

# Review of compliance

J & S Health Care Limited Brierfield Residential Home	
<b>Region:</b>	East
<b>Location address:</b>	58 High Road Trimley St Mary Felixstowe Suffolk IP11 0SY
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	August 2011
<b>Overview of the service:</b>	<p>Brierfield is a residential care home providing care for 26 older people with a diagnosis of dementia. The home is on the main road of Trimley St. Mary, which is a small village adjacent to Felixstowe.</p> <p>The home is registered with us CQC to carry on the regulated activity accommodation for persons who require nursing or personal care.</p>

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

## Our current overall judgement

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

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

### Why we carried out this review

We carried out this review 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, checked the provider's records, 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 spent time observing and listening to the care people received to obtain an overview of the quality of care provided by staff, including how they interact, engage and communicate with people living in the home. Our observation of the daily life of people living in the home found that staff responded to people's needs in a timely and supportive manner. Staff were observed encouraging people to be active, however they could also sit quietly if they chose to do so. People were alert and positively engaged, either in discussion with other residents, visitors or with staff. We observed people sharing sweets, reading and watching TV and moving freely around their home. There was good banter between residents, visitors and staff creating a relaxed and fun atmosphere in the TV lounge.

People we spoke with told us that they are happy with the care they receive and that they are supported to maintain their independence wherever possible. People living in the home, visitors and staff informed us that there always appears to be enough staff. People also told us that there is a consistent staff team who are very kind and sensitive to their needs and respect their privacy and dignity. A person visiting their relative in the home told us one of the things that impressed the family about Brierfields is that the majority of the staff team have worked at the home for a long time.

We were told that the food provided in the home is of a good standard, comments included, "We have a good choice of food" and "There is an alternative choice if you do not like what is on the main menu" and "The food is alright, we have adequate choice".

People we spoke with were complimentary about the refurbishment of the home, they told us that the home is always tidy and comfortable and clean.

### What we found about the standards we reviewed and how well Brierfield

## **Residential Home was meeting them**

### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People living in the home are supported to maintain their independence wherever possible and are treated with respect and dignity.

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People living in the home are experiencing safe and appropriate care, treatment and support which meets their needs.

### **Outcome 05: Food and drink should meet people's individual dietary needs**

People living in the home are provided with a choice of drinks, snacks and food, which ensures people have access to adequate nutrition and hydration.

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

People living in the home are protected by the homes policies and procedures, which ensures there are suitable arrangements in place to protect people from abuse, or the risk of abuse, and to ensure their human rights are being respected and upheld.

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

Brierfield has policies and procedures in place so that the environment is kept clean and ensures people living in the home are protected from the risk of the spread of healthcare associated infections.

### **Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

The arrangements for administering medication to people living in the home need to be reviewed, to ensure people receive their medication as instructed in the prescribing regimes set by their GP.

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

People living in the home and others who work or visit the premises can be confident that, in relation to the design and layout of the building, people are in safe and accessible surroundings that promote people's well being. However to ensure people are able to exit the building safely in an emergency all fire exits need to be risk assessed to ensure these are free from obstruction.

### **Outcome 13: There should be enough members of staff to keep people safe and**

## **meet their health and welfare needs**

People living in the home are having their health and welfare needs met by sufficient numbers of appropriate staff.

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

People living in the home are supported by a staff team that are provided with training and support to ensure they are properly trained, skilled, supervised and competent to do their jobs. However, to ensure staff maintain this knowledge and are made aware of updated legislation and guidance, refresher training needs to be provided.

### **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 living in the home benefit from safe quality care, treatment and support due to ongoing quality monitoring processes.

## **Actions we have asked the service to take**

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

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

## **Other information**

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

## Outcome 01: 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 01: Respecting and involving people who use services

#### Our findings

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

People we spoke with told us that they are happy with the care they receive at the home and that the staff support them to retain their privacy and dignity. We spent time talking with some people and observing and listening to the care people received. The atmosphere in the home was very happy, fun and caring.

