

Review of compliance

<p>Mr & Mrs J Elliott Park House Rest Home</p>	
<p>Region:</p>	<p>North East</p>
<p>Location address:</p>	<p>2 Richmond Road Stockton-on-Tees Cleveland TS18 4DS</p>
<p>Type of service:</p>	<p>Care home service without nursing</p>
<p>Date of Publication:</p>	<p>January 2012</p>
<p>Overview of the service:</p>	<p>Park House was established in 1983 and is a family owned and run home catering for 17 residents. It is registered for the regulated activity of accommodation for persons who require nursing or personal care</p>

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

Our current overall judgement

Park House Rest Home 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 24 November 2011, looked at records of people who use services and talked to staff.

What people told us

Relatives told us that they were involved in making decisions about the care and support their family members received. One person said, "Everybody knows everybody" and "he is happy his mam is happy living here". They also said "Staff ring me up if there any issues they are very proactive".

One person we spoke with said "they have an open door policy and staff are very helpful". One person told us staff had been here a long time and seemed happy in their work.

What we found about the standards we reviewed and how well Park House Rest Home 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

We found that people were treated with dignity and respect. However, there was no evidence provided to show that people were being supported to make informed choices around their care and treatment.

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

Overall, we found that care records were in place for people however they did not fully reflect people's current needs and were not written in a person centred format.

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

human rights

We found that people who used the service felt safe. Staff were aware of what action to take should abuse be suspected.

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

We found there was sufficient suitable equipment to currently meet peoples needs. However, there was insufficient evidence that peoples needs could be met if they changed in the future.

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

We found staff were knowledgeable about how to care for the people using the service. However, there was not an effective process in place to ensure the training programme was kept up to date. Additionally, staff supervision meetings had not taken place on a regular basis.

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

We found the the processes in place were not adequate to assess and monitor the quality of its service.

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 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

There are minor concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

One person spoken to said they preferred to stay in their room and that they had their meals in their room. One person said, "The staff are very good, definitely treat you with respect and can have a laugh now and again".

Other evidence

Staff told us that people are encouraged to make decisions about their daily lives. They said that people got up when they wanted to, some people preferred to be up early, while others liked to have a lie in. They said that people are offered a choice of meals. They said, "They can have anything they want for breakfast, from cooked to toast, cereal, yogurts or porridge". They also said that some people like to have their meals in their rooms. A member of staff said, "It is great for people living here, it is flexible, there are no set times for people to be up".

We observed one person having a late breakfast and people were seen have a choice for lunch.

Staff were observed chatting to people during their lunch, however we did observe some people were given their hot dessert whilst still eating their main meal.

Activities and social events were also discussed with staff who said that people did have opportunities to be involved in activities if they wanted. They said that, bingo, skittles, quizzes and dominoes were available. They said that they sometimes have entertainment such as singers. There has recently been a visit from children from a school and another local school visits and sings carols at Christmas.

We observed staff interacting in a kind and pleasant way with people living at Park House.

Staff also said that a pre admission assessment is completed by the manager and that this would be discussed with the staff team.

We visited one person in their bedroom; they had their call bell within reach and confirmed that when they went to bed it was moved so they could still reach it.

There was no evidence in the care records showing that people were being consulted about the care that was being provided. However, one relative we spoke to told us they receive regular updates on their relatives wellbeing and they contacted if Park House staff have any concerns over their relative.

Our judgement

We found that people were treated with dignity and respect. However, there was no evidence provided to show that people were being supported to make informed choices around their care and treatment.

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

One person spoken to said, "I have got everything I want here, I get spoilt and they are very nice people". Another person said, "No matter what you want they will get it for you".

Other evidence

Staff spoken to said they thought people were well cared for at Park House. They said when additional care needs are identified they involve the relevant professional, for example one person has a specialist pressure relieving mattress on their bed.

We looked at three care records in detail and saw they were presented in a concise format together with an updated daily record. However, there was no evidence of people's life histories and care records were not recorded in a person centred format.

Risk assessments were evident in care files looked at during the visit, however not all were sufficiently detailed and not all had been reviewed on a regular basis. Additionally, it was identified as peoples needs changed additional risk assessments were not undertaken. For example currently there is no nutritional risk assessment.

We looked at people's assessment records and found that not all were up to date. One care plan we looked at showed there was no evidence of initial assessments although the person had been living there for eight weeks.

Additionally, other care records we looked at showed not all the assessments were reviewed on a regular basis, for example the falls risk assessment.

