Review of compliance

Mr Cornelius Crowley & Mr Stephen Giles
Ambassador House

Region:	East
Location address:	36 Lansdowne Road Luton LU3 1EE
Type of service:	Care Home without nursing
Date the review was completed:	31 May 2011
Overview of the service:	Ambassador House is a service provided by Mr C Crowley and Mr S Giles Ambassador House provides care for up to 25 people with conditions of old age, dementia and physical disabilities that do not require nursing care.

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

What we found overall

We found that Ambassador House was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out the 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, carried out a visit on 12 May 2011 observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services.

What people told us

During our visit on 12 May 2011 we spoke with the people who use the service and they told us the staff are lovely,' 'they are happy with the care and support,' 'They told us who they would speak to if they were unhappy or had any concerns. People told us that they felt staff listen to them and feel they act on their concerns.

People told us the staff are caring and they felt safe when receiving care and that staff treated them with respect.

We were told that the home is warm and comfortable.

One person told us their family had visited the home and chosen it for them. Another person told us 'I like my room and have brought in some of my own furniture'.

We observed that the people were well groomed and appropriately dressed. People told us that their health care needs were taken care of. For instance if they were unwell, the staff would call out the doctor or the nurse.

People we spoke with told us there was not a lot to do but occasionally they would have the opportunity to play bingo or make cards.
People told us they were happy with the meals.

What we found about the standards we reviewed and how well Ambassador House was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run
There is insufficient detail within the record keeping processes to evidence that all people who use the service have been assisted to have as much choice and control over their individual care and support as is possible.

- Overall, we found that improvements are needed for this essential standard.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it
Staff obtained consent to carry out care tasks from the people who were able to give it but there were inadequate processes to identify and support people who lacked capacity to give informed consent.

- Overall, we found that improvements are needed for this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights
Care planning processes require improvement to ensure they fully address a person's individual needs and support requirements. This means that the people who use the service cannot be confident that their health and personal care needs are consistently met by all staff

- Overall, we found that improvements are needed for this essential standard.

Outcome 5: Food and drink should meet people's individual dietary needs
Staff do not consistently make lunch times a sociable event as they do not interact with service users whilst assisting them. Food was not being served in line with the Food Safety Act and exposes people to unnecessary risks.

- Overall, we found that improvements are needed for this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services
People using the service can be assured that additional care support is requested to promote safe and coordinated care.

- Overall, we found that Ambassador House was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights
People who use this service are not protected from the risk of abuse. This is because the staff had not received necessary training, the safeguarding policy was

not up to date and systems were not in place to audit the finances of people where these were looked after the home.

- Overall, we found that improvements are needed for this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection
People who use the service cannot be assured that appropriate measures are being put in place to minimise the risk of infection.

- Overall, we found that improvements are needed for this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way
Systems for storing, recording, administering and auditing of medicines are not effective and safe. This is putting people at risk.

- Overall, we found that improvements are needed for this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare
People who use the service are not provided with an environment that promotes their wellbeing, is safe and puts people at risk especially in the event of a fire.

- Overall, we found that improvements are needed for this essential standard.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment
People who use the service can be assured that sufficient equipment is available to support their health and care needs.

- Overall, we found that Ambassador House was meeting this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job
People who use the service are out at risk as effective recruitment procedures are not in place to ensure people who are employed have the required skills and are suitable to do the job.

- Overall, we found that improvements are needed for this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs
People who use the service are supported by sufficient numbers of staff to ensure their health and welfare needs are met safely.

- Overall, we found that Ambassador House was meeting this essential standard.

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

Shortfalls in training could result in people's needs not being understood and care not being provided safely.

- Overall, we found that improvements are needed for this essential 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 lack of formal and effective quality assurances processes meant that shortfalls were not identified by the provider to ensure that people who use the service receive ongoing quality care.

- Overall, we found that improvements are needed for this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly
Due to the lack of recording the people who use the service and their families cannot be assured that their concerns or complaints are listened to and acted upon effectively.

- Overall, we found that improvements are needed for this essential standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential
People who use the service cannot be assured that there records are securely stored and are up to date.

- Overall, we found that improvements are needed for this essential standard.

Action we have asked the service to take

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

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 1:
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

There are minor concerns with outcome 1: Respecting and involving people who use services.

Our findings

What people who use the service experienced and told us

During our visit on 12 May 2011 the people we spoke with told us they were able to make decisions and choices.

