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:	June 2012
Overview of the service:	Pemdale is a care home registered to provide the regulated activity of 'Accommodation for persons who require nursing or personal care'. The home provides a service for 5 people who have a learning disability, and does not currently provide nursing care.

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. Action is 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 to check whether Pemdale had taken action in relation to:

Outcome 01 - Respecting and involving people who use services
Outcome 04 - Care and welfare of people who use services
Outcome 07 - Safeguarding people who use services from abuse
Outcome 09 - Management of medicines
Outcome 10 - Safety and suitability of premises
Outcome 13 - Staffing

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 15 May 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

During our inspection of Pemdale on 15 May 2012 we used a number of different methods to help us understand the experience of people using the service, because some of the people using the service had complex needs which meant that they were not able to tell us their experiences.

One person told us they were looking forward to going on holiday to Spain and were happy that staff would be supporting them to do this.

We observed that, in their different ways, people showed that they were content living at this home and that they had good relationships with the staff. They showed that they felt safe, and were satisfied with the service being provided. There was a lot of laughter and friendly banter between staff and people living there during our inspection.

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 was meeting this standard. People's privacy and dignity were respected and people were involved as far as possible in the way the service was provided.

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

The provider was meeting this standard. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

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

The provider was meeting this standard. People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

The provider was meeting this standard. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. The systems in place for ensuring people's safety in the event of fire were not adequately tested and maintained.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. There were not enough staff to meet people's needs.

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. We will check to make sure that this action has been taken.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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 inspection we saw that the people living at Pemdale and the staff had very good relationships. We heard a lot of laughter and friendly banter going on and people showed in their own ways that they enjoyed the company of the staff. We saw care being offered to people in a way that preserved their privacy and dignity, particularly at times when people were being supported with personal care. Staff spoke to people respectfully and gave people time to respond, for example to choose what they wanted to do or what they wanted to eat.

One person told us that they met with their keyworker to plan how they wanted to spend their week. On the day we inspected the home, staff had been assisting this person to shop for personal items and then pack their suitcase for their holiday. Two staff would be accompanying this person for a week's holiday in Spain. Staff explained that keyworker meetings were scheduled according to people's needs. One person who liked to go out a lot met with their keyworker once a week, another person who preferred to do less, had a meeting every two weeks.

Other evidence
We looked at one person's support plan and noted that the person had been involved as far as they were able to be in putting the plan together. Staff had developed the plan

as their knowledge about the person and their needs and preferences had deepened.

Our judgement
The provider was meeting this standard. People's privacy and dignity were respected and people were involved as far as possible in the way the service was provided.

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
During our visit on 15 May 2012 we saw that staff were treating people well and being attentive to their needs. Staff were spending time talking to people, supporting them with activities, and making sure that their needs were met.

Other evidence
Each of the people living at Pemdale had a support plan in place. We looked at one person's plan. It contained full details about the person's needs and preferences, was written in a personalised way and gave staff good, clear guidance on the ways in which the person wanted to be supported.

We found that risk assessments had been completed, for example relating to moving and handling and to the person's safety in the community, and risk management plans were in place. Notes of care provided on a daily basis gave a good picture of how the person had spent their day and showed that staff were adhering to the support plans and risk management plans.

Our judgement
The provider was meeting this standard. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

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 inspection we observed how staff treated people and met their needs. Staff were patient and caring, ensuring people's wishes were respected. People showed by their facial expressions and body language that they trusted the staff to make sure they did not come to any harm.

Other evidence
People living at Pemdale were kept as safe as possible because there were effective systems in place to reduce the risk of abuse. One member of staff we spoke with said they had not received training in safeguarding adults recently, but they were clear about their responsibilities should they have any concerns about abuse. For example, they were able to describe the process they would go through to make sure any allegation of abuse was reported to the local authority safeguarding team, even if they did not do this directly themselves. Contact telephone numbers for agencies involved in protecting people for staff to ring if they needed to were on display in the office.

Our judgement
The provider was meeting this standard. People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
We spoke with people during our inspection at Pemdale on 15 May 2012, but their feedback did not relate to this standard. All the people who live at Pemdale had their medicines given to them by the staff.

Other evidence
During our inspection of Pemdale on 23 November 2011 we found that the provider was not meeting this standard. The provider was not implementing effective medicine management systems and procedures. The provider told us they would achieve compliance by December 2011.

During our inspection on 15 May 2012 we looked at the way the provider managed medicines. We found that improvements had been made and medicines were being managed safely. However, the provider may like to note that the systems in place for auditing stocks of medicines needed to be strengthened to ensure that errors in counting remaining numbers of tablets did not occur. We found several errors when we tried to audit the numbers of tablets remaining in packets and blister packs, against the number that had been given to people. Staff were able to provide evidence that these were purely mathematical errors, where staff had counted the tablets incorrectly. This meant that robust audits were not in place to ensure these errors did not occur.

