

Review of compliance

Parkcare Homes Limited Linden Lodge	
Region:	London
Location address:	38a Linden Way Southgate London N14 4LU
Type of service:	Care home service without nursing.
Publication date:	June 2011
Overview of the service:	<p>Linden Lodge is owned by Parkcare Homes Ltd. The home provides care for 10 people with mental health needs. Linden Lodge consists of two adjoining houses and is situated in a residential area of Southgate. The home is close to local shops and facilities and is near to public transport routes.</p> <p>38 Linden Way has 3 bedrooms each with en-suite facilities. There is a lounge and kitchen on the ground floor.</p> <p>38a has 7 bedrooms. There is a lounge and kitchen/dining room, bathroom and office. There</p>

	<p>is a garden at the rear with a patio area.</p> <p>There is currently no registered manager in post. A compliance condition has been set at transition from CSA 2000 to HCSA 2008 for a registered manager to be in post.</p>
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Linden Lodge was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we suggested that some improvements were made.

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, carried out a visit on 17th 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.

What people told us

People confirmed they chose when they go to bed. One person said that staff were kind and respectful and made sure their privacy was respected.

One person said that staff had enabled them to administer their own medication. People who use the service told us that staff ask them for consent before providing care or treatment and confirmed that they could speak to staff about their care. We were told by those that use the service they were satisfied with the way medicines were managed at the home.

The majority of the people said the food was good. A person said "the food is nice" People confirmed that portion size was good and thought the food was hot enough.

People told us they felt well cared for. People said, “staff are helpful and kind”. Relatives told us that the care provided had improved due to the new manager and the changes that had been made since their appointment.

People said they could see the General Practitioner (GP) whenever they wanted to. ' and another said, 'I've seen my dentist'

People felt safe at the home and they knew who to talk to if they had any concerns.

We asked if they felt comfortable raising concerns about their care and they told us they were.

What we found about the standards we reviewed and how well Linden 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 who use the service were provided with reasonable support to make decisions about their care. The service respected the dignity of people.

- Overall, we found that Linden 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

Care and treatment were explained to people. And people's wishes were respected.

- Overall, we found that Linden Lodge was meeting this essential standard.

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

Although people using the service were satisfied with the care provided, care plans were not fully developed or updated to ensure people's needs were recorded. Risk assessments were not always updated and no behaviour guidelines had been developed to ensure people's individual needs were fully met.

- Overall, we found that Linden Lodge was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

People were offered a range of food that reflected their individual preferences and dietary needs.

- Overall, we found that Linden Lodge was meeting this essential standard.

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

The home worked in cooperation with professionals. This ensured continuity of care and treatment and protected the health and welfare of people who used the service.

- Overall, we found that Linden Lodge was meeting this essential standard.

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

Safeguarding procedures were in place in the home and the welfare of people using the service was protected.

- Overall, we found that Linden Lodge was meeting this essential standard.

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

A clean environment and good hygiene practices provided people living in the home with pleasant and safe surroundings and minimised the risk of infection.

- Overall, we found that Linden Lodge was meeting this essential standard.

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

The management of medicines at the service is satisfactory and appropriate procedures are being followed to ensure the safe administration of medicines for people who use the service.

- Overall, we found that Linden Lodge was meeting this essential standard.

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

The home was in a reasonable state of repair. However areas of the home such as some bedrooms and communal areas, the utility room and kitchens were not appropriately decorated and refurbished. These areas of the home do not provide people with attractive suitable surroundings.

An improvement action has been made to maintain compliance in respect of this outcome area.

- Overall, we found that Linden Lodge was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

The service carried out all standard health and safety checks. Equipment was well maintained and safe.

- Overall, we found that Linden Lodge was meeting this essential standard.

Outcome 12: People should be cared for by staff that are properly qualified and able to do their job

The provider ensured that appropriate staff recruitment procedures were in place and followed in order to ensure that only suitable staff were employed at the home.

- Overall, we found that Linden 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

There were sufficient staff available to meet the health and welfare needs of the people that use the service and ensure they were safe.