We saw staff promoting a person's privacy by encouraging them to their room so they were able to speak with the GP who had come to visit them.

Other evidence

During our visit staff told us that people using the service, or their families, were consulted about their care. Luton Borough Council's monitoring team visited the service on 19 & 20 April 2011. They told us they saw systems in place to ensure that the people who use the service are empowered to make decisions, this included minutes of a meeting. Items discussed at the meeting included, staffing, complaints, the manager's review and evaluation since the previous meeting. Although we noted from our visit on 12 May 2011 that care plans did not evidence that the views of the person receiving the care or their representative have been sought.

Our judgement
There is insufficient detail within the record keeping processes to evidence that all people who use the service have been assisted to have as much choice and control over their individual care and support as is possible.

Outcome 2:
Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

There are minor concerns with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us
During our visit on 12 May 2011, we did not speak with any of the people using the service about how they consented to care and treatment. During our visit we saw staff consulting with people before assisting them with personal care tasks.

Other evidence
Staff told us that they always asked people if they wanted help and would talk through what was going to happen. We were told that if a person refused care they would usually leave and try again later. During our visit we saw a member of staff explaining to a person that they needed to go to their room as the nurse was here The person said they weren't ready to go. The staff left them and went back at a later time and they happily went off to have their treatment.
Some of the people who use the service who have dementia could have limited capacity to make informed decisions about their care and treatment. There was no formal process in place to request people's consent to care and treatment. There was no evidence that capacity assessments had been sought via the social worker for those people that may have lacked capacity.

Our judgement

Staff obtained consent to carry out care tasks from the people who were able to give it but there were inadequate processes to identify and support people who lacked capacity to give informed consent.

Outcome 4:
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 minor concerns with outcome 4: Care and welfare of people who use services.

Our findings

What people who use the service experienced and told us

During our visit on the 12 May 2011 the people with whom we spoke, told us that they were happy with their care, one comment we received said 'the staff are lovely'. We observed that the people were well groomed and appropriately dressed. People told us that if they were unwell, the staff would call out the doctor or the nurse.

People we spoke with told us there was not a lot to do but occasionally they would play bingo or make cards with staff.

Other evidence

The provider told us that they provide a detailed person centred care plan. They said that this is set up by a competent staff member involving the service user and or with their family/representative where applicable. They said that risks are identified and that risk assessments take into account the individual's capacity and right to take a risk whilst balancing safety and effectiveness.

Luton Borough Council's monitoring team visited on 19 & 20 April 2011. Their visits highlighted that the plans were not person centred or outcome focused. The plans did not signpost staff to other documents that should be read in conjunction with them such as risk assessments, food and fluid charts. The failure to sign post to other documents meant that staff may not have taken into consideration all the information available when providing care to people. They also found that one

person's care had been reviewed in consultation with the district nurse but that the person's care records had not been updated. In this instance it was decided that they should be cared for in bed. The information relating to this discussion had not been entered into the persons care record. The care plan had not been updated and continued to state that the person was to go back to bed after lunch. In addition no further risk assessment had been completed especially around eating/choking. However staff on duty were clear about the persons care requirements now they were in bed.

During our visit on 12 May 2011, we found that some of the information was conflicting on the care records we looked at. For example one moving and handling risk assessment it stated no assistance required, but later we found that staff needed to be aware of the person's movements around the home especially as they were known to fall. Another person had been identified as having 'challenging behaviour needs'. Their care plans did not provide staff with details on what the behaviour was or how the behaviour should be consistently managed.

In another person's record we found three pieces of information relating to the use of bed rails. It was unclear which the current record was or which one should be followed by staff. We saw no evidence that an agreement or discussion had taken place for the use of bedrails to ensure they are not used for restraint purposes but are used to best meet the needs of the person. This potentially puts people at risk of not receiving the appropriate care and support.

Our judgement
Care planning processes require improvement to ensure they fully address a person's individual needs and support requirements. This means that the people who use the service cannot be confident that their health and personal care needs are consistently met by all staff.

Outcome 5:
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

There are minor concerns with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

The local authority confirmed that people they had spoken with as part of their reviews were happy with the meals.

During our visit we noted that the daily pictorial menu was displayed on the wall in the corridor outside the kitchen. However the people we spoke with were unable to tell us what was on the menu for the day. They told us they usually enjoy their food and said that if they did not like it they would be offered an alternative.