##### Other evidence

We spent time observing and listening to the care people received to obtain an overview of the quality of care provided by staff, including how they interact, engage and communicate with people living in the home and how they promote people's individuality and dignity. Our observation of the daily life of people sitting in the TV lounge found that staff responded to people's needs in a timely and supportive manner, they always took time to speak with people, asking them questions rather than making decisions for them. Staff demonstrated genuine affection, care and concern for the people in the lounge; recognising the age, experiences and interests of each individual.

Staff were observed encouraging people to be active, however they could also sit quietly if they chose to do so. Our observation showed that people were alert and positively engaged, either in discussion with other residents, visitors or with staff. People were observed sharing sweets, reading and watching TV and moving freely

around their home. There was good banter between residents, visitors and staff creating a relaxed and fun atmosphere in the lounge.

**Our judgement**

People living in the home are supported to maintain their independence wherever possible and are treated with respect and dignity.

## 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

People we spoke with told us that the activities provided meet their needs and that they are able to choose whether or not they wish to participate.

A person visiting the home told us the staff are very, very good, and that they can not think of anything that the staff could do better and that the care, support and treatment they have seen is designed around each of the people living in the home. This person also told us that their relative moved into Brierfield about six months ago. The family have been really pleased, as they had struggled to find a home that could meet their relative's needs. They commented, "Brierfield have been absolutely wonderful", the staff are so kind and nothing is too much of a problem. They also told us that different members of the family visit every day, unannounced and at different times and that they have always found the service good. We were told that the staff are good at keeping the family informed about their relative's health and general well being.

##### Other evidence

One person with whom we spoke told us they would like a mobile library to visit, as there are not enough books for them to read. They told us the home has used this service in the past. This information was fed back to the manager who informed us that they have discussed this issue with the individual and that they have agreed to take them to the local library on a regular basis. A second person told us that whilst staff are courteous and polite they tend to call them by their christian name, however throughout their career they were always referred to by their title and would prefer staff to do the same. The manager informed us they would ensure staff address this individual with

their preferred name.

We reviewed the care plans of two people living in the home. These contained relevant information, support plans and risk assessments detailing the care, support and treatment required to meet each persons needs. Staff spoken with demonstrated a good understanding and awareness of the need to promote peoples choice, dignity and privacy. They told us they have access to care plans which reflect people's individual needs and choices and confirmed these are reviewed and kept up to date.

The daily records made by the staff and held on each persons care plan provide a good description of people's well being, their diet, activities they have taken part in and reflects where there has been a change in the persons health and what action has been taken. A person visiting their relative told us that the staff are good at keeping them informed about their relatives health, who has been diagnosed with a terminal illness and that the staff have been good at responding to the information provided by the consultant regarding the individuals care, treatment and support.

We were told that there are suitable activities in the home and that there always appears to be something happening. People told us about a recent strawberry tea, raffle and live entertainment. We observed people undertaking normal everyday activities, reading newspapers and books of interest. We also observed people taking part in and enjoying games of Bingo and skittles.

#### **Our judgement**

People living in the home are experiencing safe and appropriate care, treatment and support which meets their needs.

## Outcome 05: 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 05: Meeting nutritional needs

#### Our findings

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

People told us the food is good, comments included,

- We have a good choice of food,
- There is an alternative choice if you do not like what is on the main menu
- The food is alright, we have adequate choice.

##### Other evidence

Information we hold about the service tells us that people's dietary needs are assessed and that special diets, likes and dislikes are catered for. People's food and drink intake is monitored, to ensure they are receiving a healthy balanced diet. Where changes in a person's diet and weight are identified the appropriate action is taken as recommend by the appropriate health professionals.

We observed staff supporting people who required assistance to eat their meal. This was done in a sensitive and discrete manner and at a pace which enabled the individual to eat and enjoy their meal. We were informed that people are consulted about the menu, which takes into account any cultural and religious requirements. People spoken with confirmed that the menu has daily choices and that they have access to snacks and drinks day and night.

