

# Review of compliance

Mr David Lewis & Mr Robert Hebbes  
Normanhurst EMI Home

<b>Region:</b>	South East
<b>Location address:</b>	De La Warr Parade Bexhill-on-Sea East Sussex TN40 1LB
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	October 2012
<b>Overview of the service:</b>	Normanhurst EMI Home is registered to provide accommodation for up to 18 older people who have a dementia type illness.

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

## Our current overall judgement

**Normanhurst EMI Home was meeting all the essential standards of quality and safety inspected.**

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, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

We used a number of different methods to help us understand the experiences of people using the service, because most of the people using the service had complex needs which meant they were not able to tell us their experiences.

We looked at records, used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. However, people we did speak with told us they were happy and staff were kind to them.

### What we found about the standards we reviewed and how well Normanhurst EMI 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's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

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

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

The provider was meeting this standard.

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

People were cared for in a clean, hygienic environment.

The provider was meeting this standard.

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

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The provider was meeting this standard.

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

People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this 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**

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.

**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 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

We used a number of different methods to help us understand the experiences of people using the service, because most of the people using the service had complex needs which meant they were not able to tell us their experiences.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. However, people we could speak with told us that staff were kind to them.

##### Other evidence

At the time of the inspection there were 13 people living at the home.

We saw that as far as possible people expressed their views and were involved in making decisions about their care and treatment. We looked at three care plans. We saw pre-admission assessments had taken place prior to people moving into the home. A section of the assessment recorded the persons understanding of why they were moving into the home. This demonstrated that people were involved in the decision to move into the home.

Care plans were individualised, there was information about the person, which included their life history, likes and dislikes and triggers which may cause people to become

distressed and actions to take. These had been completed with the individual or their next of kin. This information was used to inform the care plans and demonstrated that people were involved in making decisions about their care and treatment.

End of life wishes were documented in two of the care plans seen. There was evidence that these had been completed with the person's next of kin.

Staff were seen to engage with people in a kind and respectful way. Staff offered people choices and gained people's consent prior to undertaking any activity or delivering care. Not all the people living at the home were able to give consent. However, guidance in people's care plans informed staff about behaviours that may indicate if a person had consented or declined to what was being offered.

People's bedrooms were seen to be personalised with their own belongings and photographs. Bedroom furniture had been arranged to reflect the choices of the individual.

### **Our judgement**

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

## 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 used a number of different methods to help us understand the experiences of people using the service, because most of the people using the service had complex needs which meant they were not able to tell us their experiences.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. However, people we could speak with told us they were enjoying what they were doing.

##### Other evidence

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. All care plans viewed contained a record of the person's medical history, details of their next of kin, and a range of assessments and risk assessments. These included mobility, nutrition, communication and skin integrity. Care plans were personalised. They contained a description of the person and their likes and dislikes. It also recorded if there were any triggers to challenging behaviour. Care plans and risk assessments were reviewed monthly.

Risk assessments viewed reflected the assessed need. All of the care plans we looked at were for people who displayed some form of challenging behaviour. There were clear guidelines in place for staff to follow to support these people. These guidelines were cross referenced into other parts of the persons care plan.

Care and treatment was planned and delivered in a way that was intended to ensure

people's safety and welfare. For example, one care plan identified an individual as having lost weight. There was a risk assessment in place which identified the barriers to this person maintaining adequate dietary intake. There was information and guidance for staff to follow to maintain adequate nutrition in the care plan. This included saving meals and providing snacks and supplements at a time when the person was willing to eat.

Fall risk assessments included contributory factors such as memory loss, poor eyesight and anxiety. There was evidence of actions taken to minimise people's risk of falling. When falls did occur we saw that a "fallen resident's checklist" had been developed. This guided staff as to what actions they may need to take to prevent reoccurrence, and detailed after care and post-fall monitoring.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. All fall risk assessments provided guidance for staff about what to do in the event of a fall. This included any equipment that may be required to assist the person.

We saw that there were charts used to monitor care. These included food intake and individual monitoring charts. Charts for people who required hourly monitoring during the day were documented appropriately. Staff recorded in the night diary that hourly checks had been completed. However, these did not include details about individual people.

There were a range of activities available to people who lived at the home. In addition, people who were able to could attend the sister home to take part in activities. There were activity care plans in place. For people that had been identified as requiring specific activities there was guidance for staff to what was appropriate to meet the persons needs. During our inspection we observed staff spending time with people. For people who remained in their rooms staff were seen to engage with them on a one to one basis.

