

Review of compliance

Ashbourne (Eton) Limited Diamond House	
Region:	East
Location address:	Bennett Street Downham Market Norfolk PE38 9EJ
Type of service:	Care home service with nursing
Date of Publication:	July 2011
Overview of the service:	Diamond House is a care home for up to 42 adults. The people who use the service are older people, some of whom may have needs associated with dementia. The registered provider, Ashbourne (Eton) Limited, own a number of other care services in the Eastern region. The following regulated activities may be carried out at Diamond House: Accommodation for persons who require

	nursing or personal care; Treatment of disease, disorder or injury; and diagnostic and screening procedures.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Diamond House was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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 Diamond House had made improvements in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 02 - Consent to care and treatment
- Outcome 04 - Care and welfare of people who use services
- Outcome 09 - Management of medicines
- Outcome 13 - Staffing
- Outcome 14 - Supporting staff
- Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider and checked the provider's records.

What people told us

We did not speak with any of the people using the service during this review.

What we found about the standards we reviewed and how well Diamond House 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. There were systems in place to ensure that people using the service received care that promoted their dignity and met their preferences.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

We have minor concerns with regard to this outcome. The lack of staff training in capacity issues could result in people's rights not being upheld.

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

The provider was compliant with this outcome. Improvements in care records and training meant that staff had appropriate guidance to support people using the service to meet their needs.

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

The provider was compliant with this outcome. Improvements in the processes for managing medicines have created greater safeguards for people using the service.

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

The provider was compliant with this outcome. Staffing numbers had improved and consistently met the levels recommended by the provider.

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

The provider was compliant with this outcome. Improvements in training and supervision help to ensure that staff have the appropriate skills and support to meet the needs of people who use the service.

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 was compliant with this outcome. People using the service had opportunities to feedback their views and experiences of the service.

Actions 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.

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. Any regulatory decision that CQC takes 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

We did not speak with any of the people using the service during this review.

Other evidence

Following our last review in February 2011 we set an improvement action because we had minor concerns about how the provider involved people using the service in their own care. The provider sent us an action plan and then further information to show what improvements had been made.

The provider told us that people using the service are involved in all parts of the care planning process wherever they are able and wish to. Family carers or advocates are involved if the person using the service lacks capacity to make their own decisions. People using the service and their families are involved in their care reviews, which gives them the opportunity to make changes to their care plan.

People's preferences and choices are recorded on their care plans to ensure that staff are aware of and can act upon this information when providing care. People with dementia are assisted to communicate their preferences using a specially developed 'choices tool'. The provider told us, "All staff receive an induction and ongoing training on communicating with people with dementia and how to offer choice to the individual

.... The home has dementia champions whose roles are to promote good quality dementia care and support staff to do this."

The provider told us that staff receive training in care principles, including respecting privacy, promoting dignity and upholding people's rights. In-house trainers have been appointed to ensure that staff receive adequate training to meet people's needs in a person centred way. The home also has a nominated dignity champion. Recent information received from the quality monitoring team at Norfolk County Council indicated that staff are receiving ongoing reminders about the importance of promoting privacy, dignity and choice.

Our judgement

The provider is compliant with this outcome. There were systems in place to ensure that people using the service received care that promoted their dignity and met their preferences.

Outcome 02: 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

There are minor concerns with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

We did not speak with any of the people using the service during this review.

Other evidence

Following our last review in February 2011 we set an improvement action because we had minor concerns about how the provider supported people who lacked the capacity to understand and consent to their care and treatment. The provider sent us an action plan and then further information to show what improvements had been made.

The provider told us that staff obtain consent from people using the service whenever they wish to deliver personal care. A new tool has been introduced to help staff to determine whether the person has the capacity to consent or whether this needs to be assessed further. Information about advance directives would be recorded on the person's care plan to ensure that staff are aware and can act upon the person's wishes.

The provider told us that some staff still need training about the Mental Capacity Act 2005 to ensure that they fully understand issues about consent and people's rights to refuse care and treatment. The provider's action plan stated that this training would be completed by 01 July 2011.

Our judgement

We have minor concerns with regard to this outcome. The lack of staff training in capacity issues could result in people's rights not being upheld.

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

We did not speak with any of the people using the service during this review.

Other evidence

Following our last review in February 2011 we set a compliance action because we had moderate concerns about how the provider managed risks to people's health and welfare and also how Diamond House supported people living with dementia. The provider sent us an action plan and then further information to show what improvements had been made.