##### Our judgement

People living in the home are provided with a choice of drinks, snacks and food, which ensures people have access to adequate nutrition and hydration.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

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

#### Our findings

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

People spoken with told us they felt safe living in the home, however one person commented they felt safe to a certain extent but they were worried about their funding. A visitor informed us that they have observed some people living in the home whose behaviour has been challenging to staff, however they commented in their experience the staff are always kind and that they have never observed any rough handling of people living in the home.

##### Other evidence

We were provided with a copy of the homes safeguarding policy and procedure. This reflects the local authority details for reporting incidents of abuse and refers to the Department of Health [DOH] legislation 'NO Secrets' for the protection of vulnerable adults. Staff spoken with confirmed they have access to the policy and procedure and were clear about their duty to raise any complaints, incidents and / or allegations of abuse with the manager. However, not all staff were clear about the whistle blowing policy and procedure. The training matrix reflects that the majority of staff have not received refresher training for safeguarding vulnerable adults and whistle blowing training since 2009. Two people attended training in 2010 and a further two staff in 2011. The manager informed us they are in the process of finding a suitable training provider to ensure that all staff receive up to date training, which will include details about whistleblowing.

Information we hold about the service tells us that restraint is only used in accordance with the homes policy. The policy tells us that in circumstances where it is necessary to

use restraint staff are expected to ensure they protect the dignity and human rights of the person being restrained. One of the care plans we reviewed confirmed where restraint is used, this is properly risk assessed and documented. The individual's care plan contained detailed information and guidance for staff with regards to the individual's behaviour which could be at times challenging. Information reflects the individual can be physically aggressive to staff, particularly when attempting to assist them with their personal care needs. The individual is known to grab at carers, pinching and squeezing their arms. The risk assessment describes the action staff should take to support the individual to manage their behaviour using distraction techniques and verbal instructions. However, if these fail, there is a plan in place for minimal physical restraint, which may result in staff holding the person's wrists whilst personal care is undertaken. Other forms of restraint used in the home include the use of bedrails. Where a person is identified as at risk of falling from bed and injuring themselves, bedrails are used. In these circumstances a full risk assessment is completed which outlines the benefits and risks of such a restraint.

**Our judgement**

People living in the home are protected by the home's policies and procedures, which ensures there are suitable arrangements in place to protect people from abuse, or the risk of abuse, and to ensure their human rights are being respected and upheld.

## 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

People living in the home told us that they are very pleased with the environment, which is always tidy and comfortable. People told us the communal areas, bedrooms and toilets are always kept clean.

##### Other evidence

Information we hold about the service tells us that the home has infection control policy and procedures in place which reflect the guidance provided by the Department of Health [DOH]. The policy and procedure has detailed guidance for staff to follow to assess the risks and to prevent, detect and control the spread of infection. These include, cleaning rotas and schedules, weekly checks regarding the cleanliness of the kitchen, handling of soiled clothes and the disposal of the infected material.

During our visit we were escorted through the main kitchen to an office at the rear of the home. We were informed that alternative access to this office is through the main lounge, through the patio doors and across the garden to a side entrance at the back of the kitchen. However, people were observed using the main kitchen to access the office. This design fault and the risks of spreading harmful bacteria to food from people's hands and clothing was discussed with the manager.

□□□□ Following our visit to the home the manager has informed us that access to the kitchen has been restricted and that staff and visitors have been informed that that they must use the side entrance to access the back office to prevent and minimise contamination and cross infection to food preparation and serving areas.

The training matrix reflects staff have received appropriate training including Control of

Substances Hazardous to Health [COSHH], health and safety and infection control.

We were informed that the home has had a recent visit from Environmental Health who rated the home with four stars; in accordance with their rating scheme 'Scores on the Doors', five being the highest award.

**Our judgement**

Brierfield has policies and procedures in place so that the environment is kept clean and ensures people living in the home are protected from the risk of the spread of healthcare associated infections.

## Outcome 09: 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 09: Management of medicines

#### Our findings

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

People we spoke with told us that they receive their medication as prescribed by their GP.

