

Review of compliance

Anchor Trust Thornton Hill	
Region:	Yorkshire & Humberside
Location address:	Church Road Thornton In Craven Skipton North Yorkshire BD23 3TR
Type of service:	Care home service without nursing
Date of Publication:	May 2012
Overview of the service:	Thornton Hill is registered to provide accommodation and personal care for people. The home is a large converted manor house with a purpose built extension known as the Manor Wing. Thornton Hill is set in its own grounds and overlooks the valley. It is in the village of Thornton-in-Craven, which is approximately 8 miles from Skipton.

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

Our current overall judgement

Thornton Hill was meeting all the essential standards of quality and safety inspected.

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 Thornton Hill had taken action in relation to:

Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 12 April 2012 and talked to staff.

What people told us

We did not speak to people directly about their care records. However, we did receive some comments from visitors and people living at Thornton Hill about their views generally. Two relatives told us they; 'liked the home and liked the views outside.' One person said, "I like it here, the food is good, I keep my room tidy." Another person talked about the way their privacy was respected whilst taking a shower despite the fact that staff needed to be in the vicinity incase they became unwell. Staff were described as, 'excellent, caring, kind and patient.'

What we found about the standards we reviewed and how well Thornton Hill was meeting them

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

People were protected from the risks of unsafe or inappropriate care and treatment. People's personal records, including care records, were accurate and fit for purpose.

The provider was meeting this standard.

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 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

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We used a number of different methods to help us understand the experiences of people using the service, because some of the people using the service had complex needs, which meant they were not able to tell us their experiences. We did not speak to anyone directly about their care records.

We received some comments from visitors and people living at Thornton Hill about their views generally. Two relatives told us they; 'liked the home and liked the views outside.' One person said, "I like it here, the food is good, I keep my room tidy." Another person talked about the way their privacy was respected whilst taking a shower despite the fact that staff needed to be in the vicinity incase they became unwell. Staff were described as, 'excellent, caring, kind and patient.'

Other evidence

In January 2012 we carried out a review of the service. We judged, at that time, that improvements were needed to the way records were being completed, to make sure people's rights and best interests were being protected. This report relates to a follow up inspection we carried out to look at whether the provider had addressed the areas of non-compliance we had previously identified.

We looked at the care records for nine people. It was evident that a lot of work had been done since the last review and staff described how they were working additional

hours to make sure records were being reviewed and improved. Some staff said they preferred to be 'caring' rather than 'writing about it', but understood why records had to be correctly completed and where they needed support then team leaders and the manager were able to offer this.

We found, in the majority of cases, that information was up to date; key information was recorded clearly and where necessary plans of care had been reviewed in a timely way. However, some further work was required to make sure all of the records were maintained accurately. We also advised the manager to make sure all records pertaining to people's preferences and wishes were kept up to date. This was acknowledged by the manager who explained the process in place.

We found evidence to show that records were being audited and where necessary action taken. We were able to offer some suggestions about how the audit tool could be more effective.

Risk assessments had been completed and identified specific needs for each person. Where appropriate, people had signed their own plans of care. Records showed that other professionals had been consulted and a record of this being kept. Other supporting documents were also available for staff to review. Records were kept securely and were only accessible to authorised staff.

We found that staff were able to give a verbal account of how people were and show us a record to confirm this. Staff completed a daily record for each person, and there is an expectation that there should be at least two entries per day, one by the day staff and one by the night staff. We were able to cross reference this information with that recorded in the plan of care. This meant that staff were kept informed and were clear about the care each person needed and how this should be delivered.

We saw staff assisting the majority of people in a positive, meaningful and professional manner. We did however raise some issues with the manager about the way one person was left unattended in a wheelchair, which could have posed a risk to the individual and the way in which the dignity of one person was compromised whilst they were being moved in a hoist. Despite these two examples of poor practice we also noted that on the whole staff conducted themselves appropriately and were attentive to the needs of the person they were supporting.

Our judgement

People were protected from the risks of unsafe or inappropriate care and treatment. People's personal records, including care records, were accurate and fit for purpose.

The provider was meeting this standard.

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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