

Review of compliance

Mr Thomas Cardwell and Mr Ian Cardwell St Hubert's Lodge

Region:	North West
Location address:	St Hubert's Lodge St Hubert's Road Great Harwood Lancashire BB6 7AR
Type of service:	Care home service without nursing
Publication date:	May 2011
Overview of the service:	<p>Mr Ian Cardwell and Mr Thomas Cardwell are registered to carry on the regulated activity of accommodation for persons who require nursing or personal care at St Hubert's Lodge. The provider cannot provide nursing care and can accommodate up to 13 people. Both the care that people receive and the premises are regulated. At the time of the visit eight older people were accommodated in the home.</p> <p>The home is located close to the centre of Great</p>

	Harwood and all local amenities. A main bus route runs close by the home to nearby towns.
--	-------------------------------------------------------------------------------------------

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

What we found overall

We found that St Hubert's Lodge was not meeting one or more essential standards. Improvements were 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, surveyed people who use services, carried out a visit on 4 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. We also looked round the building.

What people told us

People told us they were happy living in the home and they were able to express their views and opinions about the level and type of care they were provided. One person said "I'm happy living here and I feel very well looked after" and another person commented, "It's very homely". People spoken with felt they were well cared for and the staff respected their rights to privacy and dignity.

Visitors were welcome in the home at any time and people said they were supported to maintain good contact with their family and friends. Relatives spoken with were very satisfied with the quality of care provided and felt that their family members were looked after in a caring and sensitive manner.

People made complimentary comments about the food and said that staff were aware of their likes and dislikes, so they were could plan the meals around everyone's preferences.

People liked their bedrooms and were able to furnish them with them with their own belongings and possessions.

People made positive comments about the staff team and felt they could talk to the any of the staff or the manager if they had a problem or query.

What we found about the standards we reviewed and how well St Hubert's Lodge 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

People's privacy and dignity was respected and their views and experiences were taken into account when care was delivered.

- Overall, we found that St Hubert's Lodge was meeting this essential standard.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

People were given the opportunity to be involved in decisions and agreements about their care and support.

- Overall, we found that St Hubert's Lodge was meeting this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

Whilst people were satisfied with the care they received, not all of their needs were covered in the care plans, which meant there was the potential for inconsistency.

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

Outcome 5: Food and drink should meet people's individual dietary needs

People were provided with a choice of varied food in line with their preferences and were given appropriate support to eat their meals.

- Overall, we found that St Hubert's Lodge was meeting this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services

Systems were in place to ensure people received coordinated care when they moved to or from other services.

- Overall, we found that St Hubert's Lodge was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

Whilst people felt safe and secure in the home, the staff had limited awareness of safeguarding procedures and the processes involved.

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

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

Whilst all areas had a satisfactory standard of cleanliness, there were no records to demonstrate how frequently bedroom and communal areas had been cleaned and there was limited awareness of the requirements of the Code of Practice.

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

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

Staff did not always follow correct procedures for the administration of medication and some medication records were not fully completed.

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

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

People were provided with a pleasant and well-maintained environment, which promoted their comfort and independence.

- Overall, we found that St Hubert's Lodge was meeting this essential standard.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

People were provided with suitable equipment which met their needs and maintained their safety and comfort.

- Overall, we found that St Hubert's Lodge 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 were protected from unsuitable staff by the use of appropriate recruitment and selection procedures. New staff also had to complete an appropriate induction programme.

- Overall, we found that St Hubert's Lodge was meeting this essential standard.

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

Appropriate arrangements were made to ensure staff were provided in sufficient numbers to meet the current needs of the people who live in the home.

- Overall, we found that St Hubert's Lodge was meeting this essential standard.

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

Whilst staff had received appropriate training, they had not been offered supervision or an appraisal of their work performance to enable the manager to identify and plan future training needs.

- Overall, we found that improvements were 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

Whilst the views of people and their relatives were sought, the systems used to manage risk and monitor the quality of the service required further development.

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

Outcome 17: People should have their complaints listened to and acted on properly

People and those acting on their behalf had access to a complaints procedure and those people spoken with were confident their concerns would be listened to and acted on.

- Overall, we found that St Hubert's Lodge was meeting this essential standard.

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

People's records were fit for purpose, held securely and remained confidential.

- Overall, we found that St Hubert's Lodge was meeting 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.

Other information

Please see previous review reports for more information.

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

The provider is compliant with outcome 1: Respecting and involving people who use services.

Our findings

What people who use the service experienced and told us

People living in the home told us they were listened to by the staff and requests made about their care were considered and accommodated. One person said “We are looked after very well, there is always someone there to help you with anything you want”. All people were allocated a named member of staff, which enabled staff to work on a one to one basis with people living in the home. This meant they were familiar with people’s needs and choices and they were able to place their wishes at the centre of the delivery of care.

People living in the home told us the staff talked to them about their care needs, but they could not recall discussing or seeing their care plan. People were also asked about things which were important to them and personal profile information was included on the assessment form to inform staff about significant life experiences and likes and dislikes. A relative stated they were frequently consulted about their family member’s care and they felt welcomed into the home on each visit. One

relative said “It’s a lovely home, very welcoming and homely. We can’t fault it”.

People living in the home said they shared a good relationship with the staff and confirmed the staff always respected their privacy and dignity. People described the staff as “very pleasant” and “caring”. People were consulted about the quality of the care on an ongoing basis. This was achieved by daily conversation, one to one discussion and residents’ meetings. All people spoken with said they were comfortable expressing their views and their opinions were taken seriously.

Other evidence

The manager submitted a provider compliance assessment (PCA), which provided evidence and information about how well the service was complying with this outcome. This stated that people were “given the opportunity to live as independently as possible, with privacy and dignity and the opportunity to make their own choices”. This ethos was reflected in the care plans looked at during the visit and in people’s comments.

Information about the services and facilities available in the home were supplied to each person on admission and copies of the documentation were available in the hallway. This meant people and their representatives had a clear idea of what to expect from the service.

After gaining permission, we looked at two people’s care plans as part of pathway tracking. This is a method used by the commission to enable us to capture the experiences of people and look in detail at how their care is planned and delivered. The plans were detailed and included information about how they wished their needs to be met. The plans were supported by a series of risk assessments for instance moving and handling, pressure sores and nutrition to ensure staff were aware of how to manage and reduce any potential risks to a person’s wellbeing.

Our judgement

Our judgement is that the service was compliant with this outcome. People’s privacy and dignity was respected and their views and experiences were taken into account when care was delivered.

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

The provider is compliant with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us

People and their representatives were provided with information about the service, before they moved into the home. This was explained by the manager, so they were aware of how care was delivered. Staff and the manager stated that people and their relatives were given the opportunity to be involved in the planning of their care to ensure their views and expectations were accounted for. The care plans were reviewed at regular intervals to ensure people were given the opportunity to make any necessary changes to the delivery of their care. Information and advice was also sought from professional staff such as social workers and district nurses to ensure all aspects of need had been considered.

Staff had access to information on the Mental Capacity Act 2005 and were aware of the Deprivation of Liberty Safeguards and people’s rights when they lacked the capacity to make an informed decision. Staff were observed during the visit asking people about their preferences and were sensitive to their needs and wishes.

Other evidence

Policies and procedures were available to support staff with issues of consent and people's right to change decisions about things that had been agreed previously. The manager stated this documentation was under regular review to ensure the guidance was up to date and in line with the Essential Standards.

Our judgement

Our judgement is that the service was compliant with this outcome. People were given the opportunity to be involved in decisions and agreements about their care and support.

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

People told us they were satisfied with the care they received in the home, one person said, “I’ve no grumbles at all, the staff look after me very well”. An assessment of people’s needs was carried out prior to them moving into the home and they were invited to visit so they could meet other people and the staff. The assessment process was designed to consider all aspects of people’s needs and individual circumstances. Information for the assessment was gathered from a variety of different sources as appropriate.

People confirmed they had been consulted about their care needs on a regular basis, but could not recall seeing their care plan. This meant the staff were aware of how people wished their care to be delivered and how best to meet their needs. Staff spoken with said the care plans were easy to understand and follow and “gave a good idea of how people wanted to be looked after”. Staff added that after discussing people’s individual care needs they made notes so the plans could be updated in line with any changing needs. Examples of the notes were seen during the visit.

Risks to people’s wellbeing had been assessed and discussed with people, for

instance the potential for falls and pressure sores. This meant staff were able to manage any identified risks in a safe and consistent manner. However, whilst the manager was aware of people's healthcare needs, this information had not been added to the care plan.

Staff were observed to interact with people in a pleasant manner and they were respectful of their choices and opinions. People said they felt happy and comfortable in the home.

Other evidence

The manager submitted a provider compliance assessment, (PCA) which provided evidence and information about how well the service was complying with this outcome.

Each person had a plan of care which was designed to provide staff with guidance about how best to meet people's needs and manage individual risks. The care plans were constructed around the activities for daily living and included specific details about how people preferred their care to be delivered. However, there was only limited information about people's medical conditions and how staff should monitor any signs and symptoms. The deputy manager acknowledged this shortfall and confirmed an additional section would be added to the care plans to cover healthcare needs.

The care plans were supported by daily records, which provided information about changing needs and any recurring difficulties. The records were detailed and the residents' needs were described in respectful and sensitive terms.

Our judgement

Our judgement is the service was non compliant with this outcome. Whilst people were satisfied with the care they received, not all of their needs were covered in the care plans, which meant there was the potential for inconsistency.

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

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

People’s nutritional and hydration needs were considered as part of the assessment and care planning processes, including any dietary requirements. As such people were asked for their likes and dislikes and their preferences were recorded in the care plan. This meant the staff were aware of individual choices.

People spoken with were complimentary about the food provided. One person described the meals as “very good” and another person said “the meals are always excellent”. People were asked prior to each meal what they wished to eat, an alternative was offered to the main meal. Further to this, the manager stated people would be offered the choice of two different meals in future. The food was mostly homemade and breakfast was served throughout the morning to suit the preferences of the people, who wished to have a lie in.

The meal served on the day of inspection was plentiful and well presented. People were given sensitive and appropriate support to eat their meals. Drinks and snacks were served throughout the day and at other times on request. Jugs of juice were left around the lounges, to ensure that residents benefited from good hydration.

Other evidence

Records had been maintained of meals served to people along with people's choices and variations from the menu. This meant it was possible to see that people were provided with a varied and nutritious diet.

Our judgement

Our judgement is that the service was compliant with this outcome. People were provided with a choice of varied food in line with their preferences and were given appropriate support to eat their meals.

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

There were clear processes in place to assess people’s needs before they moved into the home. This included consultation with other services involved in the person’s care, such a social workers and the district nurses to ensure a smooth transition into the home.

People told us they had access to healthcare services and said the GP had been asked to visit the home when necessary.

People living in the home received input from various services as necessary, for instance, district nurses, social workers and chiropodist. Advice and information received was recorded to ensure staff were aware of specialist guidance when supporting and caring for people. Staff spoken with explained they worked well with other professional staff and they could contact them for advice as necessary.

Other evidence

According to information provided by the manager, people living in the home were always accompanied by a member of staff in the event of transfer to an emergency

service and they stayed with people until the hospital staff took over people's care.

The manager explained that information was copied from people's care records in the event of a person's admission to hospital. Further to this manager agreed to devise and implement a transfer and discharge record, which could be readily used in the event of an emergency or move to another service.

Our judgement

Our judgement is that the service is compliant with this outcome. Systems were in place to ensure people received coordinated care when they moved to or from other services.

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 minor concerns with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People said they were able to voice any concerns about the service to a member of staff or the manager and they felt confident appropriate action would be taken.

The manager and staff confirmed they had completed training on safeguarding vulnerable adults, however, they had limited knowledge about the procedure and the agencies involved. This meant there was the potential for an inconsistent approach in the event of an alert.

There was a recognition that a stimulating environment and meaningful activity had an impact on people’s daily lives and there were various resources available for recreational activities. People said they participated in activities most days with the manager and particularly enjoyed the quizzes and guessing games. We observed positive interaction between the staff and people living in the home during the visit.

Other evidence

The manager submitted a provider compliance assessment (PCA), which provided information about how the service was meeting this outcome.

According to information in the PCA the service had a policy on the acceptance of gifts which was accessible to staff at all times. There were also policies and procedures on safeguarding vulnerable adults produced by Lancashire County Council, which identified the types and possible indicators of abuse and an overview of the processes. However, the home's safeguarding procedure could not be located during the visit. This meant the procedure was not readily accessible for staff reference and use.

Our judgement

Our judgement is that the service was not compliant with this outcome. Whilst people felt safe and secure in the home, the staff had limited awareness of safeguarding procedures and the processes involved.

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

People told us the home was kept clean and they were happy with the level of cleanliness. One person said, "It always looks clean and nice". At the time of the visit, all areas viewed had a satisfactory level of cleanliness.

A member of staff was employed to carry out the cleaning duties in the toilets, bathrooms and bedrooms during the day. The main communal areas were cleaned at night to minimise disturbance to people living in the home. There was a cleaning rota displayed on the wall in the staff room. However, there were no records or schedules available to demonstrate when rooms had been cleaned or to what standard.

At the time of the visit several people were recovering from an infectious viral outbreak. The manager explained that relatives had been contacted and asked not to visit for two days, people's GPs had visited the home and the outbreak had been reported to the Public Health Department. Staff were carrying and using alcohol hand gels as well as wearing personal protective clothing, when carrying out personal care. People said they had been very well looked after while they had been ill.

Other evidence

The manager submitted a provider compliance assessment (PCA), which provided information about how the service was meeting this outcome.

According to information in the PCA all staff had received training on infection control as part of their induction and then as part of ongoing training programmes. The manager said he was the designated infection control lead, however, he acknowledged he had limited awareness of the Code of Practice on the prevention and control of infections published by the Department of Health. This code provides guidance on how providers should control and prevent the spread of infection.

There were arrangements in place to remove all clinical waste from the premises and procedures for managing laundry. Information about the correct use of cleaning substances was available for staff reference and appropriate hand washing facilities were available at communal sinks.

Our judgement

Our judgement is that the service was not compliant with this outcome. Whilst all areas had a satisfactory standard of cleanliness, there were no records to demonstrate how frequently bedroom and communal areas had been cleaned and there was limited awareness of the requirements of the Code of Practice.

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

People spoken with said they received support to take their prescribed medication. Staff confirmed they had completed training and they were aware of the home's medication policies and procedures.

From looking at the records and speaking with the staff we found medicines were given to people at times that fitted into their normal daily routine and any medicines that needed to be given at special times in relation to meals were given correctly.

Other evidence

Policies and procedures were in place to cover the management of medicines and were available for staff reference in the policy and procedure file. The home operated a monitored dosage system of medication, which was dispensed into individual blister packs by a Pharmacist. This system minimised the risk of error, as it was possible to check what medication had been administered.

We observed staff giving people their medication on the morning of the visit. We noted one person's medication was handed to her in the hand or put down in front of

her on the table. This meant there was the potential to contaminate the tablets. The manager agreed to ensure this practice was discontinued.

As part of the visit we checked the procedures and records for the storage, receipt, administration and disposal of medicines. The medicines records were properly signed and handwritten records were detailed and routinely double checked for accuracy. However, we noted not that the frequency of one medication had been entered incorrectly on the medication administration record and not all instructions had been transcribed from the prescription labels for some other medications. The deputy manager explained she carried out detailed audits of the medication systems on a regular basis, but the findings from the audits had not been recorded.

Our judgement

Our judgement is that the service is non compliant with this outcome. Staff did not always follow correct procedures for the administration of medication and some medication records were not fully completed.

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

The provider is compliant with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. It was evident from viewing some of the bedrooms that people had brought in their own furniture along with photographs and ornaments. This meant all the rooms were individually furnished according to people’s own tastes and preferences.

People confirmed the main areas of the home were kept at a comfortable temperature and lighting was suitable for all recreational purposes. People could call for staff assistance using the call system installed in every room.

The two lounges at the front of the home were tastefully decorated and were homely and pleasant places to sit. People had access to outdoor space in a garden to the side of the garden and a yard at the back of the building.