There was evidence of a multidisciplinary approach to care, this included documented support from the GP, district nurse, chiropodist and dietician.

### **Our judgement**

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

The provider was meeting this standard.

## 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

We spoke to people using the services but their feedback did not relate to this standard.

##### Other evidence

There were effective systems in place to reduce the risk and spread of infection. There was an infection policy available to staff to provide guidance on infection control issues. We looked at the communal areas around the home and saw that they were clean and there were no unpleasant odours. The manager was the infection control lead for the home.

Throughout the home communal bathrooms, toilets and en suite facilities were seen to be clean. Raised toilet seats and bath seats were clean underneath. Some people had commodes in their room and these were seen to be clean.

There were adequate hand washing facilities throughout the home. These included liquid soap and paper hand towels. Gloves and aprons were readily available and staff were seen to use these appropriately.

There was a dedicated housekeeping team who were responsible for maintaining the cleanliness of the home. Schedules for cleaning were in place.

We did not see any infection control audits. However the home was clean and staff told us that issues raised would be addressed immediately.

##### Our judgement

People were cared for in a clean, hygienic environment.

The provider was meeting this standard.

## 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

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

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

We spoke to people using the services but their feedback did not relate to this standard.

##### Other evidence

Medicines were safely administered, we looked at the medication administration (MAR) charts. These contained information about the individual, a photograph and details of any allergies. There was a copy of the medication policy and staff signatures at the front of the MAR charts.

Appropriate arrangements were in place in relation to the recording of medicine. Medication cassettes received into the home were counted and signed for. This was recorded on the back of the MAR charts. Stock amounts were counted and recorded each week. MAR charts were seen to be completed appropriately. If a medication was not given or declined then the appropriate code was recorded on the chart. If necessary further details were recorded on the back of the MAR chart.

Where medicine that was taken as required (PRN) there was individual guidance for staff within the MAR charts. There was a PRN protocol in place. For medication that was not taken daily, or was for a short period of time the MAR chart was clearly marked when this should be taken.

Medicines were kept safely in a trolley which was locked and stored in an office when not in use. There was a medication fridge which was used appropriately. The provider

may find it useful to note there were daily temperature recordings for the medication fridge. However, the room temperature of the office was not recorded.

The medication trolley was clean and tidy. Medicines that were not in the cassette were stored in individual named boxes.

Medication that was dispensed but not administered was either replaced in the cassette or returned to the pharmacy at the end of each month. Medicine that could not be put back in the cassette was discarded. We discussed this with the manager who told us they would seek guidance from the dispensing pharmacy to see if alternative measures were available.

**Our judgement**

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The provider was meeting this standard.

## 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

We spoke to people using the services but their feedback did not relate to this standard.

##### Other evidence

Staff received appropriate professional development. We looked at the training matrix and saw that the majority of staff had completed safeguarding vulnerable adult, first aid and fire safety training updates in line with the homes policy. The manager showed us that staff were due to receive manual handling training updates in October 2012. We saw that these had been booked. The provider may find it useful to note that staff had not received infection control training updates in line with the homes policy.

All staff were encouraged to undertake National Vocational Qualification (NVQ) training. We saw that staff received supervision four times a year. Staff that we spoke with told us they completed their supervision forms and identified their own training needs. This was then discussed during supervision.

Staff meetings took place and we saw the minutes of these. Staff that we spoke with told us that staff meetings were a good opportunity to discuss issues and concerns. They were confident that issues raised would be addressed.

##### Our judgement

People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

## 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 spoke to people using the services but their feedback did not relate to this standard.

##### Other evidence

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Systems for audit were in place however, these were not always documented.

We saw that resident and relative questionnaires had been completed during 2012 and results had been analysed. The manager told us that where possible, issues that had been raised had been addressed with the relevant person. However, some forms had been returned anonymously. General feedback forms were available for people in the entrance hall.

Questionnaires had been completed by external professionals. These had not raised any concerns.

We saw a range of policies to provide guidance for staff. These included safeguarding, whistle blowing and infection control. These were signed by staff as being read annually.

There was a complaints procedure in place. This was displayed in the entrance hall to the home. There were no current complaints. The manager told us that concerns raised were dealt with to prevent issues escalating.

Incident and accident reports were completed appropriately. There was evidence of analysis and details of actions taken to minimise or prevent recurrence.

There were no care plan audits in place. The manager informed us that all care plans were reviewed in depth each month. Therefore any shortfalls would be addressed at that time.

**Our judgement**

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.

# 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
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