Review of compliance

Parkcare Homes Limited Homeleigh Farm	
Region:	South East
Location address:	Dungeness Road Lydd-on-Sea Romney Marsh Kent TN29 9PS
Type of service:	Care home service without nursing
Date of Publication:	November 2011
Overview of the service:	Up to six people who have a learning disability can make their home at Homeleigh Farm.The property is a detached bungalow that has been extended and adapted for its present use. Each person has their own bedroom. None of the bedrooms have a private wash hand basin. There is a bathroom and a

	shower room.There is also a main lounge, a second lounge, the conservatory and a dining room.

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

Our current overall judgement

Homeleigh Farm 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.

What people told us

People said that they liked the staff at the home and they could choose how they spent their time each day. They said they liked the food and had enjoyed the lunch that day, one person said they had rolls for lunch that day and they were nice. They told us that they had enjoyed the food at a themed evening the previous week.
People told us they liked their bedrooms and they had chosen the colour schemes for them.

What we found about the standards we reviewed and how well Homeleigh Farm 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

Staff respect people's dignity and privacy and promote their independence. People or their representatives are involved in making choices about how their care and support is given.

Overall, we found that Homeleigh Farm was meeting this essential standard.

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

People receive care and support that is safe and that protects their rights. However, documentation did not always show that people's stated goals and aspirations were satisfactorily recorded or acted upon. Personal information was not always written respectfully.

Overall, therefore we found that there are areas of non compliance with this essential standard.

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

Systems are in place to protect people from abuse, or the risk of abuse, and staff are aware of how to keep people safe.

Overall, we found that Homeleigh Farm 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

People are supported by staff who receive the training that they need to carry out their roles and who are well supported.

Overall, we found that Homeleigh Farm was meeting 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

The registered provider has organisational systems in place to monitor the quality of the service, however the views of stakeholders are not being sought and there are shortfalls in the homes internal monitoring processes.

Overall, therefore we found that there are areas of non compliance with this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

What we found
for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People said they could choose what to do each day and we saw that staff respected their decisions. They said they liked the meals and were given meal choices. They liked their rooms and had chosen the colour schemes themselves.

Other evidence
We saw that staff treated people respectfully and that people were supported to make their own decisions about their daily lives. During our visit most of the people were at home, one person had chosen to get up late and others were offered opportunities by staff to take part in activities, which some people accepted and othered declined. Their personal decisions were respected.

The care plans we read included information about people's preferences and choices. We saw that people had been involved in compiling their care plans and had signed that they agreed with the content. However it was sometimes unclear if people had been consulted about changes to the information when it had been updated.

We saw from the care plans and other documentation that independence was promoted and people were involved in the daily running of the home. They were supported to be independent with tasks such as doing their personal laundry, keeping their rooms clean and tidy and looking after the chickens at the home. Each person had a set day every week for doing their household tasks.

Our judgement
Staff respect people's dignity and privacy and promote their independence. People or their representatives are involved in making choices about how their care and support is given.

Overall, we found that Homeleigh Farm was meeting this essential standard.

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

Our findings

What people who use the service experienced and told us

People told us that they could make choices about their lives and that they could spend their day as they wished. They were supported to attend activities and to keep in touch with relatives.One person was looking forward to a visit to a relative and was going to be supported by staff with the travelling arrangements.

Other evidence

We read some of the care plans, they contained plenty of information about people's needs and preferences for how they wished to be supported. The information had been regularly reviewed and brought up to date if needs changed. The care plans included sections about areas of people's lives such as communication, personal care and nutrition, as well as health action plans. Individual risk assessments had been completed for some activities which gave guidance for staff to follow so that they could keep people safe.

The care plans showed that people had been consulted about them and they had been regularly reviewed, but they were not very accessible for all the people they were about. They included a great deal of information, some of which was not laid out in a way that people would be able to understand and that was not current, up to date or relevant. There was little information about people's goals or aspirations and where this was recorded we could not see recording of progress towards achieving goals.
Each person had a monthly recorded meeting with their keyworker.Things that people wished to achieve or activities they would like to do, such as visiting a relative or going to an air show, were recorded but there was no information as to how these were

progressed or if they had been achieved.
The manager and staff gave us verbal examples of how some people had become more independent and had progressed at the home, but it was difficult to find the written evidence to back this up on the care plans.Staff we spoke with did not know if some activities or goals that people had discussed had taken place or been met, or if work had started in order to help support people to achieve them.