- Overall, we found that Linden 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

People are generally supported by well trained staff. However training was lacking in respect of Deprivation of Liberty Safeguards and the Mental Capacity Act. Without this training there was a risk staff would not be able to meet people's needs effectively.

- Overall, we found that Linden Lodge was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

There are systems in place for monitoring and improving the quality of services for people. However the quality assurance surveys had not been sent to relevant parties to ensure the process is maintained fully and effectively.

- Overall, we found that Linden Lodge was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

- People who use the service were encouraged to voice dissatisfaction about the home if they wished. People knew and understood how to make complaints. Complaints were responded to and acted on appropriately.

- Overall, we found that Linden Lodge was meeting this essential standard.

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

Care records were stored securely. Some records were not always up to date to ensure that they contained appropriate information relevant to people’s care and treatment.

- Overall, we found that Linden Lodge was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Action 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.

internal and external appeal processes. We will publish a further report on any action we have taken.

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
We observed staff knocking on people’s doors before entering their bedrooms. People said staff asked to come in to their rooms which ensured their rights were respected. People confirmed they choose when they go to bed. One person said that “staff were kind and respectful and made sure their privacy was respected”. One person said that staff had enabled them to administer their own medication.

We observed a member of staff when a person became anxious, the interaction was compassionate and the staff member offered reassurance.

People were able to choose to spend time in their room if they wished.

The care plans made reference to the need for staff to encourage independence and support people who use the service to make choices.

We saw a lot of personal items in people’s bedrooms. This showed that the wishes

of people using the service had been considered and respected which makes them feel valued.

Other evidence

Staff generally interacted respectfully with people who use the service. We heard staff warmly greet one person upon their return home.

Since the time of the review we have been told that an advocacy service will be facilitating group advocacy at the home if the people that use the service wish to take part. This may empower people to have more of a voice within the home. A person who uses the service was also the health and safety representative at the home.

Our judgement

People who use the service were provided with reasonable support to make decisions about their care. The service respected the dignity of people.

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
Staff were observed communicating with people in a friendly and professional manner. People who use the service told us that staff asked them for consent before providing care or treatment. People spoken with confirmed they could speak to staff about their care.

Other evidence
We could not see Mental Capacity Assessments on the files we reviewed of people that use the service. The manager has confirmed this is an area to be addressed in the future. Staff confirmed they had not undertaken training in the Mental Capacity Act.
We saw documented information to show that when people had refused to attend medical appointments this had been respected.

Staff interviewed understood the need to ask people about how they would like their care to be given and knew that failure to get consent could not be regarded as

professional practice as this could be potentially not respecting people's rights.

Our judgement

Care and treatment were explained to people. And people's wishes were respected.

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 felt well cared for. People said, “staff are helpful and kind”. Relatives told us that the care provided had improved due to the new manager and the changes that had been made since their appointment.

Other evidence
During the visit a sample of records relating to people who use the service were viewed. Each file contained a support plan but these needed updating and the quality of the recording on the support plans varied. The new manager had completed some interim care plans, these had involved the person the care plan was about and had been signed by them. However, new detailed care plans were being developed by the manager and staff team.

Review meetings had not taken place and the review minutes were not present in the files sampled. In the absence of these minutes there was no record of what changes had been made to the care plan.

The new manager has since confirmed that a review for one person has taken place and the outstanding reviews were being booked for the other people that use the service.

Risk assessments were on file but the manager agreed that a number of these needed to be updated. This did not ensure that the identified risks to people living in the home were being minimised.

The manager confirmed that behaviour guidelines needed to be developed to assist staff to respond appropriately to people's individual behaviours to ensure that staff support people in a consistent way.

Our judgement

Although people using the service were satisfied with the care provided, care plans were not fully developed or updated to ensure people's needs were recorded. Risk assessments were not always updated and no behaviour guidelines had been developed to ensure people's individual needs were fully met.

An improvement action has been made to maintain compliance in respect of this outcome area.

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

The majority of the people said the food was good. For example, one person said “the food is nice” People confirmed that portion sizes were good. People who use the service thought the food was hot enough.

Other evidence

During the lunchtime meal we saw people actively making their lunch. People were seen making choices with regard to what they wanted to put in their sandwiches for lunch. People were offered juice with their meal. A variety of meals are available on the menu over the given period. However, It was discussed with the management team that the alternative option could be more clearly indicated on the menu. People were reminded and encouraged to eat. Those people who needed assistance from staff received it. When they were assisting people staff offered help sensitively. Some people confirmed that they cook their own meal and buy their own shopping.

One person showed us the written instructions and guidance they had received after having been shown to cook a roast dinner.

Unfortunately people cannot eat their meals all together due to the design and size of the kitchen. The manager has implemented two sittings for dinner to ensure that people can eat their meal in comfort. Due to the limited space this also impacts

when people are trying to undertake life skills with the assistance of staff due to the cramped conditions within the kitchen.

Our judgement

People were offered a range of food that reflected their individual preferences and dietary needs.

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
People told us that they could see the General Practitioner (GP) whenever they wanted to. One person told us 'I've seen my dentist'.

Other evidence
The care records we reviewed showed that a number of different health professionals were involved in the care of people who used the service. People had seen the optician, psychiatrist, dentist, chiropodist and diabetic nurse. There was evidence that a person had their medication reviewed. One person had seen the General Practitioner, however, staff had not clearly recorded the information and this was acknowledged by the management team on the day of the visit. The manager was in the process of ensuring that health action plans were updated.

Our judgement
The home worked in cooperation with other professionals. This ensured continuity of care and treatment and protected the health and welfare of people who used the service.

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

The provider is compliant with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People we asked said they felt safe at the home and they knew who to talk to if they had any concerns. They said they felt comfortable raising concerns about their care.

We observed staff supporting people with kindness and respect.

Other evidence

Staff confirmed they had received training in safeguarding of vulnerable adults procedures as part of their induction and this was a mandatory training topic.

Staff were aware of the different types of abuse that could happen to people in a care setting. Staff were aware of signs they would look out for that could indicate that a person was being abused.

Staff said that if they felt abuse was taking place they would inform the manager immediately.

Our judgement

Safeguarding procedures were in place in the home and the welfare of people using the service was protected.

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

The provider is compliant
with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
All bathrooms had anti bacterial soap and paper towels available to limit the risk of cross infection.

We saw signs in pertinent positions around the home advising people to wash their hands to prevent infection. A person we spoke to said ‘the home is always clean.’

Other evidence
Staff confirmed they had received training in relation to infection control procedures and staff understood the importance of regular hand washing. This demonstrated that staff had the knowledge and skills to promote people’s wellbeing.

During the review a tour of the home was undertaken. All areas were clean and tidy and there were no unpleasant odours. Hygiene and infection control issues were monitored by the management of the home. There was a cleaning schedule. Disposable gloves and aprons were available for use when needed. This promoted a clean and safe environment.

Our judgement
A clean environment and good hygiene practices provided people living in the home with pleasant and safe surroundings and minimised the risk of infection.

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

The provider is compliant with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us

We observed the medication being administered by a staff member in an unhurried and professional manner. People told us they were satisfied with the way medicines were managed at the home.

Other evidence

Medication was securely stored in locked cabinets within the bedrooms of the people that use the service and temperatures were recorded.

We observed staff giving people medication. Staff made sure that the right medication was given to the right person. They checked that the person took the medication and signed the medication chart to record it had been administered.

We reviewed a number of medication administration records and these were complete. There was a record of signatures of those staff who could administer medication. Medication was checked when it arrived at the home to make sure that people received the correct medicines.

A person living at the home was self-medicating. There was a risk assessment in place, which assessed the person’s capacity for self medication and ensured that

they knew what the medication was for.

No one in the home was using PRN medication and there were no controlled drugs. Staff told us they had received training in the safe handling of medication.

Our judgement

The management of medicines at the service was satisfactory and appropriate procedures were being followed to ensure the safe administration of medicines for people who use the service.

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

There are minor concerns with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
People who used the service said they were happy living in the home.