Our judgement
The provider was meeting this standard. People were protected against the risks

associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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

The provider is non-compliant with Outcome 10: Safety and suitability of premises. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us
During our inspection of Pemdale on 15 May 2012 we used a number of different methods to help us understand the experience of people using the service, because some of the people using the service had complex needs which meant that they were not able to tell us their experiences.

Other evidence
We looked at the systems the provider had in place for ensuring people living at Pemdale, staff and visitors were safe from the risks of fire. The fire safety officer from the local authority had visited the service on 18 November 2011 and judged that the service was 'broadly compliant' with the regulations relating to fire safety. Their judgement was based on what they found in place at the time, including the service's fire risk assessment and associated records of tests.

On 15 May 2012 we found that the provider had a fire risk assessment in place, which gave details of the ways in which the provider would ensure people were safe from the risk of fire. The fire risk assessment stated that some aspects of the fire system, such as fire alarms and fire doors would be tested weekly, while others, such as emergency lighting, means of escape and fire fighting equipment would be assessed monthly.

Records we looked at showed that not all the tests had been carried out as stated in the fire risk assessment. The fire alarm system had been tested almost weekly (except there had only been two tests carried out in April 2012). However, the records showed that fire doors, emergency lighting, means of escape and fire fighting equipment had not been checked since 22 November 2011.

The record of fire safety training undertaken by staff showed that there had been no training since 16 November 2011. Two of the staff on duty said the record had not been updated as they had both undertaken refresher training in fire safety since then. However, another member of staff on duty had started working at the home in November 2011. They told us they had not received any training other than in-house training from another member of staff, relating directly to what to do should a fire break out at Pemdale.

The records showed that the last fire drill had been on 15 June 2011. Staff said that a fire drill had been done more recently and found evidence that a drill had been carried out on 05 January 2012. The list of names of the staff involved showed that not all current staff had been present during the fire drill.

The provider's policy on fire safety management had not been updated since 2008.

Our judgement
The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. The systems in place for ensuring people's safety in the event of fire were not adequately tested and maintained.

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 non-compliant with Outcome 13: Staffing. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us
We spoke with people during our inspection at Pemdale on 15 May 2012, but their feedback did not relate to this standard.

Other evidence
Staff we spoke with told us that there were not always enough of them on duty to meet people's needs. They said that there had been a number of occasions when there were only two staff to support the five people living at Pemdale. One person had complex needs and needed support from two staff for all their personal care. Staff explained that when this person was being supported, for example to have a bath, there were long periods of time when other people were not being supported or supervised. Staff also said that they were not able to meet people's needs which were documented in their care plans. This related particularly to people's needs for social stimulation and support to access the community. We looked at one person's records relating to activity. Their support plan included several references to this person's likes and dislikes in this area of their care. We found that staff had written that this person "likes to be given the opportunity to take part in a wide variety of day care inside and outside of the home", and "likes to be included in trips out". This included going on picnics, going to places to see cars and aeroplanes, going to formal houses and gardens, going to the pub, going out to buy a magazine, and going to church on Sundays. The records of support provided, for the three weeks prior to our inspection, showed that this person had only been out twice, both times to the shops. We acknowledge that during the period we looked at, this person had spent a few days in hospital. Nevertheless, staff agreed that this person would have liked more opportunities for access to the

community.
For another person, who staff told us liked to go out and about all the time, the records showed that in the same 21 day period they had only gone out on seven days. Four of those trips had been 'shopping', two were for a drive out, and one trip had been to the pub. We noted in another person's records that on one day in the week they had requested to go to Hitchin shopping and out to lunch on Saturday. They had not been able to do this.
Staff told us there had been a lot of changes in the service in recent months. They said these were "not for the good" and "staffing issues are impacting on everything".
The provider may also wish to note that the staff rota did not give a clear record of which staff had been on duty and when. Codes were used on the rota, for example E for an early shift and L for a late shift. However, staff said the starting and finishing times of shifts had been changed so staff themselves were not clear about when these shifts had started and finished. Correcting fluid had been used on the rota: correcting fluid must not be used on a document required by legislation. On one of the days we looked at the rota was so unclear we were not able to decipher at all which staff had been on duty.

Our judgement
The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. There were not enough staff to meet people's needs.

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 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	How the regulation is not being met: The provider did not have sufficiently robust systems in place to ensure that people using the service, visitors and staff were safe in the event of fire.	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: There were not enough staff to meet people's needs.	

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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