordinated care, treatment and support where more than one provider is involved or when they move between services.

On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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 told us that they felt safe in the home. They said they could discuss any concerns they had with the staff . Observations during the visit showed there was a relaxed atmosphere in the home and people chatted freely and openly with each other, the staff and management.

The registered manager and staff showed a good knowledge of how and where to report any suspicions or concerns about the safety and wellbeing of the people.

Other evidence

Staff had received training on how to keep people safe. This gave them the knowledge and the skills to do their jobs well and protect people from abuse.

There were safeguarding policies and procedures in place including a whistle blowing policy. The staff we spoke to had a full understanding of safeguarding procedures and they were able to explain the procedures that they would follow in

the event of a safeguarding issue.

The registered manager had previously obtained a copy of the local multi agency policy and procedures for the protection of vulnerable adults.

Our judgement

People were protected from abuse, or the risk of abuse and their human rights were respected and upheld.

On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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 minor concerns with outcome 8: Cleanliness and infection control

.

Our findings

What people who use the service experienced and told us

People told us that the home was always clean and tidy. The people living in the home and relatives who we spoke to said the home always smelt clean and fresh. They said they had not detected any unpleasant odours.

People told us that their clothes are always washed well and returned to them.

Other evidence

The home employed cleaners who did the daily cleaning of all communal areas, bedrooms and bathrooms. The home was clean and fresh when we visited. Not all the staff had received training in infection control. Staff were seen to use disposable gloves and aprons when carrying out care tasks and there was hand gels and hand washes in the bathrooms and other areas of the home.

The laundry was organised. It had the facilities needed to wash soiled and infected linen. Soiled linen was transported correctly and put straight into the machine.

Clinical waste was transported and disposed of safely.

Cleaning products were stored safely. Aprons and hats were worn in the kitchen area. The home had infection control procedures in place to control and reduce the risk of infection.

The home did have a copy of the relevant infection control guidance that has been issued by the Department of Healths for Health and Adult Social Care on the Prevention and Control of Infections. This was to make sure the service complies with all relevant standards to protect people from infection.

Our judgement

People lived in a home which was clean and fresh.

People may not be as protected as they should be from acquiring infections because all staff had not received infection control training.

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

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

People and their relatives told us that they decided the home should deal with their medication. They said they had agreed to this arrangement. People told us that they got their medication when they needed it and on time.

Other evidence

We looked at how the staff managed the medicines of the people who lived at the home. All staff who administered medicines had received training. Their training was updated and their competencies were regularly assessed. The records showed that medication was given on time and safely. All the records were completed. Medication policies and procedures were available. Medication was stored safely and at the correct temperatures.

Some of the people staying at the home were prescribed medication on a 'when required' basis. These medications had written instructions and guidance for staff to ensure that the medication was administered consistently and that the effects were monitored. There was a monitoring system for when medication was given for pain,

this made sure that people were kept comfortable and as pain free as possible. As people had varying communication needs, staff monitored and recorded the effect of such medication in the care plan.

Monthly medication audits were being done. These highlighted any issues that staff needed to address, in order to continue to administer medicines in the safest way.

Our judgement

People who use services had their medicines at the times they needed them and they were given in a safe way.

On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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

People said that they were happy with their rooms and had everything that they needed. We saw that people's rooms were individualised and contained photographs and personal belongings.

There was a garden to the rear of the property, which was accessible and safe for people to use. People told us they sat in the garden when the weather was good. People who wanted to helped to do the gardening and we saw this on the day of the visit.

Other evidence

We looked around some areas of the home. The premises were safe, comfortable, airy and clean and provided sufficient light, heat and ventilation. There were two separate lounges and a conservatory on the ground floor. All the communal areas were used for various activities. The areas were accessible and safe for people. There were bathrooms and toilets on both floors. There were arrangements in place to protect people in case of emergencies. There were health and safety procedures such as fire tests and drills which happened on a regular basis. Records were kept

of all the safety checks carried out.

The home had a programme of renewal and maintenance. There was on-going re-decoration and reburshment.

The management and staff encouraged people to see Fassaroe House as their own home.

Our judgement

People who use services have safe and accessible surroundings that promote their wellbeing.

On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

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

People told us that they had they equipment they needed to help them be as independent as possible. We saw people mobilising with walking frames and people being supported to move from one area of the home to another depending on where they wanted to be.

People were sitting on special cushions to help protect their skin and there were special mattresses on beds which staff checked regularly.

Other evidence

We were told by the staff that people had been assessed to make sure the right equipment was being used to meet their individual needs and we saw this was written in people's care plans.

Some people had bed rails on the side of the beds to prevent them falling out of bed, these had been fitted with soft covers. Any equipment used had been risk assessed to make sure that it did not pose further risks to people. The equipment

used was regularly checked, serviced and maintained.

Staff were seen using the equipement safely and supporting people with their mobility.

Our judgement

People who use services benefit from being assisted with safe and suitable equipment. They use equipment that is comfortable and meets their needs.

On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

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

There are minor concerns with outcome 12: Requirements relating to workers

.

Our findings

What people who use the service experienced and told us

People who use the service told us that they feel they could trust and felt safe with the staff working at the home.

People told us that the staff were kind. We saw staff giving people the support they needed and talking to people with respect.

Other evidence

At the visit we looked at three staff files. The manager completes a number of safety checks on new care workers. These include things such as confirming their identity, taking up references and doing a police check. This is to make sure they had not done anything in the past that would indicate that they are unsuitable or cannot be trusted to work with vulnerable people. Although most of these were in place we did find some shortfalls in the checks. The service had not obtained a full employment history from staff and they had not explored and kept a record of any gaps identified in a staff member's employment.