Other evidence
The premises were in a reasonable state of repair. However the paintwork and flooring in some bedrooms and communal areas of the home was in need of updating. The new manager and regional manager confirmed that there was a plan in place to remedy this.

Improvements were taking place and new beds and curtains for some of the people living in the home had been ordered. New equipment such as a fridge, freezer dishwasher, microwave and kitchen table had also been ordered for the kitchen. However the kitchen was not suitable as it was too small and poorly designed to meet the needs of the people living in the home. In the second kitchen/utility room worktops are cracked and dated. The regional manager has confirmed that the management team were currently assessing how the environmental issues in the home could be resolved and was committed to putting them right. The management team were considering putting a new conservatory on the back of the home to increase the amount of space available to the people living in the home. The kitchen will also be redesigned and updated.

People had single bedrooms and these had been personalised with photographs

and people's own items of furniture.

Not all of the people living in the home were able to access all areas of the home that they needed to. A person was unable to use their en-suite shower as the design of the shower was not suitable to meet their specific needs. The manager had requested that the shower be converted into a wet room. A request has been made for occupational therapy to provide a full assessment of the person's mobility needs. A discussion with the regional manager confirmed that would be made. This will improve the quality of life for the person living in the home.

Our judgement

The home was in a reasonable state of repair. However areas of the home such as some bedrooms and communal areas, the utility room and kitchens were not appropriately decorated and refurbished. These areas of the home do not provide people with attractive suitable surroundings.

An improvement action has been made to maintain compliance in respect of this outcome area.

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 said that the equipment in their bedrooms was in good working order and we observed this to be the case.
Other evidence The home supplied the dates for the most recent servicing of equipment in use including portable electrical appliances and for precautionary equipment and systems. This demonstrated that these were serviced on a regular basis and within recommended timescales which promoted people’s health and safety.
Our judgement The service carried out all standard health and safety checks. Equipment was well maintained and safe.

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 we spoke to said the staff were kind and understood their needs and wishes. They also said they felt safe with the staff that supported them. We observed staff interacting with people in a professional and supportive manner.

Other evidence
Staff interviewed had a good understanding of the needs of the people they cared for. Staff told us that they had been interviewed for their job and had undergone Criminal Records Bureau (CRB) checks before starting work. They had also supplied two references and these had been followed up. All staff we spoke to said they had received an induction before working independently in the home.

We looked at a number of staff files and these contained the relevant documents needed to show that staff were suitable to work with people. The registered manager provided us with a matrix showing that staff had undergone enhanced CRB checks. The home also kept a record of staff members' entitlement to work in the United Kingdom. A member of staff that had transferred from another of the organisation's homes and was still waiting for their documents to be transferred from

the previous home they had worked in. This was discussed with the manager and regional manager and they stated they would ensure this was actioned as a priority.

Our judgement

The provider ensured that appropriate staff recruitment procedures were in place and followed in order to ensure that only suitable staff were employed at the home.

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 said they thought there were enough staff on duty to meet their needs.

Other evidence
Staff said they knew how to look after people living in the home. Staff confirmed that they were able to go out with people when they wished to. The manager explained that there were three staff on duty in the morning and three staff on duty in the afternoon. There was also one waking night staff and one sleep in staff. The rota showed that staffing levels were being maintained consistently. No staff were working exceptionally long hours which could place the people who use the service at risk. The manager had advertised to fill two current full time vacancies at the service and had organised for applicants to be interviewed. The posts were currently being covered by other staff working in the organisation. This helped to ensure that consistent care could be provided to people that use the service.

Our judgement
There were sufficient staff available to meet the health and welfare needs of the people that use the service and ensure they were safe.

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

The provider is compliant with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
We observed staff being appropriately supported by the manager so that they could provide for the care needs of the people who use the service.

Other evidence
We spoke with staff and they said that they felt supported in their work and that they had regular supervision. This helped to ensure that people that use the service were supported in a consistent way. We saw records showing that supervision and staff meetings were taking place. Staff said they felt that they could express their views and they felt listened to.

Staff that we spoke to said that training had been made available. Staff had attended mandatory training and undertaken National Vocational qualifications. Not all staff had completed the Deprivation of Liberty Safeguards training which means that people’s rights may not be respected.