There was a programme of weekly activities that people could participate in if they wished to. Some of the activities were arranged by the organisation for people who live in their local residential homes,the activities took place at a community hall. Otherwise people could spend their time as they wish at home relaxing, watching TV or working in the garden or with the chickens. During our visit one person did some colouring and then went shopping with staff, others were spending time with staff in the lounge, having a bath or sleeping. Staff said people only took part in the activities they wanted to and their level of engagement in participating could vary from day to day.

Care plans reflected people's interest in certain activities and included a section called "things I can do" relating to household tasks and other aspects of their lives. The statement, "I can't be bothered" was recorded in relation to one person's view of a task. Staff explained this was a true reflection of the person's view, however the wording was not respectful towards the person.

Health information was included in care plans and we saw that people were supported to attend routine and other medical appointments.

We visited some of the bedrooms and saw that they reflected people's personalities. One person had a tropical fish tank in their room and other rooms had football posters and items a person had bought in second hand shops that were carefully displayed. Each person had a key to their room and we saw that staff respected privacy by knocking on doors and asking if they could enter bedrooms.

Our judgement
People receive care and support that is safe and that protects their rights. However, documentation did not always show that people's stated goals and aspirations were satisfactorily recorded or acted upon. Personal information was not always written respectfully.

Overall, therefore we found that there are areas of non compliance with 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
We did not speak directly to people about this outcome.

Other evidence
We saw from the home's training plan held on computer that all staff had attended safeguarding vulnerable adults training this year and that they had attended other training that helped them to keep people safe, such as fire and moving and handling.

We saw that assessments had taken place of potential risks to people, and that guidelines had been put into place for staff so that they could reduce risks whilst enabling people to be as independent as possible.

The home has safeguarding procedures and staff knew how to keep people safe and raise any concerns about people's safety.

Our judgement
Systems are in place to protect people from abuse, or the risk of abuse, and staff are aware of how to keep people safe.

Overall, we found that Homeleigh Farm 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 were comfortable with staff and said that they liked them. We saw people interacting well with staff and chatting with them and that staff understood people's individual routines.

Other evidence
There were five people at the home when we visited. There were enough staff on duty to make sure that people's needs were met and that there was time for each person to take part in a one to one activity if they wished to, such as going shopping. Staff we spoke with had all worked at the home for a number of years and had a good understanding of each person's needs and routines. Staff told us they felt well supported. They had regular supervision and annual appraisals, and team meetings were held.

The training rota showed that staff received mandatory training that was renewed when it needed to be. Staff attended specialist courses relating to the needs of the people they cared for such as epilepsy and specific mental health conditions.

Our judgement
People are supported by staff who receive the training that they need to carry out their roles and who are well supported.

Overall, we found that Homeleigh Farm was meeting this essential standard.

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
We did not speak directly to people about this outcome.

Other evidence
The registered manager told us that the organisational quality assurance manager had visited the home earlier in the day and had identified some areas for improvement. The organisation had already identified that substantial improvements were needed in order to upgrade the home, and that funds had been agreed for this. The home was very tired and worn looking and most areas needed redecoration and refurbishment. However there was still no date for the work to start.

There were systems in place to check that the home was run safely although the results were not always recorded. The manager said they conducted a check of medicine recording each week,however this was only visual so there was no record that it had actually been checked. We saw that the pharmacy used by the service had audited the medicines procedures in April this year and had made recommendations that had been acted upon.

People had opportunities to raise their views on the service at house meetings held every two months and at meetings with their keyworkers.The most recent house meeting held in October 211 had been attended by everyone living at the home except one person who was unwell. There had been discussion about healthy eating as people had recently had "well men "checks.

Key worker meeting were recorded although the form used for this said they were "key worker monthly supervision meetings" which was not appropriate as the focus of the meetings was not supervision. As we have recorded in Outcome 4 although people had discussed things that would like to achieve or do with their key workers, we could not identify where this was clearly followed through.

There were no systems in place to gain the views of other people such as relatives or health and social care professionals.

Our judgement
The registered provider has organisational systems in place to monitor the quality of the service, however the views of stakeholders are not being sought and there are shortfalls in the homes internal monitoring processes.

Overall, therefore we found that there are areas of non compliance with this essential standard.

Action
we have asked the provider to take

Compliance actions

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

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: People receive care and support that is safe and that protects their rights. However, documentation did not always show that people's stated goals and aspirations were satisfactorily recorded or acted upon. Personal information was not always written respectfully. Overall, therefore we found that there are areas of non compliance with this essential standard.	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: The registered provider has organisational systems in place to monitor the quality of the service, however the views of stakeholders are not being sought and there are shortfalls in the homes internal monitoring processes. Overall, therefore we found that there are areas of non compliance with this essential standard.	

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:

<u>Improvement actions</u>: 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.

<u>Compliance actions</u>: 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.

<u>Enforcement action</u>: 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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