Review of compliance

Danepark Group Shottendane Nursing Home	
Region:	South East
Location address:	Shottendane Road Margate Kent CT9 4BS
Type of service:	Care home service with nursing
Date of Publication:	January 2012
Overview of the service:	Shottendane is a care home operated by the Danepark Group, registered in 2011, to provide accommodation for persons who require nursing or personal care, treatment of disease, disorder or injury and diagnostic and screening procedures for a maximum of 38 persons. The care home is located in a detached building within extensive grounds in a residential area of Margate, with car parking available and public

	transport links close by.

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

Our current overall judgement

Shottendane Nursing Home was meeting all the essential standards of quality and safety.

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 because concerns were identified in relation to:

Outcome 04 - Care and welfare of people who use services
Outcome 07 - Safeguarding people who use services from abuse
Outcome 13 - Staffing
Outcome 17 - Complaints

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 16 December 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us that they were happy at the home, and that they found staff at the home very easy to talk to. People also told us that they felt they were well cared for all the time. One person told us that the staff at the home knew what she wanted and were responsive to her needs. People told us that staff treated them with kindness and respect, but also said that "you can have a laugh with them".

What we found about the standards we reviewed and how well Shottendane Nursing Home was meeting them

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

We found that the home had procedures in place for the planning and delivery of care. Overall, we found that Shottendane was meeting this essential standard.

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

The care home had provided staff with information to respond appropriately if it was

suspected that any abuse had occurred.

Overall, we found that Shottendane 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

The care home had ensured that there were sufficient numbers of suitably trained and supported staff to provide care.

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

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

The care home had procedures in place to ensure that complaints were handled appropriately and promptly.

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

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
People told us that they were satisfied with the care they received at the home. One person told us that although she rarely wanted to leave her room, staff were still very attentive, and always asked her if she wanted drinks and helped her get into a comfortable position on her bed if she needed help.
People told us that care staff talked to them about their care plans, and that they felt they were involved in their treatment. One lady told us that staff encouraged her to choose her own clothes and meal options.
We observed staff helping people at lunch time, and noted that staff sat down next to the person they were helping to eat, and identified what was in each mouthful before offering it to the person.

Other evidence
We found that people were accommodated in mostly single rooms. We noted that most rooms had been personalised according to the person's wishes, with furniture from their home where possible. All the rooms we saw were clean, tidy and free from offensive odours.
Staff told us that they had received care plan training, and one staff member said that she was now more confident in writing care plans as a result. Staff told us that they talk to people every day about their care, to ensure that the care plan was still appropriate, and completed a daily log in the care plan.
We reviewed care plans which we found to contain initial assessments of the person's capabilities, and ongoing plans of care for a variety of activities and behaviours. The assessments and care plans covered various daily activities including diet, emotional

needs, mobility, communication, continence, health and personal care.
We saw one care plan for a person with diabetes, and assessments for nutrition and skin integrity were included and regularly updated. Another care plan contained risk assessments for the use of bed rails for a person who remained in bed due to her condition, as well as an assessment of mental capacity. One care plan for a person with a skin ulcer included daily assessments of the treatment of the ulcer.
It was noted that one of the four care plans seen had not been reviewed for over two months, although the intent was to review the plan monthly. The manager confirmed that this had been noted, and that staff now had protected time at the end of each shift to complete their care plans and reviews.

Our judgement
We found that the home had procedures in place for the planning and delivery of care. Overall, we found that Shottendane was meeting this essential standard.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

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
People told us that they felt safe at the home, and the staff at the home treated them with respect and were always polite.
One person told us that staff were polite and kind, but were also able to have a laugh with people.
We noted during observation of interactions between staff and people, that the staff members were respectful and always explained procedures to people before carrying them out. Staff members were seen to knock on people's doors and wait for a response before entering.

Other evidence
We spoke to care staff about abuse and found that they were knowledgeable and understood the physical and emotional or behavioural changes associated with abuse, and what to do if abuse was witnessed or suspected. One staff member told us that she had never had to raise an issue of safeguarding, but would be confident enough to refer to the senior staff as well as the home's policies and procedures for further guidance.
We found that the care plans included a variety of risk assessments which identified potential risks to the person and staff for various activities and behaviours. We noted that in one person's care plan, staff had completed a risk assessment in order to ensure all manageable risks associated with the necessary use of bed rails were minimised.
Staff told us that they had completed training in protection of vulnerable adults within the last 12 months, and attendance certificates were seen in their staff files.
We spoke to staff who confirmed that they had undergone Criminal Records Bureau (CRB) checks prior to commencing work, and we reviewed staff files which confirmed

this.

Our judgement
The care home had provided staff with information to respond appropriately if it was suspected that any abuse had occurred.

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

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 that they were happy with the staffing levels, and that they did not have to wait long if they requested assistance. One person told us that staff always helped her with whatever she needed, for example having her hair washed when she wanted. Another person told us that staff usually found time to pop into her room to have a chat with her, which made her feel less lonely.

Other evidence
We found that at the time of the site visit, there were twenty-eight people at the home, cared for by one nurse and eight carers.
We reviewed the staff rota and found that the staffing levels were generally constant, with a qualified nurse on duty every shift.
Staff told us that they were happy with the staffing levels, and felt that they had enough time and support to do their jobs well. Staff said they had protected time at the end of each shift, when the next shift of staff arrived, when they could complete their daily logs and care plan reviews.
Staff told us that they received regular and appropriate training. We reviewed staff files and we saw evidence of training attendance for palliative care, dementia awareness, and manual handling. Staff told us that they received regular supervision sessions, and staff files contained evidence of appraisals completed within the last 12 months.
We noted that call buzzers were answered promptly, and staff spent time with people involved in activities or just chatting.

Our judgement

The care home had ensured that there were sufficient numbers of suitably trained and supported staff to provide care.

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

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 that they were generally satisfied with the care they received at the home. Most people we spoke to had not had any reason to complain as they were very happy at the home.
One of the people told us that she had complained about a minor issue once, and had been very happy with the way her complaint had been handled by the manager and senior staff.

Other evidence
Staff told us that they asked people every day if they were happy with the care they had been given, and would take any negative comments to the manager or senior staff. One staff member told us that one person had said that she wasn't comfortable with male staff members assisting her, and the manager ensured that there was always a female staff member available on the rota to help her.
The manager told us about one complaint made by a person at the home, and explained how he had promptly spoken to both the person and the staff member involved, and then ensured that the misunderstanding was resolved, with an apology from the staff member. Staff also told us that this issue was also later discussed at handover sessions, to ensure all staff could learn from the incident.

Our judgement
The care home had procedures in place to ensure that complaints were handled appropriately and promptly.

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

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
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