The provider told us that staff who have responsibility for writing care plans have received further training and so the standard of plans have improved. People using the service have a number of routine assessments to identify and manage risks to their health. The risk assessments are kept under review to make sure they remain relevant. Advice from other care professionals is sought and incorporated into the care plans when necessary. The manager completes a weekly risk report to examine risk issues in the home.

A number of staff have received further training about caring for people who are living with dementia. The provider told us that there are also specific risk assessments and care plans to help staff to understand and support people who have individual needs associated with dementia.

Recent information received from the quality monitoring team at Norfolk County Council

confirmed that senior staff had made improvements to the care plans.

Our judgement

The provider was compliant with this outcome. Improvements in care records and training meant that staff had appropriate guidance to support people using the service to meet their needs.

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 did not speak with any of the people using the service during this review.

Other evidence

Following our last review in February 2011 we set a compliance action because we had moderate concerns about how the provider managed medication. The provider sent us an action plan and then further information to show what improvements had been made.

The provider told us that anyone who looked after their own medicines had been re-assessed to ensure that they remained safe to do so. Risk assessments were updated so that staff were aware of any risks and how to manage them.

All staff receive training in medicines management twice a year and they are assessed periodically to make sure that they remain competent.

Senior staff carry out a daily audit to make sure that all prescribed medicines have been given and signed for. The manager carries out a monthly audit and draws up an action plan to address any shortfalls.

Our judgement

The provider was compliant with this outcome. Improvements in the processes for managing medicines have created greater safeguards for people using the service.

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

We did not speak with any of the people using the service during this review.

Other evidence

Following our last review in February 2011 we set an improvement action because we had minor concerns about the numbers of staff on the lower floor of the home. The provider sent us an action plan and then further information to show what improvements had been made.

The provider told us that staff vacancies had been filled, which meant they no longer relied as heavily on agency staff. The provider is recruiting bank staff to further cut the need for agency workers and to promote consistency in the staff team.

The provider told us that the planned staffing levels on the lower floor were met. The staffing numbers were two care staff during the day, with an additional care worker from 07:00 to 14:00 to assist with busy periods.

Recent information received from the quality monitoring team at Norfolk County Council confirmed that staffing levels on the lower floor are stable.

Since our last review, the manager successfully applied to register with the Commission.

Our judgement

The provider was compliant with this outcome. Staffing numbers had improved and consistently met the levels recommended by the provider.

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

We did not speak with any of the people using the service during this review.

Other evidence

Following our last review in February 2011 we set an improvement action because we had minor concerns about shortfalls in staff training and supervision. The provider sent us an action plan and then further information to show what improvements had been made.

The provider told us that two staff have received extra training to enable them to assist with the training and development of other care staff. We were told, "The home has made much progress recently in improving the statistics of staff training and most subjects are now on or above the desired 85%."

A number of staff have been nominated as dementia care champions after attending a two day course in dementia care. They are cascading the training to others.

The provider told us that all staff have had a formal supervision session since our last review. A plan is also in place to ensure that staff receive ongoing supervision at least every two months and have an appraisal every year.

Our judgement

The provider was compliant with this outcome. Improvements in training and supervision help to ensure that staff have the appropriate skills and support to meet the needs of people who use the service.

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

We did not speak with any of the people using the service during this review.

Other evidence

Following our last review in February 2011 we set an improvement action because we had minor concerns that the systems for monitoring and improving the quality of the service did not include information from people using the service. The provider sent us an action plan and then further information to show what improvements had been made.

The provider told us about a number of ways that the quality of the service was reviewed. For example, the manager carried out regular audits of procedures in the home to make sure that the service people received was safe and met their needs.

New surveys were sent out to people using the service, their relatives and other stakeholders before 01 April 2011. Information sent by the provider told us that the manager was looking at ways to ensure that people using the service were kept informed about the results of quality assessments and action plans. Their action plan stated that this would be concluded by 01 June 2011.

Our judgement

The provider was compliant with this outcome. People using the service had opportunities to feedback their views and experiences of the service.

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 who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	Why we have concerns: We have minor concerns with regard to this outcome. The lack of staff training in capacity issues could result in people's rights not being upheld.	
Diagnostic and screening procedures	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	Why we have concerns: We have minor concerns with regard to this outcome. The lack of staff training in capacity issues could result in people's rights not being upheld.	
Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	Why we have concerns: We have minor concerns with regard to this outcome. The lack of staff training in capacity issues could result in people's rights not being upheld.	

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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