

Review of compliance

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| Mrs Elaine Sandra Ward Mrs Elaine Sandra Ward - 15 Sorrel Drive | |
| Region: | West Midlands |
| Location address: | Boughton Vale Rugby Warwickshire CV23 0TL |
| Type of service: | Care home service without nursing |
| Date of Publication: | March 2012 |
| Overview of the service: | The service provides accomodation and personal care for up to three people with a learning or physical disability living in a family environment. |

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

Our current overall judgement

Mrs Elaine Sandra Ward - 15 Sorrel Drive 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, carried out a visit on 27 February 2012, checked the provider's records, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We visited this home on 27 February 2012. We carried out this review to check on the care and welfare of people using this service.

The home is a family based service providing care and support for three people who live within the family environment. Two members of staff and staff from a local agency are used to provide the registered person with additional support when necessary.

During our visit we spoke with two people using the service and two members of staff. The registered person was not available during our visit. We subsequently spoke with the registered person by telephone.

All of the people resident in the home have lived there for a number of years. We saw that the people at home for all or part of our visit were relaxed and comfortable in their surroundings. One person told us that they enjoyed living as part of the family.

We saw that the staff were knowledgeable about peoples care and support needs.

We looked at care plan records and saw that they were detailed and provided comprehensive information about the care and support required by people. We noted that the care plans had not been reviewed within the previous twelve months, however we were able to determine that the information within one plan we looked at was an accurate reflection of the care and support required.

We found that although people had their own daily diaries in place, staff were verbally handing over key and pertinent information between themselves and the registered person which was not being formally recorded anywhere.

We looked at the systems in place for the management of medication. We saw that on the day of our visit the systems in place for managing medication did not place people at unnecessary risk.

We looked at how the service measured the quality of care and support provided. We were told that the service carried out an annual survey to seek the views of the people using the service. We saw the results of the survey undertaken in 2011 which indicated that the people living in the home were happy with the service they were receiving.

We were provided with confirmation that the health, safety and welfare of people living, working and visiting the home was monitored by appropriate checks and measures.

What we found about the standards we reviewed and how well Mrs Elaine Sandra Ward - 15 Sorrel Drive was meeting them

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

People using this service receive effective, appropriate and personalised care and support.

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

Systems in place for the management of medication ensure that people are not placed at unnecessary risk.

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

Appropriate and suitable staffing arrangements ensure that the health, safety and wellbeing of the people living in the home are maintained.

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

People using the service benefit from systems that are in place to monitor the quality of the service they receive.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The people using this service cannot be confident that their personal care, treatment and support records are accurate and current because verbal communications between staff are not recorded within their personal records.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

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 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

During our visit on 27 February 2012 we spoke with two people living in the home. One person was able to tell us about their experiences of living in the home whilst the other gave yes or no answers and responded more with non verbal body language during our conversations.

When we arrived at the home one person was waiting to go out to their day service provision whilst another was having breakfast.

One person we spoke with told us that they had lived in the home for a number of years and that they liked living as part of the family. "It's alright living here." They also told us "I like it, I like my bedroom, I'm happy." We asked the second person that we spoke with if they were happy living in the home and they responded "yes" and smiled.

We saw that both people we spoke with during our visit appeared relaxed and happy. They were included in conversations and discussions by the staff on duty and close, positive relationships were apparent.

One person we spoke with told us that they were expecting visitors later in the day and talked with us about their family. The staff on duty said that the person concerned had a large family who visited regularly.

Other evidence

We asked the people that we spoke with if we could look at their care records. They

both told us that we could. We saw that care plans were in place for each person. These were detailed and gave clear information about individual needs. Any potential risks associated with each person had been clearly identified along with actions to take to make sure they were minimised. A staff member we spoke with was knowledgeable about the care needs of the people living in the home. One person we spoke with confirmed through informal discussion that the information within their care plan was relevant to their individual care needs.

We were told that information handovers between the staff, agency staff and registered person were undertaken on a verbal basis, rather than being written down. We were shown individual diaries belonging to people, but noted that information was not being recorded on a regular basis.

We were told that health care appointments for people were recorded in the homes' diary. We looked at this and noted that upcoming appointments for people were recorded. We asked the staff member on duty where they recorded the outcome and any treatment arising from people's healthcare appointments. We were told that this was also done on a verbal basis.

We asked a staff member on duty about her understanding of safeguarding vulnerable adults from abuse. She told us that she had received training in safeguarding adults and child protection and was able to tell us what she would do if she ever suspected abuse had or was taking place.

The registered person was not available during our visit. We spoke with her by telephone at a later date. She advised that although she was aware of her responsibilities in relation to safeguarding vulnerable adults, she was unaware of the local authority safeguarding protocol. She advised that she would contact the safeguarding team to obtain a copy.

Our judgement

People using this service receive effective, appropriate and personalised care and support.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

One person we spoke with during our visit told us that they did not know what the tablets they took were for. The same person went on to tell us that they would recognise if they were given something different to their usual medication and that they would ask about it.

Other evidence

We looked at the systems in place for the management of medication to ensure that people were not placed at unnecessary risk.

The staff member on duty told us that medication was supplied by a local chemist. We saw that medication was stored securely in a wall mounted lockable cabinet in a locked office.

We saw that the medication cabinet was divided so that each person had their own section. We noted that where applicable, prescribed medication had been provided in blister packs. Where this was not appropriate we saw that medication was being stored in its original packaging.

