

# Review of compliance

<p>Highlea Care Limited The Grange</p>	
<p><b>Region:</b></p>	<p>North East</p>
<p><b>Location address:</b></p>	<p>The Grange Redworth Road Shildon Co Durham DL4 2JT</p>
<p><b>Type of service:</b></p>	<p>Domiciliary care service Supported living service</p>
<p><b>Date of Publication:</b></p>	<p>May 2012</p>
<p><b>Overview of the service:</b></p>	<p>The Grange is a domiciliary care service which provides support to people with a learning disability. At the time of this inspection The Grange offered support to people living in 11 supported living buildings.</p> <p>The Grange is registered with the Care Quality Commission for the regulated</p>

	activity of personal care.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**The Grange was not meeting one or more essential standards.  
Action is needed.**

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 The Grange had taken action in relation to:

Outcome 04 - Care and welfare of people who use services

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 19 April 2012, observed how people were being cared for, looked at records of people who use services and talked to staff.

### What people told us

We did not speak with people during this inspection due to the nature of the compliance action that was set at the previous inspection. Instead we spoke with the managing director and service improvement managers from the provider. We also looked at records relating to the care provided to people using the service and observed care being provided.

### What we found about the standards we reviewed and how well The Grange was meeting them

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

The provider was meeting this standard.  
People experienced care, treatment and support that met their needs and protected their rights.

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

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.  
People were not protected from the risks of unsafe or inappropriate care and treatment.

This was because people's personal records including medical records were not accurate and fit for purpose.

### **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. We will check to make sure that this action has been taken.

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. When we propose to take enforcement action, our decision 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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We did not speak with people about this outcome due to the nature of the compliance action that was set at the previous inspection. Instead we spoke with the managing director and service improvement managers from the provider. We also looked at records relating to the care provided to people using the service and observed care being provided.

##### Other evidence

At the previous inspection we found that people's needs were not always assessed and care and treatment was not always planned and delivered in line with their individual care plan. This was because actions set out in people's support plans had not been carried out, gaps were evident in the recording of daily information and important information had been left out of support plans. The provider sent us an action plan detailing actions that were to be taken to make improvements in response to our findings. The provider may find it useful to note that some actions set out in the action plan still need to be followed through to their conclusion.

We saw a detailed report that had been written by the service improvement managers. This related to reviews of people's support plans and risk assessments that had been done at four of the providers supported living locations. Areas for improvement had been identified within most people's support plans. The service improvement managers

told us that reviews of support plans were in the process of being completed for people living at the providers other locations.

We looked at a number of people's support plans and risk assessments during our inspection. We saw evidence that some people's support plans had been updated since our last inspection. These support plans contained pictures to help illustrate their meaning, along with language that could be easily understood. This would help people to understand the care and treatment they received.

We observed staff providing one-to-one care and support to people living at The Grange. Interactions between staff and people were seen to be positive, caring and were well received by the people being supported. This demonstrates that staff can meet people's individual needs.

**Our judgement**

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

## 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 non-compliant with Outcome 21: Records. We have judged that this has a moderate impact on people who use the service.

#### Our findings

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

People's personal records including medical records were not accurate and fit for purpose.

We did not plan to look at this outcome, however concerns identified during the course of our inspection led us to do so. We did not speak with people about this outcome. Instead we spoke with the managing director and service improvement managers from the provider. We also looked at records relating to the care provided to people using the service.

##### Other evidence

We did not plan to look at this outcome, however concerns identified during the course of our inspection led us to do so.

We looked at a number of people's personal records during our inspection. We saw that records were not always being kept in line with the frequency stated within support plans. For example, we saw evidence that a person using the service required support with their oral hygiene twice a day. The records we looked at showed only one entry per day in most instances. There were also three occasions within the last month where no entry had been made for between three and four days consecutively. This meant that people were not being protected against the risks of inappropriate care as records were not always accurate and fit for purpose.

We saw evidence of people's weight not being recorded in line with timescales stated within their weight management support plans. We did however see evidence that daily records were being maintained of these people's food and drink intake. The managing director told us that one person's weight management programme had been discontinued as their weight had now stabilised, however this hadn't been recorded in their support plan. This meant that people were not being protected against the risks of inappropriate care as records were not always kept for the appropriate period of time.

We also found evidence that records relating to the sleep pattern of one person who was being monitored had been falsified. We looked at their support plans and records at 1155 on the day of our inspection. We found that their sleep pattern had been recorded as 'awake' up to and including 1400 that day. The managing director of the provider was present at the time we discovered this and they confirmed that the records had been in our possession since 1115. This meant that people were not being protected against the risks of inappropriate care as records were not always accurate or completed in a timely manner.

### **Our judgement**

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. People were not protected from the risks of unsafe or inappropriate care and treatment. This was because people's personal records including medical records were not accurate and fit for purpose.

## Action we have asked the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p><b>How the regulation is not being met:</b>            The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. People were not protected from the risks of unsafe or inappropriate care and treatment. This was because people's personal records including medical records were not accurate and fit for purpose.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. 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

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
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## Care Quality Commission

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