Other evidence

St Hubert’s Lodge is a detached residence set in its own grounds. The home is located close to shops and other local amenities. Accommodation is provided in three single bedrooms and five shared bedrooms. Two of the single bedrooms have an ensuite facility. There are two bathrooms in the home and five toilets. Communal

space is provided in two lounges one of which incorporates a dining area. People had free movement around the home and were able to choose where they wished to spend their time.

There were established arrangements in place to report repairs and routine maintenance and appropriate records were maintained of the work completed. A handy man was available to carry out day to day maintenance and qualified people were called on to carry out any specialist work for instance electrical repairs. This meant that any problems with the building were promptly rectified.

Records seen during the visit demonstrated the staff had received instruction in fire safety and they participated in regular fire drills.

Our judgement

Our judgement is that the service is compliant with this outcome. People were provided with a pleasant and well-maintained environment, which promoted their comfort and independence.

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

People had individual equipment such as walking frames and wheelchairs to help them move around the home. People also had the use of equipment to minimise the risk of pressure sores. Privacy screens were available and used in shared rooms.

Other evidence

A passenger lift was available to ease access to the second floor. An electrical bath chair was fitted to a bath on the first floor to help people get in and out of the bath.

The manager confirmed that all water outlets were fitted with preset valves to control water temperatures and minimise the risk of scalding.

Our judgement

Our judgement is that the service is compliant with this outcome. People were provided with suitable equipment which met their needs and maintained their safety and comfort.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

People made complimentary comments about the staff team, one person said, "They are all very kind" and another person commented, "I can't find any fault, the staff always help you when you need them".

Other evidence

Staff were issued with an appropriate job description during their induction training, which clearly set out their roles and responsibilities.

From the staff files seen it was evident the recruitment process included the completion of an application form and face to face interview. Relevant checks such as two written references, CRB and ISA (Independent Safeguarding Authority), were collated as part of the recruitment process, to ensure suitable staff were recruited.

New members of staff completed a probationary period and were supervised by the manager or an experienced senior member of staff. All new employees completed an induction programme which covered the Skills for Care standards. These are recognised standards for care workers. At the time of the visit new members of staff were working through the Skills for Care work booklet to ensure they had the

necessary knowledge to carry out their role effectively.

Our judgement

Our judgement is that the service was compliant with this outcome. People were protected from unsuitable staff by the use of appropriate recruitment and selection procedures. New staff also had to complete an appropriate induction programme.

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

People told us there was usually enough staff on duty to meet their needs and wishes. However, two people said there was only one staff on duty for a short time during the evening. During the visit staff were observed to be attentive to people's needs and call bells were answered promptly.

Other evidence

A staff duty roster was drawn up in advance and provided a record of the number of hours worked by the staff in the home. We noted from this that there was only one member of staff on duty for a short time in an evening, with a member of staff on call nearby. We were concerned about this arrangement as there were two people in the home who required assistance from two staff. Following discussion with the manager an agreement was reached that an additional member of staff would be placed on duty during this time. We received written correspondence from the manager to confirm this arrangement.

Staff had access to contact numbers of other staff and the manager in the event of staff absence or emergencies. At the time of the visit, there were no agency staff used in the home and absences were therefore covered by staff currently working in

the home. This meant the staff were aware of people's needs and were familiar with the company's policies and procedures.

Our judgement

Our judgement is that the service is compliant with this outcome. Appropriate arrangements were made to ensure staff were provided in sufficient numbers to meet the current needs of the people who live in the home.

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 minor concerns with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

People told us they felt comfortable in the home and they were well cared for. People also confirmed that the staff carried out their role well and they were efficient in their work.

Staff spoken with said they were provided with training on a wide range of topics, which they found informative and applicable to their role. Staff also said that they had regular informal discussions with the manager as part of their daily work.

Other evidence

New staff received an induction, which took account of recognised standards and was relevant to their workplace and role. Staff confirmed ongoing training included safeguarding procedures, moving and handling, medication, dementia care and fire safety. The manager stated that apart from two new staff, all staff members had achieved NVQ level 2 and five members of staff had also completed NVQ level 3 in direct care. This meant the vast majority of the staff had achieved the necessary qualifications to enable them to carry out their role effectively.

The manager explained that whilst staff had not received formal supervision or

appraisals, he had daily discussions with the staff about their work. However, there was limited evidence to demonstrate their training needs had been discussed.

Our judgement

Our judgement is that the service is non compliant with this outcome. Whilst staff had received appropriate training, they had not been offered supervision or an appraisal of their work performance to enable the manager to identify and plan future training needs.

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

People told us they were asked on an ongoing basis if they were satisfied with the care provided. People and their relatives were invited to residents' discussions, which gave them the opportunity to make their views and opinions known. People living in the home, their representatives and the staff were also able to use a suggestion box, which enabled them to give anonymous feedback on any issues important to them. However, people and their representatives had not had the opportunity to complete a satisfaction questionnaire.

Other evidence

The manager submitted a provider compliance assessment (PCA), which provided information about how the service was meeting this outcome.

According to information in the PCA, there were a number of ways of gathering and recording information about the quality and safety of the care the service provided and its outcomes. These included the report and review system in place for planning and delivering care and the staff induction programme. However, apart from an

audit of the environment which was carried out on a monthly basis to identify any repairs, there was no written evidence available to demonstrate the manager had carried out other audits for instance health and safety, medication, infection control or accident analysis. These are important so the manager can monitor the quality of the service provided and manage risks to people's health, welfare and safety.

Our judgement

Our judgement is that the service is non compliant with this outcome. Whilst the views of people and their relatives were sought, the systems used to manage risk and monitor the quality of the service required further development.

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

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us

People told us they could speak to a member of staff or the manager if they had a concern. They also said they felt confident their concerns would be listened to and appropriate action would be taken to resolve any difficulties.

People had access to a complaints procedure, which was displayed in the hallway. The procedure included the time scales for the complaints process and contact details for outside agencies, such as Social Services.

Those acting on behalf of the people living in the home had access to a complaints procedure and were able to make any comments about the quality of service by using the suggestion box.

Other evidence

There was a recording system established for logging complaints, however, the manager stated that no complaints had been received.

Our judgement

Our judgement is that the service is compliant with this outcome. People and those acting on their behalf had access to a complaints procedure and those people spoken with were confident their concerns would be listened to and acted on.

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

The provider is compliant with outcome 21: Records

Our findings

What people who use the service experienced and told us

A personalised record was kept for each person, which was used to plan care and support. Verbal communications between staff and with visiting healthcare staff were documented in the daily records. Entries within the records were respectful of people’s needs and sensitive to their choices. People were aware that records were being kept on their behalf.

Other evidence

There were secure arrangements in place for the storage of confidential records and other records associated with the operation of the service. Archive facilities were available to ensure records were stored for the correct amount of time.

There were policies and procedures in place to cover the making and storage of records. The procedures also covered the importance of maintaining people’s confidentiality.

Our judgement

Our judgement is that the service is compliant with this outcome. People's records were fit for purpose, held securely and remained confidential.

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	9	4
	<p>Why we have concerns: Whilst people were satisfied with the care they received, not all of their needs were covered in the care plans, which meant there was the potential for inconsistency.</p>	
Accommodation for persons who require nursing or personal care	11	7
	<p>Why we have concerns: Whilst people felt safe and secure in the home, the staff had limited awareness of safeguarding procedures and the processes involved.</p>	
Accommodation for persons who require nursing or personal care	23	14
	<p>Why we have concerns: Whilst staff had received appropriate training, they had not been offered supervision or an appraisal of their work performance to enable the manager to identify and plan future training needs.</p>	
Accommodation for persons who require nursing or personal care	10	16
	<p>Why we have concerns: Whilst the views of people and their relatives were sought, the systems used to manage risk and monitor the quality of the service required further development.</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 within **14 days** of this report being received.

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

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	12	8
	<p>How the regulation is not being met: Whilst all areas had a satisfactory standard of cleanliness, there were no records to demonstrate how frequently bedroom and communal areas had been cleaned and there was limited awareness of the requirements of the Code of Practice.</p>	
Accommodation for persons who require nursing or personal care	13	9
	<p>How the regulation is not being met: Staff did not always follow correct procedures for the administration of medication and some medication records were not fully completed.</p>	

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

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

The provider's report should be sent to us within **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 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	Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

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