##### Other evidence

Information we hold about the service tells us that all staff members who administer medication to people living in the home are competent and fully trained. This information also tells us that policies and procedures are in place providing staff with clear written procedures on the administration, receipt, storage and disposal of the medications. However, during our visit we observed two people living in the home receiving their medication at 10:40am. The Medication Administration Records [MAR] charts showed the lunchtime medication as being due at 12 noon, which would not leave a suitable gap between medicines before people's lunchtime medication was administered. The senior informed us these peoples medication would be administered later and that this would be passed over to the afternoon senior to make sure the tea time dose was also administered later. We asked where this information would be recorded, and were informed by the senior that they would make a note on the reverse of the MAR chart.

We reviewed the MAR charts; each person receiving prescribed medication had a photograph for identification purposes at the front of their MAR chart. The MAR charts reflect medicines are to be administered at 7am, 12 noon, 5pm and at night. This issue was discussed with senior and manager, who informed us; they have discussed

changing the times on the MAR charts with the pharmacy. Staff do not commence work until after 7am, they are therefore looking to have the times changed, to ensure medication times are spread evenly throughout the day.

**Our judgement**

The arrangements for administering medication to people living in the home need to be reviewed, to ensure people receive their medication as instructed in the prescribing regimes set by their GP.

## 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

There are minor concerns with Outcome 10: Safety and suitability of premises

#### Our findings

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

People living in the home told us that they are very pleased with the environment, which is always tidy and comfortable. People told us the communal areas, bedrooms and toilets are always kept clean.

##### Other evidence

Brierfield has undergone a major refurbishment, including the building of a new extension. The new layout and design of the home has increased the size of the home, adding an additional eight beds. Each of the new rooms has been built with en suite facilities. The refurbishment has improved the communal space, adding a conservatory to the rear of the home which looks out into a landscaped and secure garden. People living in the home have a choice of three lounges, a television lounge, a sensory room and a quiet room, where people can sit and read without being disturbed.

We were informed that all of the people living in the home have a diagnosis of dementia. The environment has been decorated to assist people experiencing a dementia to find their way around, with symbols and large letters to guide them to toilets and bathrooms. Wooden memory boxes have been placed outside people's rooms with photographs and personal items, which are familiar to the individual to help them identify, which room is theirs.

At our visit on 13 June 2011 we checked all of the fire exits and found the fire door on the ground floor, has laundry baskets by the door, whilst not blocking the exit, these may cause problems exiting the building in an emergency. The potential risk was discussed with the manager who informed us they would consult with the fire service and review the homes fire safety risk assessment.

**Our judgement**

People living in the home and others who work or visit the premises can be confident that, in relation to the design and layout of the building, people are in safe and accessible surroundings that promote people's well being. However to ensure people are able to exit the building safely in an emergency all fire exits need to be risk assessed to ensure these are free from obstruction.

## 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 spoken with, staff and visitors told us that the staffing levels are sufficient to meet the needs of people living there. However, one person commented that they do have to wait a while for assistance, but only sometimes.

A person visiting their relative in the home told us one of the things that impressed the family about Brierfields is that the majority of the staff team have worked at the home for a long time. They told us there always appears to be enough staff and that training they observed for new staff was fantastic.

##### Other evidence

On the day of our visit we were informed that there are currently 20 people living in the home. The home currently has six vacancies. We were informed there were five staff on duty. Discussion with people living in the home, staff and visitors confirmed there is sufficient staff working at Brierfield. The duty roster confirmed the staffing ratio is being maintained.

We looked at two staff files, which confirmed all the appropriate documentation is being obtained and held about people working in the home. Staff spoken with confirmed they had been fairly recruited, with the appropriate checks carried out to ensure they were fit to work with vulnerable people and that they had received adequate training to do their jobs.

##### Our judgement

People living in the home are having their health and welfare needs met by sufficient numbers of appropriate staff.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

There are minor concerns with Outcome 14: Supporting staff

#### Our findings

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

People told us that there is a consistent staff team who are very kind and sensitive to their needs.

