Review of compliance

Mr & Mrs M G Hucker and Mrs K A Bexter Breach House	
Region:	West Midlands
Location address:	Holy Cross Lane Belbroughton Stourbridge West Midlands DY9 9SP
Type of service:	Care home service without nursing
Date of Publication:	November 2011
Overview of the service:	Breach House is registered to provide accommodation to people who require personal care and who may have a physical or a dementia related illness.

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

Our current overall judgement

Breach 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 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 28 September 2011, 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

At the time of our visit the registered manager was on long term leave and the assistant deputy manager was on maternity leave. The provider was present during the day to assist us. The provider advised that a temporary assistant deputy manager had been recruited. Although the POVA check and Criminal Records Bureau (CRB) check had not yet been received the provider had made the appropriate arrangements for supervised working which meant a more timely start date.

When we spoke to people some told us they had chosen this as their home, other people had been to other homes and felt this one suited them better and enjoyed living there. People told us they liked the rural location of the home, the views and walking in the garden.

When we arrived in the morning we observed that people were generally sitting in the lounges listening to music or chatting amongst themselves. In the afternoon following lunch, people were more active and were seen walking in the gardens, relaxing in the lounges or enjoying spending time chatting to staff and others.

What we found about the standards we reviewed and how well Breach 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

Peoples' views were considered and staff demonstrated that they respected and listened

to the people they cared for.

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

People needs had been assessed. To ensure that people experienced continued safe, effective and appropriate care that met their needs and protected their rights, improvements were needed in monitoring and recording peoples' changes in health, care and welfare needs.

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

People were safe and protected from abuse and harm as staff were trained and knew how to act in the event of suspected abuse.

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

People who used the service were safe and had their health and welfare needs met by competent staff. Staff were trained and supported in their role and able to request further training if needed.

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

The provider had not updated the identified and assessed risks that related to health, welfare and the safety of people who lived at the home, and staff and visitors.

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 told us that they chose how they spent their day and that they enjoyed the food and the choices offered. They knew about their care and treatment and were happy that their needs were met. There were several communal areas for people to choose how they spent their time. Some people chose to stay in their rooms, the lounges, conservatory, the dining room or gardens. They said that staff were nice and helpful and looked after them well.

People were happy to show us their rooms and were able to tell us about what made their room personal to them. They told us they were able to have drinks regularly and staff would always get them a drink if they asked. There was also a drinks trolley that went around the home frequently.

We spoke to relatives who were able to tell us that where needed or required they were able to input into peoples care and treatment and help with personal choices. They told us they were always made to feel welcome when visiting.

Two people that we spoke to preferred to spend most of the day in their room and this suited them. The home had ensured that this was in their best interests and where able had obtained the views of relatives to see if this matched the person's life history.

Relatives asked where possible for staff to encourage more involvement in that person's day to day routines. The provider was happy for this to happen, but was clear that they would respect the wishes of the person.

We saw that people were encouraged to be independent, make choices and were free to move around the home. We saw one person who had chosen not to use a walking aid. Their care plan showed the home had assessed the risks and recorded the appropriate actions for staff to take. We observed staff following this guidance when this person was walking.

The home used a mobile hairdresser that people could use, also the home was happy for people to use their own hairdresser and had facilitated this for one person. People told us that they had some regular visitors to the home, these included a musician and someone that organised bingo. Some people told us that they chose not to do these activities and would use the other lounge. They felt that the activities were enjoyed by many of the people living at the home.

Other evidence
The provider told us that they used a local doctor's surgery, but people could choose their own doctors surgery. The provider did state that this was not always possible as a doctor would not travel or they used a local dispensing chemist.

The seating layout in the lounges had been altered, to offer smaller areas of seating. This was not liked by the people living at the home and therefore the chairs remained around the out side walls of the communal areas.

If someone required a quieter area to discuss personal matters about their care and treatment they were able to choose a private space. This included a treatment room, the conservatory as this was often a quieter area, their own room or the manager's office. During our visit we observed that visitors and family members used the office to discuss areas of care about their relative.

We looked at two care plans which detailed the persons preferred daily routines and included some life and work history of the person.

People who lived there were able to express their views direct with the manager and staff or through a 'Residents Forum'. Until recently this was a monthly meeting, but the people living at the home had chosen to reduce the number of meetings. There was now a lead 'resident' that talked to other people to gain their views and would pass on comments and concerns with their agreement.

The home had recently recruited an activity co-ordinator to facilitate further activities within the home, but the appointed person had declined the post. The provider told us they were looking to recruit to this post shortly.

We observed staff addressing people by their name, people appeared to be dressed in their own styles and staff were able to assist people in a timely manner. The rooms we saw were single sex accommodation and there were no shared rooms.

Our judgement
Peoples' views were considered and staff demonstrated that they respected and

listened to the people they cared for.

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 minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
People told us that they felt they were well cared for and looked after well but at some meal times staff were busy. The provider had already identified this point and told us that the recently recruited temporary assistant deputy manger would resolve this.

