

# Review of compliance

White Rose Care Maylands	
<b>Region:</b>	South East
<b>Location address:</b>	Grosvenor Road Whitstable Kent CT5 4NN
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	November 2011
<b>Overview of the service:</b>	<p>Maylands is a privately owned care home providing support and accommodation for 17 adults with varying degrees of learning disability and other needs.</p> <p>The home is a detached two-storey house situated in its own grounds, but close to local shops and services. People are accommodated in single rooms with en-suite facilities. The</p>

	enclosed garden has a terrace area that is accessible to people.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

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

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

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

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

### What people told us

The people that use the service at Maylands have learning difficulties and therefore not everyone was able to tell us about their experiences. To help us to understand the experiences people have, we used our Short Observational Framework for Inspection (SOFI) tool. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time, the type of support they get and whether they have positive experiences.

We spent one hour watching before and during lunchtime and found that overall people had positive experiences. The staff supporting them knew what support they needed and they respected their wishes if they wanted to manage on their own. The support that we saw being given to people matched what their care plan said they needed.

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

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

People were involved in and received care and support that respected their right to make decisions within their capability. Their privacy, dignity and independence was respected.

Overall, we found that Maylands was meeting this essential standard.

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

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

Overall, we found that Maylands was meeting this essential standard.

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

People were protected from abuse and their human rights were protected. However some staff had not had Safeguarding of Vulnerable Adults and Mental Capacity Act training.

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

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

People received care and support from staff who were trained and supervised.

Overall, we found that Maylands was meeting 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**

We found that there were procedures in place to monitor the quality of the service so people received safe, quality care.

Overall, we found that Maylands was meeting this essential standard.

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

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

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. 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

People were supported to do what they wanted and staff spoke with people in an informal and polite manner. We observed that people were treated with kindness, consideration and respect.

People took part in social activities, for example swimming, bowling, going to the cinema or out for dinner and day trips out. One example of a trip out was going to a Neil Diamond concert. Staff said that one person had been on a week's holiday to Dymchurch, and had also spent a couple of days in Cornwall.

#### Other evidence

People were provided with the information they needed to make an informed choice about moving into the home. An assessment of their needs was carried out by the registered manager, or provided by the hospital or local social services prior to the person moving into the home. This was to ensure that the persons assessed needs could be met. Families were encouraged to be involved with the admission process.

Each person had a care plan detailing the care and support they needed and staff worked from this on a daily basis. People were asked about privacy and dignity when assessments and care plans were written and reviewed. This was recorded to make

sure people were supported in the way they preferred. We saw that staff offered choices to people, like where to sit, what to do, and what to eat.

People who use services were able to choose their lifestyle, social activity and to keep in contact with families and friends. The records showed that activities included reflexology, gardening, music and movement, visiting the library and visits to the garden centre. Raised beds had been provided in the garden area and work was in progress to grow flowers and vegetables. A newly purchased wooden cabin in the garden area was being used for activities. The registered manager said that they had been working in small groups in the cabin preparing pumpkins for Halloween.

**Our judgement**

People were involved in and received care and support that respected their right to make decisions within their capability. Their privacy, dignity and independence was respected.

Overall, we found that Maylands was meeting this essential standard.



## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

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

People did not comment directly to us about the support they needed.

##### Other evidence

There were seventeen people using the service, and we looked at two of the individual plans of support for people. The plans provided information on how people needed and wanted to be supported. The individual plans of support were comprehensive, contained regular reviews and appropriate risk assessments. We saw that person centred plans that were pictorial with a small amount of words were being completed for people who use the service. One plan seen had information about 'people who are important to me' with photos. Under the heading of 'places I like to go' had been written I enjoy going to the Zoo and to my sisters home. The plan also had information in relation to communication, eating and drinking; things I like, things that get me down, ways you can help me and my space.

Records were kept to monitor people's health. The individual plans of support confirmed input from other health professionals such as dieticians, districts nurses and consultants. The registered manager discussed that following a best interests meeting, a person who now required nursing care was returning to the home with a nursing agency providing the nursing support needed.