##### Other evidence

The staff training matrix provided during our visit reflects there is a rolling programme of training in place. We were informed by the manager that they are aware that some training is in need of updating, but has been having problems trying to find suitable training providers. Staff told us they do receive training, which is relevant to their role and which provides them with the knowledge they need to meet the needs of the people living in the home. Staff spoken with demonstrated a good understanding about the need to ensure peoples choices, dignity and privacy and confidentiality is promoted and maintained.

Staff informed us they found the manager to be approachable and supportive, one member of staff told us the manager has been very supportive in helping them to develop their skills and experience so that they can change roles to become an activities coordinator within the home.

##### Our judgement

People living in the home are supported by a staff team that are provided with training and support to ensure they are properly trained, skilled, supervised and competent to do their jobs. However, to ensure staff maintain this knowledge and are made aware of updated legislation and guidance, refresher training needs to be provided.

## 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

We did not speak with people about this outcome; however we were shown a copy of the results of the most recent quality assurance survey carried out with people living in the home and their relatives. The survey provided examples, which demonstrate that the feedback obtained from these surveys has been used to make improvements to the service

These included;

- I would like to go out more and sit in the garden. Garden furniture has been purchased to encourage residents to sit out, in the nicer weather
- I would like a waste paper bin in my room. This has been addressed and is in place.
- I would like an en suite room. This has been discussed with the individual and the family and when a suitable room becomes available they will be informed
- My glasses get lost. All new glasses are named; usually the frame numbers are recorded to help identify glasses. This can be an issue with people removing their glasses and putting them down as they other pick up other things.
- I would like fresh fruit salad. There is always fresh fruit available; staff will need to ensure that this is offered regularly. There is a fruit bowl in the dining room for residents to help themselves.
- I would like fish and chips. This has been addressed and is now a regular event on the first Friday of the month; we have a fish and chip supper
- I would like to be asked what I want for breakfast I don't always want a cooked breakfast. This has been raised with the cook and they must ask daily what is required.

- I would like a hand held buzzer at night. The buzzer is available to hold, staff have been reminded to give this to the individual when they are in bed.
- A comment was received asking for more activities for the hearing impaired. The Manager is looking to buy some sensory activities to provide stimulation for the sensory impaired.
- Hot food is served on cold plates. The cook has been informed and is now warming plates.

#### **Other evidence**

Information we hold about this service tells us that they have robust systems in place to ensure that a quality service is delivered to the people living in the home at all times. These systems include day to day contact with people living in the home, taking note of any concerns and making sure these are acted on promptly. Additionally, monthly reviews are undertaken to review any changes in peoples care, support and treatment. A twice yearly quality assurance survey is carried out with the help from the people living in the home, their families and other stakeholders. Feedback from these surveys is used to make improvements to the service.

The information we hold about the home also tells us that the home has a robust complaints procedure and that all complaints or concerns, errors or near misses are thoroughly investigated and appropriate actions taken to avoid repeat and future lapses. Lessons learnt from the outcomes of these investigations are used to improve and raise the quality of the care delivered to the people living in the home.

#### **Our judgement**

People living in the home benefit from safe quality care, treatment and support due to ongoing quality monitoring processes.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p><b>Why we have concerns:</b></p> <p>The arrangements for administering medication to people living in the home need to be reviewed, to ensure people receive their medication as instructed in the prescribing regimes set by their GP.</p>	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p><b>Why we have concerns:</b></p> <p>People living in the home and others who work or visit the premises can be confident that, in relation to the design and layout of the building, people are in safe and accessible surroundings that promote people's well being. However to ensure people are able to exit the building safely in an emergency all fire exits need to be risk assessed to ensure these are free from obstruction.</p>	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p><b>Why we have concerns:</b></p> <p>People living in the home are supported by a staff team that are provided with training and support to ensure they are properly trained, skilled, supervised and competent to do their jobs. However, to ensure staff maintain this knowledge and are made aware of</p>	

	updated legislation and guidance, refresher training needs to be provided.
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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.

# What is a review of compliance?

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

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

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

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

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

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

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

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

## Information for the reader

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