We were shown the information available regarding the medication prescribed for each person. We saw that it contained details of what the medication was and what it had been prescribed for. We also noted that there was information about how each individual preferred to take their medication.

The staff member on duty told us that each person had their own medication administration record (MAR) chart. We looked at two MAR charts and saw that they had been signed to demonstrate that medication had been administered as prescribed. We noted that there was a gap in recording on both charts we looked at for the same date and time. We pointed this out to the member of staff on duty who confirmed that the applicable medication had been administered.

We saw that a record of stock levels of medication were maintained and recorded on individual MAR charts. We checked the stock levels of one prescribed medication and found that it tallied with the number of tablets available and administered.

Training records we looked at confirmed that staff had received training in the safe handling of medication. The member of staff we spoke with confirmed that she had received medication training.

Our judgement

Systems in place for the management of medication ensure that people are not placed at unnecessary risk.

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

The people we spoke with during our visit appeared relaxed and happy in the company of the staff on duty.

One person told us that they appreciated being part of the family and enjoyed it when members of the registered person's extended family visited.

Other evidence

The home provides a family placement type service. As such the registered person is the main carer. We were told that in addition, two staff were employed on a part time basis to support the registered person in providing care for the people living in the home. We were also told that staff from a local agency were used.

The member of staff we spoke with told us that she had worked for the registered person for a number of years and really enjoyed supporting the people that lived in the home. We were also told that the staff from the agency were always the same two people which ensured continuity of care for the people living in the home.

We looked at the recruitment records of the two staff employed by the registered person during our visit. We saw that all the necessary references and checks were in place.

We saw staff training records that confirmed that training in areas such as first aid, food hygiene, safe handling of medication, equality and diversity and moving and handling

had been completed. We noted that the dates for updates were also recorded.

We did not observe the staff on duty undertaking any moving and handling procedures during our visit. A staff member we spoke with was able to tell us about the equipment available for one person, and confirmed that she had been trained to use it correctly to minimise risk of injury.

We noted that the certificates for the moving and handling training the staff had undertaken stated that they were valid for one year, and thus were out of date. We discussed this with the registered person who advised that she would ensure that the appropriate updates would be provided as soon as was possible.

Our judgement

Appropriate and suitable staffing arrangements ensure that the health, safety and wellbeing of the people living in the home are maintained.

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

The people we spoke with during our visit to the home both indicated that they were happy living there.

One person told us that they would speak to the registered person or any of the carers if they felt they needed to raise any issues or concerns.

Other evidence

The registered person told us that they had undertaken a survey with the three people that lived in the home during the last 12 months to find out if they were satisfied with the care and support they were receiving.

We were told that the survey forms had been sent into the relevant day services, so that people could be supported to fill them in by staff that were not involved with providing care and support within the home.

We saw that the survey forms had been provided in a format that was easy for people to understand. We looked at two completed survey forms. They both indicated satisfaction with the levels of service being received.

A member of staff on duty told us that because the home was a family environment, formal meetings were not held for the three people that lived there. Instead people would chat throughout the day and raise anything they wanted to talk about on an informal basis. One person we spoke with told that they enjoyed discussing things with

the staff or registered person.

We saw that the home was suitably designed to meet people's individual needs. One person we spoke with told us that there were no restrictions in place regarding the rooms they could use or access to the garden, because she lived in the home as a member of the family.

During our visit we saw that steps were in place to confirm that adequate measures to ensure people's health and safety were maintained. These included records of smoke detector tests, a fire drill procedure and the dating of food packaging once opened. A member of staff on duty told us that formal fridge temperature records were not maintained, but that the temperature of the fridge and freezer were tested regularly to ensure that they were at the required levels.

Following our visit the registered person confirmed that a contract was in place for the regular maintenance and servicing of moving and handling equipment. We were also told that a 'Homesafe' contract for the maintenance of gas appliances, central heating, plumbing and drainage, kitchen white goods and all electrical appliances was in place.

Our judgement

People using the service benefit from systems that are in place to monitor the quality of the service they receive.

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 minor concerns with Outcome 21: Records

Our findings

What people who use the service experienced and told us

The people we spoke with did not make any comments about this outcome.

Other evidence

As recorded in outcome four of this report we looked at the care and support plans of two people who lived in the home. One person we spoke with told us that the information in their plan was an accurate reflection of their care and support needs. We noted however that both plans we looked at had not been reviewed for over twelve months.

As the registered person was not available during our visit we spoke with her about this via telephone at a later date. She told us that she had reviewed the care plans of all three people that lived in the home in November 2011, and they were available on the homes computer. We were subsequently provided with information that confirmed that people's care plans had been reviewed.

We saw, as recorded under outcome four in this report, that information handovers between the staff, agency staff and registered person were undertaken on an informal verbal basis, rather than being written down. We were also told that the outcomes from people's health care appointments were also handed over on a verbal basis.

We discussed the informal nature of handing over pertinent or key information about

the people living in the home with a staff member on duty. We were shown individual diaries belonging to people, but noted that information was not being recorded on a regular basis. The member of staff we spoke with was knowledgeable about people's needs. The lack of documented information however meant that staff could not be sure that information they received was an accurate reflection of events.

Our judgement

The people using this service cannot be confident that their personal care, treatment and support records are accurate and current because verbal communications between staff are not recorded within their personal records.

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 20 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 21: Records |
| | <p>Why we have concerns:</p> <p>The people using this service cannot be confident that their personal care, treatment and support records are accurate and current because verbal communications between staff are not recorded within their personal records.</p> | |

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

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

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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