Some of the staff who worked at the home had a lot of experience in working with older people and people with dementia. They had the skills and knowledge to meet

the needs of the people. They continued to receive training to keep them up to date.

Other staff were new to this area of care but were in the process of developing their skills and knowledge though training, supervision and competency checks.

Our judgement

A full employment history was not in place for each member of staff. Not all gaps in employment had been explored and a record kept.

On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

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 who use services and their relatives said that the staff were reliable and there always seemed to be enough of them around. They said that whenever they need assistance they were supported and got the care that they needed in a timely manner.

They said staff are always helpful and polite and that they were able to anticipate the needs of the people. They said that people were treated with respect and kindness.

Other evidence

At the time of the visit there were twenty - two people living at the home. We looked at the duty rota for the month and saw that there was a consistent number of staff on duty at all times to meet the needs of the people. We found that these staffing levels were in place at the time of the visit. People who use services were seen to be receiving prompt attention. We saw good communications both verbal and non verbal between people and staff with people getting individual attention. People received support and care when they needed it.

The information we received from the service prior to the visit told us that the dependency levels of people were reviewed at regular intervals and the staff levels take into account of the constantly changing care needs of people. We saw that people were reviewed at regular intervals and this was recorded in their care plans. At the time of the number of staff on duty were meeting the needs of the people at the home.

The care staff were supported by a team of ancillary staff that includes cooks, domestics and a maintenance person.

Our judgement

People who use services benefit from there being sufficient staff to meet their needs at all times.

On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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

The provider is compliant with outcome 14: Supporting workers

.

Our findings

What people who use the service experienced and told us

People and their relatives told us that there was a good atmosphere at the home. They said the staff team worked well together.

Staff told us that newly employed staff worked with senior staff to learn their roles. This made sure that people were cared for safely and in the way they preferred.

Other evidence

The service told us prior to the visit and we saw records that showed all new staff received an induction into their role and responsibilities in the workplace. Records were seen of staff training. The majority of training was organised and was updated at the required intervals. Any gaps in mandatory training were identified and the necessary training was accessed as soon as possible. (There was a shortfall in infection control training which was highlighted in outcome 8).

The home provided specialist training to make sure that staff had knowledge and skills to look after people with dementia. The majority of staff had received training in dementia and related behaviours.

The staff had the opportunity and were supported to gain recognised qualifications in care such as the National Vocational Qualification in care. (NVQ).

Staff practice was monitored and competencies were checked. Staff met on a one to one basis with a senior staff member on a regular basis. Staff meetings were also held. This made sure that staff received support and mentoring.

Our judgement

People who use services are safe and have their health and welfare needs met by competent staff. Staff are properly supported to provide care and treatment to people who use services. Staff are properly trained, supervised and appraised.

On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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 and their relatives who use the service told us that they had been asked for their views about the home.

They said that their views had been taken into consideration and acted on.

They also told us that they have been kept up to date about the homes situation with regards being in voluntary administration. They said that this had not affected the standard of care and support given to people.

People told us that there were residents and relative meetings. A record is kept about things that were discussed. A relatives meeting was being held on the day of our visit to the home.

The home had started writing a regular news letter which is given to people and sent to their relatives to keep them up to date about what is happening at the home. It told them about what is happening and what improvements and actions are being taken to improve the service.

Other evidence

There were systems in place to regularly assess the quality of the service provided. Monthly reviews and audits were carried out by the management company Health Care Management Solutions Limited, who are temporarily overseeing the management of the service until a new provider is found. These reviews and audits check all the systems being used in the home. For example they look at infection control, medication, care planning. The strengths and weaknesses of the service are identified and action pans are put in place to improve the outcomes for the people who live at Fassaroe House.

The registered manager or senior staff also carried out regular health and safety checks on the service to identify any shortfalls, these were then immediately addressed.

We were told that people and their relatives were encouraged to come and speak to the manager or provider at any time to discuss any issues regarding the service and the care they were receiving.

Our judgement

People who use services benefited from safe quality care and support due to effective decision making and the management of risks to their health, safety and welfare.

On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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 who use the service told us they spoke to staff when they were not happy about something. People said staff sorted things out and had resolved any issues they had.

Relatives told us that if they had any concerns they discussed them with the Registered Manager and they were resolved quickly.

Other evidence

The home had a complaints procedure which was on display. There were systems in place to make sure people or their representatives could raise any concerns about the service they received. Staff and relatives said told us that they would have no difficulty in complaining if the need arose. There have been no complaints made directly to the home since the last visit. The manager told us all concerns and complaints were taken seriously, and dealt with appropriately.

Our judgement

People who use services can be sure that their comments and complaints are listened to and acted on effectively. There are systems in place to deal with comments and complaints.

On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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

The provider is compliant with outcome 21: Records

Our findings

What people who use the service experienced and told us

People who used services did not comment directly to us about the records that are held in the service.

Other evidence

The records were well ordered, neat and legible. When not in use they were stored securely so that confidential information was protected. Staff knew about the importance of keeping confidential information private.
All records requested as part of the visit were produced and were up to date.

Our judgement

People's personal records were individual and held securely.

On the basis of the evidence provided and the views of the people using the service

we found the service to be compliant with this outcome.

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.	**12**	8
	Why we have concerns: People may not be as protected as they should be from acquiring infections because all staff had not received infection control training.	
Accommodation for persons who require nursing or personal care.	21	12
	Why we have concerns: A full employment history was not in place for each member of staff. Not all gaps in employment had been explored and a record kept.	

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 14 days of this report being received.

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

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 14 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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA