



Review of compliance

Sunshine Care Homes Limited Majestic Care Home	
Region:	North West
Location address:	192 Queens Promenade Bispham Blackpool Lancashire FY2 9JS
Type of service:	Care home service without nursing
Date of Publication:	February 2012
Overview of the service:	The Majestic is registered to provide personal care for a maximum of 19 older people. The home is an adapted property, which is situated on the promenade at Bispham. The accommodation comprises of 19 single bedrooms, of which 14 have en-suite facilities. A stair lift enables people to gain access between the ground and first floor.

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

Our current overall judgement

Majestic Care Home was meeting all the essential standards of quality and safety.

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

Why we carried out this review

We carried out this review to check whether Majestic Care Home had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 08 - Cleanliness and infection control

Outcome 10 - Safety and suitability of premises

Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 11 January 2012, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We spoke to people about their experiences living in the home and were told the staff team provided sensitive and flexible personal care support and they felt well cared for.

"I have no complaints, if I need anything I just have to ask" .

"I am happy with the staff. They are always available when you need them. They looked after me really when I was taken poorly recently".

The care and the food are very good. They cope with some of the more difficult residents really well in my opinion".

"I am very happy. The staff are all very kind and caring towards me. They are very patient and understanding".

What we found about the standards we reviewed and how well Majestic Care Home was meeting them

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

and supports their rights

The service provides a high level of personal care and support with policies, procedures and documentation available to underpin this.

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

People are protected by the standards of cleanliness and hygiene in place minimising potential risk from unsafe and inappropriate hygiene practices.

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

People were living in safe, accessible surroundings that promote their wellbeing.

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

Appropriate systems were in place for monitoring the quality of service people receive.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke to people about their experiences living in the home and were told the staff team provided sensitive and flexible personal care support and they felt well cared for.

"I have no complaints, if I need anything I just have to ask" .

"I am happy with the staff. They are always available when you need them. They looked after me really when I was taken poorly recently".

"The care and the food are very good. They cope with some of the more difficult residents really well in my opinion".

"I am very happy. The staff are all very kind and caring towards me. They are very patient and understanding".

Other evidence

We looked at the care plan records of two people during the inspection. We found information had been recorded about their care needs and risk assessments were in place to identify the potential risk of accidents and harm to the home's staff and the people they support. Significant events had been recorded and daily entries made setting out the care given. People's fluid and diet intake were being recorded and there was evidence that their weight was being monitored. The care plans were being reviewed monthly and updated to reflect any changes in the needs of people. There was evidence that people/or those acting on their behalf had been involved in the

development of their care plan. We also noted that prior to people moving into the home the manager had confirmed in writing that following assessment the home could meet their needs.

We observed the routines within the home which were being arranged around people's individual and collective needs. We saw that people were provided with the choice of spending time on their own or in the lounge areas and the staff were respecting their privacy. We saw examples of good practice with people who required support with their personal care needs being treated with respect and dignity.

We spoke to a visiting healthcare professional who told us overall they were satisfied with the care being provided. They told us most of the staff appeared competent when supporting them with healthcare tasks. They did however comment that some staff seemed to lack experience and would benefit from receiving training on health issues such as diabetes. We discussed these comments with the provider who told us all staff had a training and development programme to identify their training needs. We were told a training programme was presently being implemented for all staff which would cover the health and welfare needs of people in their care.

When we last visited the home three residents were being given strip washes because of the inadequate bathing facilities in place. We found the introduction of a wet room had addressed this problem and was meeting the needs of all people living at the home. The people we spoke to said they were very happy with the new facilities in place.

Our judgement

The service provides a high level of personal care and support with policies, procedures and documentation available to underpin this.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

There were no specific comments made by people who use the service with regards to this outcome.

Other evidence

On a tour of the building we found that the home had undergone a deep clean since our last inspection. We found that bedrooms and en suites no longer had unpleasant odours. En-suite extractor fans were clean and were in working order. Bedrooms were clean and tidy and smelt fresh throughout the building. There was evidence of hand gels for infection control purposes being available throughout the home and paper towels for people to dry their hands on. Carpets in a number of bedrooms had been replaced providing a more pleasant environment for people.

Since our last inspection additional cleaning staff had been appointed. Cleaning schedules were in place and these were being completed confirming when work had been undertaken. We noticed stickers provided by the infection control specialist nurse from Blackpool NHS had been placed on equipment and commodes confirming the date they had been cleaned.

Prior to this inspection we spoke to the infection control specialist nurse from Blackpool NHS. She confirmed following our last inspection the homes manager had contacted her and requested support with the homes infection control procedures. She confirmed a full audit of the homes procedures had been undertaken and advice provided. It was also confirmed that training has been arranged for all staff at the home on infection control procedures.

Our judgement

People are protected by the standards of cleanliness and hygiene in place minimising potential risk from unsafe and inappropriate hygiene practices.

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

There were no specific comments made by people who use the service with regards to this outcome.

Other evidence

The homes communal areas consist of a lounge, sun lounge and dining room all located on the ground floor. A chairlift is available for people unable to manage the stairs. The front door was locked when we visited and people visiting the home were observed ringing the door bell to gain access to the building. This protects people from unauthorised entrance.

A tour of the building confirmed there had been progress in upgrading the environmental standards since we last visited. The bedrooms we looked at had been redecorated and had new carpets or laminated flooring fitted. We found windows on the first floor had restrictors in place to protect people from potential risk from accidents or injury because the windows couldn't be opened to their full extent. The home also had a new kitchen fitted and was complying with Food Hygiene (England) Regulations 2006.

We found the bathing facilities in place at the home were meeting the assessed needs of all the people who live there following the introduction of a wet room. The people we spoke to said they were happy with the new facilities in place which were now promoting dignified care practices and meeting the individual needs of the people being supported.

Hot water temperatures were checked throughout the home and found to be delivering water at a safe temperature in line with health and safety guidelines.

We found the home had door magnets throughout the building which comply with the Regulatory Reform (Fire Safety) Order 2005. The magnets allow doors to be open to allow easy passage for people who are frail and close automatically when the fire alarm is activated. The magnets which were broken when we last visited had been repaired and were seen to be in good working order.

We found all equipment in use by the home was being serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements.

Information received prior to our inspection from Public Protection Officers representing the Food Safety Section and Health and Safety Departments) of Blackpool Council's Quality Services Directorate, confirmed the home had complied with their improvement notices when they recently visited.

Our judgement

People were living in safe, accessible surroundings that promote their wellbeing.

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

There were no specific comments made by people who use the service with regards to this outcome.

Other evidence

The provider had procedures in place to monitor the quality of the service being provided. Regular audits were being completed by the manager monitoring the homes environment, care plan records, medication procedures, maintenance of the building, staff training and handling of complaints. Where issues had been identified the manager had produced an action plan with timescales set for improvements to be made.

The manager told us told the views of the people they support and their relatives were important to them and these were being sought by a variety of methods including meetings to discuss the service being provided. In addition the home participates in an annual quality assessment undertaken by a professionally recognised organisation who complete an audit of the care being provided and seek the views of the people who live in the home and their relatives.

The people we spoke to told us they had been involved in decision making about their care from the day of their admission and they felt supported and listened to.

Our judgement

Appropriate systems were in place for monitoring the quality of service people receive.

What is a review of compliance?

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

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

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

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

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

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

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

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

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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