

Review of compliance

Turning Point Pemdale	
Region:	East
Location address:	26A Nursery Close Potton Bedfordshire SG19 2QE
Type of service:	Care home service without nursing
Date of Publication:	December 2011
Overview of the service:	Pemdale is a care home, registered to provide accommodation and personal care for up to six adults who have a learning disability.

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

Our current overall judgement

**Pemdale 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 23 November 2011, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

During our visit to Pemdale on 23 November 2011 we spoke briefly with one person who told us they were happy living here. During our observations we noted that people had good relationships with the staff who were very kind and caring, and attentive to people's needs. People told us they liked the staff and showed that they enjoyed the staffs' company.

What we found about the standards we reviewed and how well Pemdale 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

The provider is compliant with this outcome. Care and support is provided in a dignified, respectful way which involves each person in making as many decisions as possible about the care they receive and how they lead their lives.

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

The provider is compliant with this outcome. Care plans and risk assessments give staff detailed guidelines to ensure that each person's assessed and changing needs are met, and people are kept safe from unnecessary risk.

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

human rights

The provider is compliant with this outcome. The provider has robust safeguarding systems and procedures in place at this home. Staff are trained and knowledgeable and their practice ensures people's rights are upheld and they are safeguarded from abuse and harm.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider is not compliant with this outcome. Improvements are needed. The provider is not implementing fully effective medicine management systems and procedures and is not ensuring these have been consistently followed in practice. This means that the people who live at Pemdale cannot be confident that they will receive the medication that has been prescribed for them correctly.

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

The provider is compliant with this outcome. There are sufficient staff on duty, who are trained and supported well, to ensure that people who live here are kept safe and their needs are met.

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 provider is compliant with this outcome. The provider has systems and processes in place to gather information about the quality of the service and to make improvements when needed.

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

During our visit to Pemdale on 23 November 2011 we met two of the people who live here and spoke with one of them. This person told us they were very happy here.

Other evidence

When we arrived at Pemdale, all of the people living here had gone out to do various activities of their choice. Two people arrived home and we observed that staff treated them with respect and involved them in making decisions about their care and support. People made choices about what they wanted to eat and drink, what they wanted to do, and where they wanted to spend time. From our observations we concluded that staff and the people living here interacted well, with a lot of banter and laughter going on. Only one person used words to communicate and this person chose to spend time in the bath and in their room so we were not able to speak with them.

Care records we looked at showed that staff knew people well and that they supported people to make decisions as far as they could in all areas of their lives. Records were person centred and clearly showed the ways in which each individual could make choices. For example, for some people picture cards were used so that the person could choose what they wanted to eat. Staff told us that they were working with families to build up a history for each person so that they could support them even better. Each

person had a 'communication passport' which they could take with them, for example to hospital appointments, so that other people would understand their ways of communicating, and be able to involve them in any decisions.

Our judgement

The provider is compliant with this outcome. Care and support is provided in a dignified, respectful way which involves each person in making as many decisions as possible about the care they receive and how they lead their lives.

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

The person we spoke with during our visit told us that they get on well with the staff. We saw that people trusted the staff and had good relationships with them.

Other evidence

The care records we looked at on 23 November 2011 contained detailed information for staff on the way each person prefers to have their needs met. The records for each person were written in a very person centred way and divided into a number of folders so that information was easy to find.

One person's 'Who am I' folder included a lot of detail about the person and several photographs of the person engaged in a number of activities. All the information was written in the first person and included, for example, details of 'what makes me happy/sad/bored', and 'what I like to do' so that staff would know how to support the person in the way they wanted.

The 'supporting me safely' folder contained a guide to the person's support plans which gave staff brief detail, such as 'washing – some support needed'. The support plans then gave staff full, detailed guidance on the way the person wanted to be supported with that area of their care. Risk assessments and risk management plans were in place and covered all the risks the person might encounter, such as being out in the community or helping in the kitchen.

Each person had a Health Action Plan which was up to date and gave information

about the person's health needs. Records showed that people were supported to attend appointments with a number of healthcare professionals, such as doctor, dentist, optician and hospital consultant, so that they would keep as healthy as possible.

The area manager told us that contingency plans were in place in case the house could not be used. This included keeping emergency supplies, such as a spare set of clothes and a few days medication for each person, as well as information about them, at the provider's office.

Our judgement

The provider is compliant with this outcome. Care plans and risk assessments give staff detailed guidelines to ensure that each person's assessed and changing needs are met, and people are kept safe from unnecessary risk.

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

During our visit on 23 November 2011 we did not speak with people about the provider's arrangements for keeping them safe. We observed how staff treated people and met their care needs. Staff were kind and caring, and attentive to people's needs.

Other evidence

During our visit we found that there were up to date policies, procedures and protocols in place regarding safeguarding. Clear guidelines for staff on what to do if they suspected any abuse was taking place were also easily accessible. The manager told us that all staff had undergone training in safeguarding adults by doing e-learning training on the computer. This was confirmed by the training records and by the staff we spoke with. The manager said that all staff would be undergoing a competency assessment, devised by the local authority, to ensure they had a good understanding of safeguarding.