Our judgement
People are generally supported by well trained staff. However training, was lacking in respect of Deprivation of Liberty Safeguards and the Mental Capacity Act. Without this training there was a risk staff would not be able to meet people’s needs effectively.
An improvement action has been made to maintain compliance in respect of this

outcome area.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
People told us they felt informed about what was happening at the home.

There was a calm atmosphere in the home. We observed that the office door was open when confidential matters were not being discussed. People were able to speak to someone if they had a matter they wished to discuss. This was observed to be the case on the day of the visit.

Residents' meetings were held and people who use the service were asked their views.

Other evidence
On the day of the visit the organisation was undertaking an internal quality assurance audit of the home but the auditor decided to return on another day to complete the task.

There were some systems in place for gaining feedback about the quality of the service, including monitoring of residents' meetings during the monthly provider visits. The quality assurance questionnaires were discussed with the manager who

confirmed they would send these out to people using the service, professionals and relevant stakeholders and then develop an action plan.

A copy of the monthly audit was provided along with samples of residents' meeting minutes.

As already referred to in the report there were plans for an advocacy service to facilitate group advocacy at the home if the people that use the service wish to take part. This may empower people to have more of a voice within the home.

Our judgement

There are systems in place for monitoring and improving the quality of services for people. However the quality assurance surveys had not been sent to relevant parties to ensure the process is maintained fully and effectively.

An improvement action has been made to maintain compliance in respect of this outcome area.

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 using the service were aware of their right to complain if they were not happy with the service provided and were clear about who they would speak to.

Other evidence
A complaints procedure was in place and information about the procedure was on display in the home. No complaints had been received during the period that the new manager had been appointed.

Our judgement
People who use the service were encouraged to voice dissatisfaction about the home if they wished. People knew and understood how to make complaints. Complaints were responded to and acted on appropriately.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

There are minor concerns with outcome 21: Records

Our findings

What people who use the service experienced and told us
On this occasion we did not speak to people who used the service about this outcome area.

Other evidence
A sample of records relating to people who use the service were viewed. As previously mentioned in the report the standard of record keeping varied. Care plans and risk assessments needed updating.

Files contained a large amount of documentation which was not all current and the manager confirmed that the team were going to streamline the folders. The home was aware of their responsibilities in terms of data protection and access to information and the company had policies in relation to this.

Our judgement
Care records were stored securely. Some records were not always up to date to ensure that they contained appropriate information relevant to people’s care and treatment.
An improvement action has been made to maintain compliance in respect of this outcome area.

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 requiring nursing or personal care	9	4 Care and welfare of people who use services
	<p>Why we have concerns: Although people using the service were satisfied with the care provided, care plans were not fully developed or updated to ensure people's needs were recorded. Risk assessments were not always updated and no behaviour guidelines had been developed to ensure people's individual needs were fully met.</p>	
Accommodation for persons requiring nursing or personal care	15	10 safety and suitability of premises
	<p>Why we have concerns: The home was in a reasonable state of repair. However areas of the home such as some bedrooms and communal areas, the utility room and kitchens were not appropriately decorated and refurbished. These areas of the home do not provide people with attractive suitable surroundings.</p>	
Accommodation for persons requiring nursing or personal care	23	14 Supporting Workers
	<p>Why we have concerns: People are generally supported by well trained staff. However training, was lacking in respect of Deprivation of Liberty Safeguards and the Mental Capacity Act. Without this training there was a risk staff would not be able to meet people's needs effectively.</p>	

Accommodation for persons requiring nursing or personal care	20	16 Assessing and monitoring the quality of service provision
	<p>Why we have concerns: There are systems in place for monitoring and improving the quality of services for people. However the quality assurance surveys had not been sent to relevant parties to ensure the process is maintained fully and effectively.</p>	
Accommodation for persons requiring nursing or personal care	20	21 Records
	<p>Why we have concerns: Care records were stored securely. Some records were not always up to date to ensure that they contained appropriate information relevant to people's care and treatment.</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 28 days of this report being received.

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

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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