We observed staff being respectful to people living at the home. They were able to communicate with people on an individual level which reflected peoples' personalities.

People told us that they were listened to and where they felt things were not working for them they were put right. This meant that one person was able to express a preferred gender staff for personal care.

Other evidence
We looked at two care plans to see how the home recorded and updated the care and treatment people needed. The information in the care plans had been updated and reviewed monthly. The care plans provided risk assessments for the individual's needs and documented how the staff could meet the need or reduce the risks to the person. Their medication was listed, including the dosage, the reasons for the medication and the possible side effects. We then looked at the Medication Assessment Records (MAR) which showed that the medication had been given as prescribed with no missing information.

In both care plans we looked at we could see that the people had lost weight and this had been recorded. The documents did not show what action the home had taken in

response to the weight loss. The provider told us that the doctor's reviewed and monitored peoples' weight regularly and that this information would have been shared with them. No record of a doctor's appointment could be found to evidence this. There were no assessments to show if the people's weight was within a healthy band. The provider was able to demonstrate that a new care plan format that they intended to introduce provided a Body Mass Index (BMI) chart and screening tool.

Our judgement
People needs had been assessed. To ensure that people experienced continued safe, effective and appropriate care that met their needs and protected their rights, improvements were needed in monitoring and recording peoples' changes in health, care and welfare needs.

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

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
When we spoke with people they told us that they felt safe, the staff were nice, polite and helpful. There were no restrictions to the communal areas of the home and people could access the outside grounds. People told us that they spent time in one of the lounges as this suited them and they liked spending time in that lounge.

All of the rooms were single and staff were respectful that the rooms belonged to people and knocked before entering. The provider requested that we asked to see peoples' rooms rather than just going in. When we asked people to show us their rooms they were happy to do so and commented on how they had been able to bring their things with them and they had lots of photographs.

When we spoke to staff they were able to tell us about their responsibilities to keep people safe and the types of abuse. They also told us that they felt confident in reporting any incidents they saw. They also told us that a change in a person's behaviour could indicate abuse. They confirmed that they had received training in safeguarding and that the home had a policy which they had read and knew where it was kept.

Other evidence
The home had a staff call system installed so people were able to alert staff from their room if they required assistance. The provider was able to produce a report from the system to show the number of calls and the times taken to respond so they could be assured that staff were attending to peoples requested needs.

We looked at staff training records which showed that staff had attended safeguarding training and also showed when an update course would be required.

Our judgement
People were safe and protected from abuse and harm as staff were trained and knew how to act in the event of suspected abuse.

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
People told us that the staff were able to help and encourage them and they liked them. They told us that staff would spend time talking to them and would help them with a task or activity.

We observed staff and saw that they displayed an understanding of the physical and emotional needs of people. Staff treated people as individuals, explained to people what they were doing if they needed to assist them and respected their privacy.

When we spoke to staff they told us they were supported by regular supervision every six to eight weeks, but could request more if they needed to. They told us that they felt they had the training required to carry out their role and that they had regular refresher courses. They told us they would be happy to request further training if they felt they needed to.

Other evidence
We looked at the training records and these were current and all training had been listed for all staff. The provider also told us that staff received an annual appraisal. We saw that these were recorded and documented.

Our judgement
People who used the service were safe and had their health and welfare needs met by competent staff. Staff were trained and supported in their role and able to request further training if needed.

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
When we spoke with people they told us that they felt they were listened to and that they were able to make suggestions about their home. There was a suggestion box in the reception area for anyone to use. Relatives we spoke to felt they were listened to and had been able to raise matters with the staff and provider. Where they had raised matters they told us they had been dealt with.

People living at the home had the option to meet monthly to voice any concerns and a named person was also happy to collect and share other peoples' views and opinions.

The provider also told us that key workers emailed peoples relatives once a month with information about their relative. This also provided the option for people to respond.

Other evidence
The provider visited the home twice weekly, but had not recorded their input and actions. There were many risk assessment completed that related to many areas of the home, the equipment and policies. These had been regularly reviewed up to June 2011. Since this time the provider had not been able to update these. The provider advised that once the new deputy manager was in post the monthly reporting and recording would commence.

The provider has also ensured that maintenance and upkeep of the premises has been retained. We saw that the property was in good repair both inside and out.

Our judgement
The provider had not updated the identified and assessed risks that related to health, welfare and the safety of people who lived at the home, and staff and visitors.

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 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
	How the regulation is not being met: People needs had been assessed. To ensure that people experienced continued safe, effective and appropriate care that met their needs and protected their rights, improvements were needed in monitoring and recording peoples' changes in health, care and welfare needs.	
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
	How the regulation is not being met: The provider had not updated the identified and assessed risks that related to health, welfare and the safety of people who lived at the home, and staff and visitors.	

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

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

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

Where a provider has already sent us a report about any of the above compliance actions,

they do not need to include them in any new report sent to us after this review of compliance.

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

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

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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