Other evidence

We observed the lunchtime meal on the day of our visit on 12 May 2011. People were given a choice of where they wanted to sit. The tables were laid with mats, cutlery, condiments and a napkin. However, We observed that people had little choice during the meal. For instance everyone was given orange cordial which was served out of a plastic bottle. The meals arrived already plated up, which limited peoples choices.

The meals were not covered and were served from an open unheated trolley. This could mean that the food would not be kept hot and was therefore not being delivered in a way that meets the Food Safety Act 1990.

We observed a member of staff supporting a person to eat their lunch. They did not engage in any conversation with the person and did not even explain to them what they were going to be eating.

Our judgement
Staff do not consistently make lunch times a sociable event as they do not interact with service users whilst assisting them. Food was not being served in line with the Food Safety Act and exposes people to unnecessary risks.

Outcome 6:
Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers**.**

Our findings

What people who use the service experienced and told us
During our visit on 12 May 2011, we did not speak with any of the people using the service about how the provider co-operated with other providers.

Other evidence
During our visit on 12 May we saw that the care records showed that people had been referred to other health care professional such as the District Nurse when necessary.
A health care professional with whom we spoke said that the staff are good at listening and following their instructions to meet peoples care and support needs.
We saw information on care records that people had been seen by a visiting optician
The provider was co-operating with the local authority and meetings were being set up to discuss issues raised in their monitoring visit.

Our judgement
People using the service can be assured that additional care support is requested to promote safe and coordinated care

Outcome 7:
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 major concerns with outcome 7: Safeguarding people who use services from abuse.

Our findings

What people who use the service experienced and told us
During our visit on 12 May 2011, we did not speak with any of the people using the service about safeguarding.

Other evidence
The information the provider sent to CQC in May 2011 told us that staff have not received training in the use of restraint and that the policy requires updating. The manager told us that a plan was in place to achieve compliance by the end of June 2011.

Luton Borough Council visited the service on 19 and 20 April 2011. Their visit confirmed that a safeguarding policy was in place. The policy did not provide staff with information on the various types of abuse, recognising abuse, whistle blowing, or referring to the local authorities safeguarding procedures. This could put people at risk if staff are unable to gain clear information at all times.

There was a log of all safeguarding referrals, which included minutes of meetings and any action that the home was required to have taken. Information from the local authority monitoring visit informed us that staff had received training in safeguarding but that a number of staff are due to have an update during this coming year. During our visit on 12 May 2011 staff with whom we spoke were clear about what

constitutes abuse and they told us if they were unclear they would raise any concerns with the manager. If the manager was not available they would try and contact a manager of one of their other homes.

Luton Borough Council's visit highlighted concerns in regards to people's money. A policy was in place; however it did not cover staff limitations in supporting the people who use the service with their finances. They found that people's care plans did not include information on how individual's money is to be managed. Luton Borough Council looked at five people's financial records, they found that balances were correct but receipts were not available for all expenditure. There were some discrepancies found in relation to the chiropody and hairdressing where people had been charged but the invoices did not show that these people had received the service. This potentially puts people at risk of financial abuse.
This matter is subject to an ongoing safeguarding investigation involving the police.

Our judgement
People who use this service are not protected from the risk of abuse. This is because the staff had not received necessary training, the safeguarding policy was not up to date and systems were not in place to audit the finances of people where these were looked after the home.

Outcome 8:
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 moderate concerns with outcome 8: Cleanliness and infection control.

Our findings

What people who use the service experienced and told us
During our visit on 12 May 2011 we did not speak with any of the people using the service about cleanliness and infection control.

Other evidence
The provider declared compliant with this essential standard during their transitional application in July 2010. Policies and procedures are in place for infection control and staff told us they had received training in infection control.
The provider employs domestic staff who are responsible for cleaning the home. During our visit a member of staff took us round the home and introduced us to the people who use the service. We saw that the home was cleaned to a reasonable standard. (See outcome 10 for further comments).

A pharmacist, requested by Luton Borough Council, visited the home on 21 April 2011. They highlighted that the room which is used by the hairdresser to cut people's hair had not been cleaned. This is a particular concern as this room is also used for the storage of medication, medical dressings, sharps box and personal folders used by the district nurses. The dual use of this room and the failure to properly clean the area puts people at risk of infection.

During the course of our visit we saw that staff wore protective clothing when carrying out personal care and used different coloured aprons when assisting at mealtimes.

Our judgement
People who use the service cannot be assured that appropriate measures are being put in place to minimise the risk of infection.

Outcome 9:
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 moderate concerns with outcome 9: Management of medicines.

