

Review of compliance

M Madhewoo Bevan House	
Region:	London
Location address:	104 & 106 Coldharbour Road Croyden Surrey CR0 4DW
Type of service:	Care home service without nursing
Date of Publication:	November 2011
Overview of the service:	Bevan house is a care home that provides accommodation and personal care for up to five people with learning disabilities.

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

Our current overall judgement

Bevan House was not meeting one or more essential standards. Improvements are 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 Bevan House had made improvements in relation to:

Outcome 01 - Respecting and involving people who use services
Outcome 04 - Care and welfare of people who use services
Outcome 05 - Meeting nutritional needs
Outcome 07 - Safeguarding people who use services from abuse
Outcome 08 - Cleanliness and infection control
Outcome 09 - Management of medicines
Outcome 10 - Safety and suitability of premises
Outcome 12 - Requirements relating to workers
Outcome 13 - Staffing
Outcome 14 - Supporting staff
Outcome 16 - Assessing and monitoring the quality of service provision
Outcome 24 - Requirements relating to registered managers

How we carried out this review

We reviewed all the information we hold about this provider, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

On this occasion we did not speak to people who use the service.

This review of compliance was carried out by two compliance inspectors and a pharmacist inspector.

Since our last review of compliance, June 2011, all of the people who use the service have had their placements at the home reviewed by their care managers. As a result of the reviews two people have moved out of the home. One person who used service sadly passed away in hospital in August 2011. The two remaining people who use service are expected to move out of the home in the near future.

The registered provider was considering what direction the service would take once all of

the people who use the service have moved out.

What we found about the standards we reviewed and how well Bevan House 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

We found that the registered provider had met the compliance actions set for this outcome at our last review of compliance in June 2011. People who use the service were being actively encouraged and supported to participate in a variety of interesting and age appropriate social activities in the wider community.

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

We found that the registered provider was not making sure that a person who used the service was receiving important healthcare checks thus placing the person at potential risk of harm.

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

We found that the registered provider had met the compliance action set for this outcome at our last review of compliance. The registered provider had taken appropriate steps to ensure that people who use the service were protected from the risk of poor food hygiene and poor food handling procedures.

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

We found that the registered provider had taken steps to make sure that staff understood safeguarding procedures. The home is subject to a serious concern about a provider within the protecting adults a risk; London multi-agency policy and procedures to safeguard adults from abuse. We were not able to reach a judgement for this outcome because there were ongoing safeguarding investigations.

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

We found that the registered provider had met the compliance action set at our last review of compliance by making sure that staff attended training on infection control, however more could be done to make sure that the home is fully compliant with the Department of Health's Code of practice on the prevention and control of infections and related guidance.

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

The registered provider is now compliant with Regulation 13 and medicines are managed safely; however improvements have been suggested under this outcome as staff has no guidance on the use of covert administration.

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

The registered provider had met the compliance actions for this outcome set at our last review of compliance, however we found that they had not taken appropriate steps to ensure the safety of people who use the service in the event of a fire. We have referred our findings onto the London Fire and Emergency Planning Authority, Croydon's Fire safety Team.

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

The registered provider had met the compliance action for this outcome set at our last review of compliance. We found that the home no longer relied heavily on foreign students without any previous qualifications or experience of working in care.

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

We found that the registered provider had not met the compliance action set at our last review of compliance because some staff was still working excessively long hours placing them in the position where they may experience fatigue. However the operations manager submitted a revised roster to the Care Quality Commission on the 17th of October for the period 17th October to 6th of November 2011. This indicated that staff would not be working excessively long hours.

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

We found that staff had received training in many important areas however the lack of training on fire safety was leaving people who use the service at risk in the event of a fire.

The level of training for staff giving medicines should be reviewed by the registered provider, taking into account information from Skills for Care, so that people are not put at risk in the future from inadequately trained staff.

Staff was attending regular team meetings however they were not receiving formal supervisions at the frequency planned by the acting manager or as stated by them at the last review of compliance.

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

We found that the registered provider had met the compliance action set at our last review of compliance however more could be done to improve the homes filing systems and to make them far more accessible.

Outcome 24: Services must be managed by people who are honest, reliable and trustworthy. They must also have the right skills, experience and qualifications to

do the job

The registered provider was considering what direction the service would take once all of the people who use the service had moved out. If the home was to remain as a care home then a registered manager would be appointed to run the home.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 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.

We have referred the concerns to London Fire and Emergency Planning Authority. We will check to make sure that 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. 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.

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

On this occasion we did not speak to people about this outcome area.

Other evidence

At our last review of compliance in June 2011 we found that the registered provider was not making sure that the people who used the service received a full schedule of weekly activities as agreed with and funded by their placing authorities.

We found that the registered provider was not making sure that people who used the service were given the opportunity to take part in meaningful activities both within and outside of Bevan House.

We found that people who used the service were not provided with information on what the service is providing in a format that they could understand.

The acting manager sent us an improvement plan on the 21st of June 2011. This stated that the registered provider had completed a recruitment exercise and employed one new member of staff whose references and Criminal Records Bureau checks had been received and they started work on 13th June 2011. A male member of staff had also been transferred from Unicorn House. Key-worker meetings were taking place to review

service user's activities. The acting manager had ordered a pictorial board and would ensure that activity photos were posted for people who use the service to know and see which activity they were to be engaged on the daily basis.

As stated in the improvement plan we found an information board on a wall in the dining room that contained photographs of all the staff that were on duty during our visit and the activities the people who use the service were engaging in at that time.

On our arrival at the care home the two people who currently live there were out. The acting manager told us one person was attending workshop classes at a local college and the other was out with staff at a local park. The acting manager also told us the person who had gone to the park would be going on to a party in the afternoon. Weekly activity schedules and diary notes staff was maintaining on a daily basis revealed that people who use the service were being actively encouraged and supported to participate in a variety of interesting and age appropriate social activities in the wider community.

During a tour of the premises we saw many of the damaged games identified at the service last inspection had been removed. However there remained age inappropriate children's games and puzzles on shelves in this communal area.

Our judgement

We found that the registered provider had met the compliance actions set for this outcome at our last review of compliance in June 2011. People who use the service were being actively encouraged and supported to participate in a variety of interesting and age appropriate social activities in the wider community.

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

There are moderate concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

On this occasion we did not speak to people about this outcome area.

Other evidence

We reviewed records of healthcare visits to see if people's medicines were reviewed regularly and we saw that this was being done. Whilst reviewing these records, we saw that one person had missed an important healthcare check, which should be carried out every three years. The manager told us that this person had not had this check since 2003.

Our judgement

We found that the registered provider was not making sure that a person who used the service was receiving important healthcare checks thus placing the person at potential risk of harm.

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

On this occasion we did not speak to people about this outcome area.

Other evidence

At our last review of compliance we found that the registered provider had not taken appropriate steps to ensure that people who used the service were protected from the risk of poor food hygiene and poor food handling procedures.

We passed our findings to Croydon Councils Food Safety Team. They visited the home; they reported that their inspection did not throw up any major concerns, however minor some issues were raised with the manager. They found that staff was trained on food hygiene and were in the process of being booked on a refresher courses.

The improvement plan stated that some training schedules were being arranged between 4th July and 14th September 2011. Infection control training would be provided within 4 weeks.

We viewed the kitchen. All the food we found in the kitchen cupboards were stored appropriately in accordance with basic food hygiene standards. For example, food stuffs that had been removed from its original packaging were all being kept in air tight containers in the fridge that clearly identified the date these items had been opened. The kitchen looked reasonably clean and tidy at the time of our visit.

The operations manager told us plans had been agreed with the proprietor to have the rather worn and shabby looking units and floor covering in the kitchen replaced with a

new fitted kitchen by the end of October 2011.

Since the last review of compliance staff had attended training on infection control and food hygiene.

Our judgement

We found that the registered provider had met the compliance action set for this outcome at our last review of compliance. The registered provider had taken appropriate steps to ensure that people who use the service were protected from the risk of poor food hygiene and poor food handling procedures.

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

There are moderate concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

On this occasion we did not speak to people about this outcome area.

Other evidence

At our last review of compliance we found that safeguarding procedures were not fully understood by staff that had not been trained on safeguarding adults from abuse. The registered provider was not making sure that appropriate steps were taken to ensure that people who used the service were safeguarded from the risk of being abused, harmed and/or neglected.

We also raised our concerns about the administration of PRN medications with Croydon Social Services Safeguarding team. The Safeguarding team is currently investigating issues in relation to the care and support provided to people who use/used the service.

The improvement plan stated that the home manager had held an immediate staff meeting where the importance and safeguarding procedures were discussed. Monthly staff meetings would be ongoing. All staff had been requested to read, understand and sign the policies relating to safeguarding procedure. Safeguarding of Vulnerable Adults training would be provided through Adult Social Services Learning and Development subject to availability. If places are unavailable training will be booked through BVS or Edify Training.

The home is subject to a serious concern about a provider within the protecting adults a risk; London multi-agency policy and procedures to safeguard adults from abuse.

Croydon Social Services Safeguarding team have concerns about the homes non compliance with the Essential Standards of Quality and Safety identified during our last review of compliance. As a consequence Croydon Social Services decided that they would not make any new placements at the home until these issues were resolved, and that they would advise other commissioning councils of their actions.

We found that all staff had attended training on safeguarding adults from abuse, record keeping and reporting incidents, the Mental Capacity Act and the Deprivation of Liberty Safeguards.

Our judgement

We found that the registered provider had taken steps to make sure that staff understood safeguarding procedures. The home is subject to a serious concern about a provider within the protecting adults a risk; London multi-agency policy and procedures to safeguard adults from abuse. We were not able to reach a judgement for this outcome because there were ongoing safeguarding investigations.

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

There are minor concerns with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

On this occasion we did not speak to people about this outcome area.

Other evidence

At our last review of compliance we found that the registered provider was not making sure that the people they supported were protected from the risk of infection because staff had not been trained on infection control.

The improvement plan stated that senior staff on duty was to monitor the cleaning schedule sheets on a monthly basis. Staff would be put on COSHH training. The acting manager would monitor internal issues dealt with by the operations assistant and sign the maintenance book to evidence it had been checked. The provider would refurbish the kitchen by the end of October 2011.

We found that staff had attended training on infection control. During our tour of the service and its grounds we saw it looked clean and smelt fresh.

At the last review of compliance we showed the operations manager a copy of the Department of Health's Code of practice on the prevention and control of infections and related guidance; they told us they did not have a copy. The impact of the new legislation was explained to the operations manager. We advised that in order to comply with the Department of Health's Code of practice on the prevention and control of infections a suitably trained member of staff should be nominated to be the homes Infection Prevention and Control (IPC) lead. The IPC lead would be responsible for overseeing the homes infection prevention and control arrangements that includes an annual statement about Bevan House infection prevention and control: risk

assessments; quality audits and monitoring systems; cleaning schedules; policies and procedures; reporting; and staff training.

Following this visit we contacted the acting manager, they told us they had not obtained a copy of Department of Health's Code of practice on the prevention and control of infections and related guidance. They told us that a member of staff had been nominated as the homes IPC lead; they were responsible for overseeing the homes infection prevention and control arrangements. An annual statement about the homes infection prevention and control had not yet been completed.

We advised the acting manager that they should obtain a copy of the Department of Health's new guidelines on the prevention and control of infection and that the service. We also advised the acting manager that Bevan Houses new infection prevent and control lead was responsible for compiling an annual report regarding the service infection control arrangements.

Our judgement

We found that the registered provider had met the compliance action set at our last review of compliance by making sure that staff attended training on infection control, however more could be done to make sure that the home is fully compliant with the Department of Health's Code of practice on the prevention and control of infections and related guidance.

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

On this occasion we did not speak to people about this outcome area.

Other evidence

At our last review of compliance we found that people could not be sure that their medicines were properly managed because the registered provider had not taken steps to make sure that medicines were managed safely, securely and appropriately.

People who use the service were being placed at risk of abuse and harm because some of the staff giving medicines had not had the appropriate training with regards to giving, storing and recording of medicines.

There were no clear guidelines for staff to follow for medicines given to people for agitation or challenging behaviour. This information was passed onto Croydon Social Services Safeguarding team and a strategy meeting involving people who use the services care managers was held.

Our pharmacist inspector visited the home on the 22 August 2011 to assess compliance with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. They found that the homes arrangements for the recording, handling, using, safe administration and disposal of medicines did not comply with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

They concluded that the service did not fully protect people against the risks associated with the unsafe use and management of medication by means of the making of the appropriate arrangements for the receipt, recording, administration and disposal of medicines.

A warning letter was served to the registered provider on the 06 September 2011 requiring them to become compliant with regulation 13 of the Health and Social Care Act 2008 by the 23 of September 2011.

When we assessed medicines management at this visit, we found the service had addressed the specific issues mentioned in the warning notice, and that the management of medicines had improved. Staff were now responsible for giving medicines to only one person, as the second person at the service was able to manage their own medicines. We saw that prescribed medicines were available, were stored safely and had been given when needed. Records of medicines given were now completed accurately therefore the service had complied with the warning notice.

During the inspection of medicines records and care plans, we observed issues related to other outcomes, see Outcomes 4 and 14.

We saw from care records that staff were giving one person one of their medicines mixed with a hot drink or cereal. We discussed this with the manager and area manager, but they were unable to explain the reasons for this and did not know whether it was being disguised in food or drink because the person had refused to take this medicine (covert administration), or whether it was being added to food as the person did not like the taste. We were told that when this person was admitted to the home, they were already taking this medicine in food or drink so the practice was continued. Although there was a letter from this person's next of kin and doctor giving consent to add this medicine to food, there was no evidence of a best interests meeting, the homes medicines policy did not contain any guidance on covert administration and there was conflicting information in this persons care notes about how to give this medicine. Although this did not place the person at risk of harm, it showed a lack of understanding around consent issues and covert administration of medicines.

Our judgement

The registered provider is now compliant with Regulation 13 and medicines are managed safely; however improvements have been suggested under this outcome as staff has no guidance on the use of covert administration.

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 moderate concerns with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

On this occasion we did not speak to people about this outcome area.

Other evidence

At our last review of compliance we found that the seating in the lounge was badly worn and damaged and uncomfortable to sit on and needed to be replaced.

We found that one persons room was extremely cluttered with personal belongings, this left very limited floor space for them walk on and even access their bed. This person would be a risk in the event of a fire.

We found an old bed in one person's bedroom and ladders and rubble in the garden that needed to be removed.

We found that water temperatures in the bathroom were unsafe.

The improvement plan stated that the provider would be placing an order for a new set of sofas and people who use the service were involved in making a choice. The old bed had been removed from the bedroom. The rubble would be removed from the garden before the end of June. The water temperature had been adjusted and daily records will be ongoing.

During a tour of the premises we found that the worn out furniture in the lounge had all been replaced with new leather seating and a new set of tables and chairs.

We also found that the rubble in the rear garden had been removed.

We tested the temperature of hot water emanating from the ground floor bath and found it to be a safe 41 degrees Celsius. We saw records being kept by staff that showed us all the services hot water outlets were being tested on a daily basis. The acting manager demonstrated a good understanding of what was considered safe water temperatures to be used in baths in a care home for vulnerable adults.

We looked at fire safety records; these showed us the care homes fire alarm system was being tested on a weekly basis and that two fire evacuation drills involving all of the people who use the service and staff had been carried out in the last six months in line with recognised best fire safety guidance.

However, despite records indicating the services fire alarm was being tested at regular intervals the acting manager told us it would be difficult to give us a demonstration because they did not have a key to activate the homes fire points. They told us the only way they were able to test the fire alarm was to either break the fire point glass or dismantle it with a screw driver. The acting manager eventually activated the fire alarm by removing the glass from the fire point on the first floor landing. The alarm clearly worked and was audible throughout the care home. We advised the acting manager that both methods they currently used to test the services fire alarm system were wholly inappropriate.

We asked the acting manager to walk us through a fire evacuation drill of the care home. They took us through the kitchen to the rear garden and told us this was the place people would be expected to assemble in the event of the fire alarm being sounded. The acting manager confirmed the side-gate was the gardens only fire exit. The acting manager also told us they were not able to open the gate as we had requested because he did not have the key for the padlock about their person or know the combination code for it.

Staff training records showed that the majority of staff had not received training on fire safety.

We saw individualised fire safety risk assessments that had been carried out in respect of everyone who uses the service, but both the operations and acting managers said they were not aware of a fire risk assessment being undertaken for the building since they had been in charge at Bevan House.

We advised the services operations and acting manager that we would share our concerns about the care homes current fire safety arrangements with the London Fire and Emergency Planning Authority (LFEPA). We also advised the services management to contact the LFEPA as a matter of urgency to discuss ways of improving fire safety and prevention at Bevan House.

Following our visit we referred our findings onto the London Fire and Emergency Planning Authority, Croydon's Fire safety Team.

Our judgement

The registered provider had met the compliance actions for this outcome set at our last review of compliance, however we found that they had not taken appropriate steps to

ensure the safety of people who use the service in the event of a fire. We have referred our findings onto the London Fire and Emergency Planning Authority, Croydon's Fire safety Team.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

On this occasion we did not speak to people about this outcome area.

Other evidence

At our last review of compliance we found that Bevan House relied heavily on foreign students without any previous qualifications or experience of working in care, the staff turnover was high. People who used the service were not being offered a consistent approach to their support and care needs.

The improvement plan stated that the acting manager had actioned the recruitment of a qualified and experienced new member of staff and a male member of staff had been transferred over from Unicorn House. Induction had already been conducted by the acting manager and supervision would be ongoing.

The operations manager told us that due to the people who use the service moving out staff had been offered redundancy. Staff agreed to stay on working at the home until the remaining people who use the service had moved. The operations manager showed us the staffing roster; this indicated that only one foreign student worked at the home.

Our judgement

The registered provider had met the compliance action for this outcome set at our last review of compliance. We found that the home no longer relied heavily on foreign students without any previous qualifications or experience of working in care.

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

On this occasion we did not speak to people about this outcome area.

Other evidence

At our last review of compliance we found that some staff worked excessively long hours, this placed them in the position where they may experience fatigue. Their ability to make sound and rationale judgments could have been adversely affected and could ultimately have had a negative impact on the standard of care and support they were able to provide to people who used the service.

The improvement plan stated that the rota had been reviewed by the acting manager and would be ongoing.

The operations manager and the acting manager told us that they had recently employed one new member of staff, one member of staff had moved back to Unicorn House, another member of staff had left employment and another member of staff was on annual leave and they were not sure if this person would return to work at the home.

The acting manager showed us the staffing roster; the roster showed that between the 18th September and the 5th of October one member of staff had worked seventeen shifts at the home with only one day off during that time. They told us that they had not covered the person on annual leaves shifts. These shifts were being covered by the staff team.

The staffing roster also showed that some staff had worked late shifts followed by sleepovers then early and late shifts the next day and some staff had worked early shifts followed by late shifts, sleepovers and early shifts the following day.

Following discussion with the operations manager and the acting manager they contacted an employment agency and arranged for agency staff to cover the annual leave shifts. The operations manager submitted a revised roster to the Care Quality Commission on the 17th of October for the period 17th October to 6th of November 2011. This indicated that staff would not be working excessively long hours.

Our judgement

We found that the registered provider had not met the compliance action set at our last review of compliance because some staff was still working excessively long hours placing them in the position where they may experience fatigue. However the operations manager submitted a revised roster to the Care Quality Commission on the 17th of October for the period 17th October to 6th of November 2011. This indicated that staff would not be working excessively long hours.

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 moderate concerns with Outcome 14: Supporting staff

Except in respect of Accommodation for persons who require nursing or personal care, where there are minor concerns.

Except in respect of Accommodation for persons who require nursing or personal care, where there are minor concerns.

Our findings

What people who use the service experienced and told us

On this occasion we did not speak to people about this outcome area.

Other evidence

At our last review of compliance we found that people who used the service were being placed at risk of harm and abuse because the staff team were not receiving basic important training and supervision that would enable to carry out their duties as support workers. The registered provider had not taken the appropriate steps required to ensure that people were being supported at all times by a sufficiently qualified and skilled staff.

The improvement plan stated that supervisions and meetings would be facilitated by the home manager with immediate effect. Training would commence with Adult social services from 4th July 2011. If training places were unavailable through Adult Social Services training would be booked through BVS or Edify training in July 2011. Monthly staff meetings would be ongoing

Since the review of compliance staff had attended training on infection control, food hygiene, first aid, record keeping and reporting incidents, safeguarding adults from abuse, diabetes awareness, moving and handling the Mental Capacity Act and the Deprivation of Liberty Safeguards. However the majority of staff had not received training on fire safety and health and safety.

A new member of staff had been employed since our last visit, this person had responsibility for giving medicines to people. We saw from training records that this member of staff had received very limited training in medicines handling since joining the service and had provided no evidence of medicines training from their previous employment. The acting manager had assessed this member of staff as being competent to give medicines and was confident in this person's ability to give medicines safely. As records showed that no further medicines errors had been made since our visit in August 2011, there was no evidence that staff were not competent to give medicines however we suggested that the level of training for staff giving medicines should be reviewed by the provider, taking into account information from Skills for Care, so that people are not put at risk in the future from inadequately trained staff.

At our last review of compliance the manager told us they planned to ensure each member of staff received a one to one supervision session at least once every six weeks. We found that the current staff had received one formal supervision session with the acting manager in August 2011.

We found that regular staff meetings were being held.

Our judgement

We found that staff had received training in many important areas however the lack of training on fire safety was leaving people who use the service at risk in the event of a fire.

The level of training for staff giving medicines should be reviewed by the registered provider, taking into account information from Skills for Care, so that people are not put at risk in the future from inadequately trained staff.

Staff was attending regular team meetings however they were not receiving formal supervisions at the frequency planned by the acting manager or as stated by them at the last review of compliance.

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

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

On this occasion we did not speak to people about this outcome area.

Other evidence

At our last review of compliance we found that monthly quality audits were being carried out at the home however issues of concern were being dealt with by the management team and were not being reported to the proper authorities.

The improvement plan stated that the operations manager would complete the quality audit of the home and the acting manager would ensure any issues of concern was discussed with the management and effective decision was made in order that people who use the service receive safe quality care and support. The registered provider would action the internal audit and the acting manager would action the outcomes. Actions of previous audits were ongoing.

The operations manager showed us documentary evidence indicating that monthly audits were being carried out at the home. They were also monitoring the number of student hours worked. They told us that all issues of concern were being reported to the proper authorities. We suggested to the operations manager that they included a section in the audit report for issues reported to other agencies such as the Care Quality Commission or the Safeguarding team. They told us they were implementing a quality audit tool provided by the Safeguarding teams coordinator, this included care plan, medication and risk assessment audits.

The operation manager told us they had an electronic copy of the Care Quality Commission's Guidance about compliance, Essential standards of quality and safety, which sets out what providers should do to comply with the regulations of the Health and Social Care Act 2008. We advised the services management that a hard copy of this document should be available in the care home at all times for ease of referencing purposes.

At our last review of compliance we recorded that the operations manager and new acting manager found it difficult to locate all the records we requested during the visit. Both managers conceded that there was significant room to improve the services filing systems and to make them far more accessible.

During this visit the acting manager again found it difficult to locate some of the records and documents we requested. The advised the operations manager and the acting manager to consider reviewing the homes recording and filing arrangements as the current systems made it difficult to locate important information quickly.

Our judgement

We found that the registered provider had met the compliance action set at our last review of compliance however more could be done to improve the homes filing systems and to make them far more accessible.

Outcome 24: Requirements relating to registered managers

What the outcome says

This is what people who use services should expect.

People who use services:

* Have their needs met because it is managed by an appropriate person.

What we found

Our judgement

There are minor concerns with Outcome 24: Requirements relating to registered managers

Our findings

What people who use the service experienced and told us

On this occasion we did not speak to people about this outcome area.

Other evidence

At our last review of compliance we found that Bevan House had had three managers in charge of the service since transition from the Care Standards Act to the Health and Social Care Act, October 2010.

Bevan House did not have a manager registered with the Care Quality Commission. Previous managers had not been able to establish themselves, develop good working practices in order to offer the people who used the service a consistent approach to meeting their needs.

The improvement plan stated that the acting manager was recruited on 26th May 2011.

The acting manager remains at the home. The operations manager told us that they and the registered provider were considering what direction the service would take once all of the people who use the service had moved out. If the home was to remain as a care home then a registered manager would be appointed.

Our judgement

The registered provider was considering what direction the service would take once all of the people who use the service had moved out. If the home was to remain as a care home then a registered manager would be appointed to run the home.

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 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>Why we have concerns:</p> <p>We found that the registered provider had met the compliance action set at our last review of compliance by making sure that staff attended training on infection control, however more could be done to make sure that the home is fully compliant with the Department of Health's Code of practice on the prevention and control of infections and related guidance.</p>	
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>Why we have concerns:</p> <p>The registered provider is now compliant with Regulation 13 and medicines are managed safely; however improvements have been suggested under this outcome as staff has no guidance on the use of covert administration.</p>	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>Why we have concerns:</p> <p>The level of training for staff giving medicines should be reviewed by the registered provider, taking into account information from Skills for Care, so that people are not put at risk in the future from inadequately trained staff.</p>	

Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>Why we have concerns:</p> <p>Staff was attending regular team meetings however they were not receiving formal supervisions at the frequency planned by the acting manager or as stated by them at the last review of compliance.</p>	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns:</p> <p>We found that the registered provider had met the compliance action set at our last review of compliance however more could be done to improve the homes filing systems and to make them far more accessible.</p>	
Accommodation for persons who require nursing or personal care	Regulation 6 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 24: Requirements relating to registered managers
	<p>Why we have concerns:</p> <p>The registered provider was considering what direction the service would take once all of the people who use the service had moved out. If the home was to remain as a care home then a registered manager would be appointed to run the home.</p>	

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 to us within 28 days of the date that the final review of compliance report is sent to them.

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

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
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: We found that the registered provider was not making sure that a person who used the service was receiving important healthcare checks thus placing the person at potential risk of harm.</p>	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>How the regulation is not being met: We found that staff had received training in many important areas however the lack of training on fire safety was leaving people who use the service at risk in the event of a fire.</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 28 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.

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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