Our judgement

Overall, we found that care records were in place for people however they did not fully reflect people's current needs and were not written in a person centred format.

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

One person said, "Staff are smashing, they are not nasty, if they were I would report it to the one in charge".

Other evidence

Staff confirmed they had received safeguarding of vulnerable adults training. They were clear about the actions they would take should an incident of abuse or potential abuse occur.

Safeguarding was discussed with the provider who informed us there had been no incidents.

Staff also said they had completed mental capacity act and deprivation of liberties training.

We reviewed the training matrix which confirmed that 75% of staff received Deprivation of Liberties training in 2010.

Our judgement

We found that people who used the service felt safe. Staff were aware of what action to take should abuse be suspected.

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

There are minor concerns with Outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

People spoken to said they were happy with the environment at Park House. One person who remains in their room said they were very comfortable.

Other evidence

Concern had been shared with CQC about the bathing and showering facilities at Park House, which could potentially impact upon the service being able to meet people's needs if they became increasingly dependant. This was due to a lack of available hoist and the bathing and showering facilities not being suitable if people had mobility needs. We spoke to the provider who confirmed that there had been recent visits from the local authority. They said that plans were underway to fit a pillar hoist to one of the baths and to make an area of the home into a wet room (this is pending planning permission). They have recently purchased a hoist which was observed to be available within the home.

Staff said that they generally had the equipment needed to meet people's needs. They did however think that have a more accessible bath or shower would be advantageous and improve options for people living at Park House.

Park House was observed to be clean and well maintained. It is clear that there is an ongoing programme of refurbishment and redecoration although there was no evidence of written action plans for this.

Our judgement

We found there was sufficient suitable equipment to currently meet peoples needs. However, there was insufficient evidence that peoples needs could be met if they changed in the future.

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

There are moderate concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

One person said, "I think there are enough staff".

Other evidence

Staff told us they had completed "lots of training". They said there was a rolling programme of statutory training. One member of staff said that their training was due for renewal.

We asked to look at training records; however it was difficult to determine what training staff had completed and how up to date this training was. Therefore, we looked at the training records for four individual staff. One member of staff had completed very little training. In the other files looked at, there was evidence of more training, but this was out of date. The manager was unclear how frequently some of the training needed to be updated. We saw certificates to show that some staff had recently completed safer people handling, mental capacity act, deprivation of liberties and emergency aid. We were shown other information which demonstrated training had been booked for early 2012.

The manager said they would update the training matrix, take advice from training agencies to determine the frequency of updating and to forward accurate, up to date information to CQC.

Staff confirmed they had received appraisals but seemed less sure about supervisions. We looked at both appraisal and supervision records and had discussion with the manager who confirmed that regular supervisions had not taken place and that they

were looking at new systems for appraisal and supervision.

Our judgement

We found staff were knowledgeable about how to care for the people using the service. However, there was not an effective process in place to ensure the training programme was kept up to date. Additionally, staff supervision meetings had not taken place on a regular basis.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

There are moderate concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People spoken to could not recall if they had completed any surveys or questionnaires.

Other evidence

Staff told us that staff meetings and residents meetings had taken place but they were unsure of the frequency of them or whether there were any notes or minutes taken.

We requested the minutes of the meetings; however these were not immediately available.

We asked to look at information relating to audits and quality assurance. We looked at two quality assurance files and they were incomplete. The manager said this was an ongoing piece of work and they were planning to revisit this.

We were shown a complimentary feedback form from family members, but there was no evidence the results recorded were collated and used for developing services.

Our judgement

We found the the processes in place were not adequate to assess and monitor the quality of its service.

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 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>Why we have concerns:</p> <p>We found that people were treated with dignity and respect. However, there was no evidence provided to show that people were being able to make informed choices around their care and treatment.</p>	
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
	<p>Why we have concerns:</p> <p>Overall, we found that care records were in place for people however they did not fully reflect people's current needs and were not written in a person centred format.</p>	
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 11: Safety, availability and suitability of equipment
	<p>Why we have concerns:</p> <p>We found there was sufficient suitable equipment to currently meet peoples needs. However, there was insufficient evidence that peoples needs could be met if they changed in the future.</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.

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 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>How the regulation is not being met: We found staff were knowledgeable about how to care for the people using the service. However, there was not an effective process in place to ensure the training programme was kept up to date. Additionally, staff supervision meetings had not taken place on a regular basis.</p>	
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
	<p>How the regulation is not being met: Overall we found there are insufficient processes in place to monitor the quality of its service provision.</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 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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