Our findings

What people who use the service experienced and told us
During our visit on12 May 2011, we did not speak with any of the people using the service about management of medicines.

Other evidence
Luton Borough Council visited the service on 19 and 20 April 2011. They noted a number of errors in regard to the way in which medication was managed. For example recording of medication received in the home was incorrect. The records and balance of medication could not be reconciled.

A full audit of medication processes and procedures was carried out by a pharmacist on 21 April 2011. This audit highlighted several shortfalls in the management and administration of medication and found audit processes to be inadequate and ineffective.
For instance a weekly audit of medication is carried out by the manager but it is limited to checking one person's medication per week; this means that it would take ** weeks for a full audit to be completed. The home's procedure for the ordering of medication from the GP was not satisfactory in that the home did not check the prescription before it goes to the pharmacist to be dispensed. This means that mistakes that could be identified at an earlier stage are not identified until the home received the medication from the pharmacist.

Further concerns were identified in the way controlled medication was managed. Recording in the book was incomplete and could lead to errors. The controlled medication for a person who had died had not been returned to the chemist and was still being stored at the home. This is not in line with the guidelines for medication disposal. A request was made by the pharmacist that a new controlled medication book is purchased immediately; to ensure people are protected from incorrect administration and a clear audit trail is evident.

Some medication and documentation relating to treatment was not stored safely. The pharmacist carrying out the audit found that items used by the visiting district nurses were being stored in a room that is also use by the hairdresser. These items included medication, dressings, records of treatments and a sharps box. This storage arrangement is unsafe, leaves medication in an unlocked room and compromises confidentiality.

The time medication was administered was not always accurate. The audit highlighted that one person's medication was to be given prior to wound care being carried out, however this was not at the times recorded on the medication administration record. This can lead to confusion about the actual time the medication is given and the time it is safe to administer the next dose. The pharmacist asked the chemist who produced the medication administration records for the home to leave the times blank on the recording sheet so staff can put in the actual times medication is given in order to protect people from inappropriate administration of medication and to also allow an audit to be carried out effectively.

Our judgement
Systems for storing, recording, administering and auditing of medicines are not effective and safe. This is putting people at risk.

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
People we spoke with during our visit on 12 May told us they found the home to be warm and comfortable. One person told us their family had visited the home and chosen it for them. Another person told us 'I like my room and have brought in some of my own furniture'.

Other evidence
When we arrived at the service on 12 May 2011 a person living at the home opened the door and invited us in. No staff member was present, this practice was exposing people to the risk of unwanted guest entering the home.

During our visit we were shown round the home and introduced to the people living in the home by a member of staff. We saw that three bedroom doors had been propped open with furniture. These were all fire doors. This puts people at risk especially in the event of a fire.
There were rooms which provide both a lounge and dining area on both the ground and the first floor. There was a passenger lift connecting the floors. We found the home to be in need of redecoration, especially the woodwork which was looking very tired and therefore did not look clean. Staff told us that plans are in place for redecoration. During our visit the decorating contractor came and told us he was due to start in a few weeks time.

Some furnishings and items displayed on the walls of the lounge areas meant that

home was not homely or welcoming. For example staff health posters and a planning calendar was placed on the walls in some lounge and dining areas. A grey filing cabinet was in the alcove of a lounge, this stored staff handbags and the lighting in this room was provided by fluorescent strip lighting.

The floor of the corridor which leads to the kitchen and along which meals are carried had not been swept and was in need of a good clean. This does not promote good hygienic practice.

Our judgement
People who use the service are not provided with an environment that promotes their wellbeing, is safe and puts people at risk especially in the event of a fire.

Outcome 11:
Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with outcome 11: Safety, availability and suitability of equipment.

Our findings

What people who use the service experienced and told us
During our visit on12 May 2011, we did not speak with any of the people using the service about safety, availability and safety of equipment.

Other evidence
During our visit on 12 May 2011 we saw there was moving and handling equipment in the home, for example hoists. The staff told us there was sufficient equipment to meet the needs of the people using the service.
Information we received from the Luton Borough Councils visit report told us that records had been available that demonstrated regular maintenance had been carried out on equipment.

Our judgement
People who use the service can be assured that sufficient equipment is available to support their health and care needs.

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

There are moderate concerns with outcome 12: Requirements relating to workers.

Our findings

What people who use the service experienced and told us
During our visit on 12 May 2011, we did not speak with any of the people using the service about requirements relating to workers.