Staff we spoke with were clear about their responsibilities to safeguard the people living here, and knew what they had to do if they suspected any abuse was taking place. The manager stated that there had been no incidents that had required reporting to the local authority's safeguarding team for some time. We found nothing in the records we looked at that should have been reported differently.

Some staff had received training on the Mental Capacity Act and Deprivation of Liberty Safeguards which had increased their knowledge about people's rights in this area.

Our judgement

The provider is compliant with this outcome. The provider has robust safeguarding systems and procedures in place at this home. Staff are trained and knowledgeable and their practice ensures people's rights are upheld and they are safeguarded from abuse and harm.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are minor concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

During our visit to Pemdale on 23 November 2011 we did not speak with people about the way the service manages their medicines. Everyone who lives here needed support from staff to take their medicines.

Other evidence

A few days before our visit to Pemdale, we received an anonymous complaint. The complainant made some allegations about the way medicines were being managed. During our visit we carried out an audit of the way this service manages the medicines for the people living here. Although we found no evidence to support the allegations made in the complaint we did find a number of other areas of medicine management which were not being carried out well.

Our audit identified that there were discrepancies within the records which could not be correlated with the amount of medicines in the home. The records of the amount of some of the medicines received in the home, cross referenced against administration records and the available stock, highlighted a number of discrepancies. This indicated that some people might not have been given the medicine they were prescribed. We checked 16 medicines and found errors with 12 of them. For example, for one medicine there were 64 tablets too many; for another there were 20 tablets too many; and for a third there were six tablets too few.

The manager stated that she was confident people were getting their medicines

correctly because two staff administered the medicines and signed the records to show that the medicines had been given. She said that any medicines remaining in the packets at the end of the four-week cycle had not been recorded as carried forward to the next cycle. In the instance where there were too few tablets, she said some tablets had been damaged during a previous cycle, so staff had 'borrowed' from the next month's stock. Although this is a feasible explanation it is poor practice and means the medicine management systems in this home are not fully effective.

We also found some good practice regarding medicines. Care plans contained detailed guidance for staff on when to give people medicines prescribed to be given 'when needed'; records of controlled drugs were kept well; and apart from too many bottles of one bath solution, stocks were kept at a good level.

Our judgement

The provider is not compliant with this outcome. Improvements are needed. The provider is not implementing fully effective medicine management systems and procedures and is not ensuring these have been consistently followed in practice. This means that the people who live at Pemdale cannot be confident that they will receive the medication that has been prescribed for them correctly.

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

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

The person we spoke with during our visit on 23 November 2011 said the staff were nice and there were enough of them. One of the staff told us they were enjoying the work because there was a "lovely atmosphere, and no rushing for the residents".

Other evidence

During our visit we spoke with two of the staff. They told us that usually there were enough staff on duty to meet people's needs, and to enable people to do what they wanted to do. They said, and the rotas confirmed, that extra staff were on duty when trips out had been planned.

Staff told us they have received a range of training, some of which was done on the computer. Staff had to do the training and answer a series of questions: once they got all the questions right they were presented with a certificate. New staff completed 13 sessions on the computer during their induction, as well as doing some practical training. The manager told us that information was being collected by all the staff team so that they could get a better understanding of issues such as people developing dementia. Staff supervision was carried out regularly and staff meetings held where staff felt able to air their views and put forward ideas. Staff told us the manager was very approachable and supportive. One said, "Things have improved considerably since this manager came here".

Our judgement

The provider is compliant with this outcome. There are sufficient staff on duty, who are trained and supported well, to ensure that people who live here are kept safe and their

needs are met.

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

During our visit to Pemdale on 23 November 2011 we did not speak with people about assessing and monitoring the quality of the service.

Other evidence

The provider had a number of systems in place to assess and monitor the quality of the service provided. The provider had developed an audit tool which the manager had to complete. This was based on CQC's Essential Standards of Quality and Safety and sections of it had to be completed every three months. This self assessment was verified by the manager's line manager and by the provider's risk and assurance team. The manager was also completing a very detailed audit for the local authority's contracts monitoring officer.

An annual survey was sent from the provider's head office to the people living here, as well as to their families and advocates. The results of the survey were collated into a report by the provider's head office team, and the manager was in the process of developing an action plan to meet any requested improvements.

People living here had weekly meetings to make decisions such as what they wanted to do, where they wanted to go and what they wanted to eat. The manager said that other issues were discussed at these meetings, including safeguarding, so that people would have some understanding of what they should and should not expect from the staff and from each other. A meeting was held every three months for people's families to attend and the manager said that families knew they were welcome to visit or ring at any time,

which they did.

Each month a housekeeping checklist was completed to ensure that the health and safety systems in the home were operating. This included checking that all equipment had been serviced as required, the house vehicle had been maintained properly and the fire safety systems were fully operational. The local authority's fire safety officer had visited the home the week before our visit: the manager said there were no issues.

Our judgement

The provider is compliant with this outcome. The provider has systems and processes in place to gather information about the quality of the service and to make improvements when needed.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: The provider is not compliant with this outcome. Improvements are needed. The provider is not implementing fully effective medicine management systems and procedures and is not ensuring these have been consistently followed in practice. This means that the people who live at Pemdale cannot be confident that they will receive the medication that has been prescribed for them correctly.</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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