Whilst observing the lunchtime meal we saw that people ate at their own pace and were not rushed. We saw positive staff interactions with people who used the service and the staff knew the people well. People were seen being appropriately aided to walk and sit

down. People had a laugh and joke and there was a pleasant relaxed atmosphere.

Staff were knowledgeable about how to support each person in ways that were right for them. The staff spoken with on the day of the visit was able to discuss the needs of people using the service and ways in which individuals were supported. For example one person was content to be with sensory objects for a period of time without intervention from staff.

**Our judgement**

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

Overall, we found that Maylands was meeting this essential standard.

## 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 minor concerns with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

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

We saw that people who use services were relaxed in the company of staff. When they needed assistance it was seen that they asked for this without any reluctance. Where people were not able to make decisions for themselves the staff made sure that decisions were made for them in line with the law about how this should be done safely.

##### Other evidence

Staff said that the registered manager had daily contact with them and people using the service. Staff spoken with said that they had received safeguarding of vulnerable adults training. The registered manager confirmed that 8 of the 17 staff had undertaken safeguarding of vulnerable adults training. One of the care staff spoken with said that they had undertaken Mental Capacity Act and Deprivation of Liberty training at the last place they had worked.

There was a written policy and procedure that explained what staff should do if they had concerns. Staff who provided care knew that they would have to take prompt action to keep people who use services safe. They said who they would go to if they had any concerns. They all said that they had no concerns.

The registered manager confirmed that there had not been any significant concerns that had resulted in a formal investigation by the local safeguarding authority or any formal complaints made to the home, since the service was registered on 01 October 2010 under the Health and Social Care Act 2008.

There were procedures in place to protect people's money. Receipts were kept of money spent and money kept by the service on behalf of people.

**Our judgement**

People were protected from abuse and their human rights were protected. However some staff had not had Safeguarding of Vulnerable Adults and Mental Capacity Act training.

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

## 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

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

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

We saw that the staff were kind and caring. We saw positive interactions between staff and people who use services. Staff told us that they received induction training and regular training updates, for example moving and handling and health and safety.

##### Other evidence

The staff who provided care for people showed us that they were knowledgeable about the care people who use services needed. This included how to help people take care of their skin. An example seen was a person who remained in bed. They had in place a special mattress, and special sheets in order to protect the person's skin.

There was an induction programme in place for new staff so they learn how the home runs. Staff who provided care told us that they had undertaken training for example medication and infection control. The registered manager said that all staff received mandatory training. She said that the District Nursing team had provided training in relation to palliative care, nutrition and pressure area care. The staff training matrix showed that staff had undertaken moving and handling training in June 2011, infection control training in March 2011 and health and safety training in July 2011.

Staff said that there were regular staff meetings, and that they received regular one to one meetings with the registered manager.

##### Our judgement

People received care and support from staff who were trained and supervised.

Overall, we found that Maylands was meeting this essential standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

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

Surveys from people who use services were seen to be positive about the support they received. Surveys completed by relatives included comments for example 'very impressed with the staff and facilities at Maylands, staff go far beyond the call of duty', 'the staff at Maylands are excellent always very informative and helpful', 'seems very happy and well looked after' and 'I trust the staff implicitly and they consult me as required'.

##### Other evidence

The quality of the service provided was checked regularly in a number of ways including surveys of people using the service. The information collected was positive and the registered manager said that action had been taken to follow up any negative comments. The quality assurance programme included audits, staff meetings and monitoring visits from managers of other homes owned by the company.

There was a complaints procedure. People spoken with said that they had no complaints, but would not hesitate to say if they did have. There was an incident and accidents reporting system in place, and all accidents/incidents were reported and investigated.

##### Our judgement

We found that there were procedures in place to monitor the quality of the service so people received safe, quality care.

Overall, we found that Maylands was meeting this essential standard.



## 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 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p><b>Why we have concerns:</b> People were protected from abuse and their human rights were protected. However some staff had not had Safeguarding of Vulnerable Adults and Mental Capacity Act training.</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 14 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.

# 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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