Other evidence
Luton Borough Council conducted visits on 19 and 20 April 2011 and told us that a recruitment policy was in place. It provided information on, working permits, illegal immigrants; employment of children and young workers. A spreadsheet was available detailing when people had received a criminal records bureau check.

Luton Borough Council tracked a newly recruited member of staff. They told us that application form only asks for information on the last two employees. This provides limited information on a person's history and does not allow for gaps in employment to be verified. References had been taken but these had not been verified by the use of a company stamp or making a telephone call to authenticate the reference. This puts people at risk of not having staff that are of good character and having the skills and experience to carry out the role.

Our judgement
People who use the service are out at risk as effective recruitment procedures are not in place to ensure people who are employed have the required skills and are suitable to do the job

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
During our visit on 12 May 2011 the people we spoke with told us that the staff are kind, are always busy but still have time for a chat.

Other evidence
In their transition registration application the provider told us they were compliant with this essential standard.

During our visit on 12 May 2011 staff who told us that there were sufficient staff on duty to meet the needs of the people who use the service. The rotas we looked at showed us that there were adequate staff to meet the health and personal care needs of the people who use the service at the time of our visit. Staff told us they had received adequate training to be able to do there job.>

Our judgement
People who use the service are supported by sufficient numbers of staff to ensure their health and welfare needs are met safely.

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

There are moderate concerns with outcome 14: Supporting workers.

Our findings

What people who use the service experienced and told us
During our visit on 12 May 2011 the people who use the service told us the staff are caring and they felt safe when receiving care and that staff treated them with respect.

Other evidence
< During our visit on 12 May 2011 staff told us they were being well supported by the management and had been on various training sessions including diabetes awareness, medication, first aid, moving and handling.

Luton Borough Councils told that a number of staff should have received refresher training during last year in areas such as, food hygiene, dementia care, safeguarding. This had not occurred. They looked at one file and the training matrix for a member of the senior staff team. This showed that a number of training sessions were out of date and this raised concerns as they are responsible for leading shifts. This could put people at risk of not having staff that have the required up to date skills to support their health and support needs appropriately.

Information that we received from the provider identified that the induction programme needs to be reviewed. They told us they need to include further information on policies and procedures, to ensure staff are provided with relevant information and are able to provide an improved quality of care and support.

Our judgement
Shortfalls in training could result in people's needs not being understood and care not being provided safely.

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 moderate concerns with outcome 16: Assessing and monitoring the quality of service provision.

Our findings

What people who use the service experienced and told us
During our visit on12 May 2011, we did not speak with any of the people using the service about how the provider assess and monitors the quality of the service provision.

Other evidence
The provider told us they use various ways to monitor the quality of the service. These include surveys, comment slips and various audits including care plans, accidents and medication. From information we have received and from our visit on 12 May 2011 we identified that auditing processes were not effective especially in regards to medication, financial records and care planning.

Luton Borough Council visited the service on 19 and 20 April 2011. They told us they had raised a number of issues with the manager's line manager who carries out visits to the home to monitor quality. The person seemed surprised that issues had been raised especially around medication and financial audits. During their audit they had raised no concerns and made comments such as 'all seems ok'. With no explanation of what this means. This demonstrates that quality monitoring needs to be improved.

Our judgement
The lack of formal and effective quality assurances processes meant that shortfalls were not identified by the provider to ensure that people who use the service receive ongoing quality care.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

There are minor concerns with outcome 17: Complaints.

Our findings

What people who use the service experienced and told us
During our visit on 12 May 2011 people we spoke with told us that they were happy with the care and support. They told us who they would speak to if they were unhappy or had any concerns. They told us that staff listen to them and feel they act on their concerns.

Other evidence
During our visit on 12 May 2011 the staff with whom we spoke were clear about how they would respond to any concerns raised with them.

We received information in May 2011, from a relative that they had made a complaint to the provider and they had not received a response. We saw the compliments and complaints folder which was empty with the exception of the procedure and a letter which was sent out confirming receipt of the complaint to the complainant. The information was contradictory and was out of date. One piece of information referred to the Commission for Social Care Inspection, an organisation which no longer exists, at an address that is no longer used by a regulator. Another document referred to the Care Quality Commission; however the address detailed was no longer correct.

Our judgement

Due to the lack of recording the people who use the service and their families cannot be assured that their concerns or complaints are listened to and acted upon effectively.

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

There are moderate concerns with outcome 21: Records.

Our findings

What people who use the service experienced and told us
During our visit on12 May 2011, we did not speak with any of the people using the service about records.

Other evidence
Staff we spoke with were clear about the importance of confidentiality of all records. However district nurse's notes were being stored in a room which was also used by the hairdresser and the door to which was unlocked.

During Luton Borough Councils visit on 19 and 20 April 2011 identified issues with the accuracy of the medication and financial records.

Our visit on 12 May 2011 identified issues with care plans. We found that not all records have been kept up to date and were not consistently stored securely at all times.

Our judgement
People who use the service cannot be assured that there records are securely stored and are up to date.

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
Accommodation for person who require nursing or personal care, treatment of disorder, disease or injury, diagnostics and screening	17	1 - Respecting and involving people who use the service
	How the regulation is not being met: There is insufficient detail within the record keeping processes to evidence that all people who use the service have been assisted to have as much choice and control over their individual care and support as is possible.	
Accommodation for person who require nursing or personal care, treatment of disorder, disease or injury, diagnostics and screening	18	2 - Consent to care and treatment
	How the regulation is not being met: Staff obtained consent to carry out care tasks from the people who were able to give it but there were inadequate processes to identify and support people who lacked capacity to give informed consent.	
Accommodation for person who require nursing or personal care, treatment of disorder, disease or injury, diagnostics and screening	9	4 - Care and Welfare of people who use services
	How the regulation is not being met: Care planning processes require improvement to ensure they fully address a person's individual needs and support requirements. This means that the people who use the service cannot be confident that their health and personal care needs are consistently met by all staff	
Accommodation for person who require nursing or	14	5 – Meeting nutritional needs

personal care, treatment of disorder, disease or injury, diagnostics and screening	**How the regulation is not being met:** Staff do not consistently make lunch times a social able event as they do not interact with service users whilst assisting them. Food was not being served in line with the Food safety Act and exposes people to unnecessary risks.	
Accommodation for person who require nursing or personal care, treatment of disorder, disease or injury, diagnostics and screening	11	7 – Safeguarding people who use services from abuse.
	How the regulation is not being met: The restraint policy is not up to date. There is a lack of staff training in restraint. The lack of auditing and processes for safeguarding people's money. These areas can potentially be putting people who use the service at risk of abuse.	
Accommodation for person who require nursing or personal care, treatment of disorder, disease or injury, diagnostics and screening	12	8 – Cleanliness and infection control
	How the regulation is not being met: People who use the service cannot be assured that appropriate measures are being put in place to minimise the risk of infection.	
Accommodation for person who require nursing or personal care, treatment of disorder, disease or injury, diagnostics and screening	13	9 – Management of medicines.
	How the regulation is not being met: Systems for storing, recording, administering and auditing of medicines are not effective and safe. This is putting people at risk.	
Accommodation for person who require nursing or personal care, treatment of disorder, disease or injury, diagnostics and screening	15	10 – Safety and suitability of premises.
	How the regulation is not being met: People who use the service are not provided with an environment that promotes their wellbeing, is safe and puts people at risk especially in the event of a fire.	
Accommodation for person who require nursing or personal care, treatment of disorder, disease or injury, diagnostics and screening	21	12 – Requirements relating to workers
	How the regulation is not being met: People who use the service are out at risk as effective recruitment procedures are not in place to ensure people who are employed have the required skills and are suitable to do the job.	

Accommodation for person who require nursing or personal care, treatment of disorder, disease or injury, diagnostics and screening	23	14 – Supporting workers
	How the regulation is not being met: Shortfalls in training could result in people's needs not being understood and care not being provided safely.	
Accommodation for person who require nursing or personal care, treatment of disorder, disease or injury, diagnostics and screening	10	16 – Assessing and Monitoring the quality of the service provision.
	How the regulation is not being met: The lack of formal and effective quality assurances processes meant that shortfalls were not identified by the provider to ensure that people who use the service receive ongoing quality care.	
Accommodation for person who require nursing or personal care, treatment of disorder, disease or injury, diagnostics and screening	19	17 – Complaints.
	How the regulation is not being met: Due to the lack of recording the people who use the service and their families cannot be assured that their concerns or complaints are listened to and acted upon effectively.	
Accommodation for person who require nursing or personal care, treatment of disorder, disease or injury, diagnostics and screening	20	21 – Records.
	How the regulation is not being met: People who use the service cannot be assured that there records are securely stored and are up to date.	

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 this report being received.

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 Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA