Anchor Trust
Prior Bank

Region: Yorkshire and Humberside

Location address: 74 Cherry Tree Road
Sheffield
South Yorkshire
S11 9AB

Type of service: Care Home without nursing

Date the review was completed: 3 March 2011

Overview of the service:
Prior Bank House is a care home providing accommodation for people who require personal care. The service is registered to provide this for a maximum of thirty-two older people. It is part of a group of care homes operated by Anchor Trust. Prior Bank House is an adapted Victorian house surrounded by mature garden and woodland. It is situated in the residential area of Nether Edge in Sheffield.

On the ground floor there are communal areas such as lounges, dining areas and a conservatory. In addition, there are fourteen
bedrooms. On the first floor are the remaining eighteen bedrooms. There is a lift for people to use when accessing the first floor.
What we found overall

We found that Prior Bank 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.

Also, as part of the initial assessment we contacted the local safeguarding team and contract and commissioning team for any information they held about the service.

What people told us

On 4 February 2011 Sheffield Contracting and Commissioning Department visited the service. They reported further progress with training and supervisions, but that some small gaps in training remain. Subject to confirmation this training has been completed, the home is now considered fully compliant. They commented in their report that the day before their visit people who used the service had taken part in a celebration for the Chinese New Year, which had been a success. They commented people who used the service enjoy the different activities on offer, particularly ‘pub night’. Additionally, they stated resident’s meetings were held monthly and the manager was hoping to engage families more and had written to them asking if they would be interested if meetings were held at weekends to enable them to attend.

During the above visit Sheffield Contracting and Commissioning Department spoke with a person who used the service and this identified they had no concerns about the care they received.
During three safeguarding investigations into the route cause of pressure areas at the service health professionals stated Prior Bank staff try very hard and they have no reservations about the home meeting nutritional needs.

A route cause analysis of three safeguarding incidents told us the people and their families were satisfied with the care they received.

**What we found about the standards we reviewed and how well Prior Bank 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**

The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.

- Overall, we found that Prior Bank 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**

The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.

- Overall, we found that Prior Bank was meeting this essential standard.

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

The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.

- Overall, we found that Prior Bank was meeting this essential standard.

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

The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.

- Overall, we found that Prior Bank was meeting this essential standard.

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

The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.

- Overall, we found that Prior Bank was meeting this essential standard.
Outcome 7: People should be protected from abuse and staff should respect their human rights

The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.

- Overall, we found that Prior Bank was meeting this essential standard.

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

The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.

- Overall, we found that Prior Bank 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 evidence at the time of assessment suggests there is no area of non-compliance with this outcome.

- Overall, we found that Prior Bank was meeting this essential standard.

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

The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.

- Overall, we found that Prior Bank was meeting this essential standard.

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

The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.

- Overall, we found that Prior Bank was meeting this essential standard.

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

The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.

- Overall, we found that Prior Bank 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

The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.

- Overall, we found that Prior Bank 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 who used the service were safe, but the provision of care may not always meet this safety and quality regulation. This is because some staff hadn’t received or were not up to date with some mandatory training.

- Overall, we found that Prior Bank 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

The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.

- Overall, we found that Prior Bank was meeting this essential standard.

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

The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.

- Overall, we found that Prior Bank was meeting this essential standard.

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

The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.

- Overall, we found that Prior Bank was meeting this essential standard.

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.
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 have not spoken directly to people who use services in assessing this outcome area.

On 4 February 2011 Sheffield Contracting and Commissioning Department visited the service. They didn’t raise any areas of concern specifically relating to this outcome.

Other evidence
The provider declared compliance with this outcome area in their transitional application for registration in this outcome.

As part of the assessment of this location the provider submitted a provider compliance assessment (PCA) for this outcome area. The information provided by the provider told us they were compliant in the majority of areas. Where they were not compliant they had submitted an action plan telling us how they would achieve
compliance by 31 March 2011. This tells us people who use services are benefiting from the services own assessment and monitoring of the service.

To achieve the outcomes in this outcome area the provider in their PCA told us people have individualised care plans and risk assessments to discuss choices about care and treatment. They stated minutes are taken from resident meetings to discuss the care and service provided. In addition, there are five dignity champions. Staff have been trained in taking the appropriate action should someone need to be deprived of their liberty, to ensure individual’s human rights are respected. However, the service acknowledges this needs updating.

**Our judgement**
The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.
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

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As part of the assessment of this location the provider submitted a provider compliance assessment (PCA) for this outcome area. The information provided by the provider told us they were compliant in the majority of areas. Where they were not compliant they had submitted an action plan telling us how they would achieve compliance by 30 June 2011. This included making sure staff were up to date with data protection and deprivation of liberty safeguard training. This tells us people who
To achieve the outcomes in this outcome area the provider in their PCA told us consent is achieved by involving people and their advocates in formulating individualised care plans and risk assessments to discuss choices about care and treatment. Refusals to care, treatment or support is also documented in care plans.

**Our judgement**

The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.
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

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On 4 February 2011 Sheffield Contracting and Commissioning Department visited the service. They didn’t raise any areas of concern specifically relating to this outcome. They spoke with someone who used the service during the visit and their responses were that they were consulted and in control of their life. The person said ‘they liked getting up early – sometimes they did, sometimes they didn’t – they tell staff in the morning when they go to get them up. They said they liked to read and knit’.

The service have had three investigations under safeguarding procedures to look at the pressure area care provided to people. The outcome of the investigation was that neglect was not substantiated. To improve carer’s knowledge in respect of skin care the tissue viability nurse provided training in pressure area care. Health care professionals during the investigation said that Prior Bank staff try very hard and they have no reservations about the home meeting additional nutritional needs. As part of the safeguarding investigation it was established that the people who use the service and their families were satisfied with the care they received.
Other evidence
The provider declared compliance with this outcome area in their transitional application for registration in this outcome.

As part of the assessment of this location the provider submitted a provider compliance assessment (PCA) for this outcome area. The information provided by the provider told us they were compliant in the majority of areas. Where they were not compliant they had submitted an action plan telling us how they would achieve compliance by 31 March 2011. This included trialling named team leaders and key workers on a notice in resident’s room for those who wish to have them. Also, to implement a more robust system to evidence any care planning put in place when a resident leaves the service.

In addition, a system to be put in place to file health and safety alerts that are received and provide evidence of the action taken, even if no action was taken.

Identifying where outcome areas are not fully met tells us people who use services are benefiting from the services own assessment and monitoring of the service.

To achieve the outcomes in this outcome area the provider in their PCA told us there is a clear admission process with opportunities for trial visits or stays. Care plans and risk assessments are put in place to meet people’s holistic needs, including preferences for daily activities, hobbies and interests, daily routines and diet etc.

Our judgement
The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.
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

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We have not spoken directly to people who use services in assessing this outcome area.

On 4 February 2011 Sheffield Contracting and Commissioning Department visited the service. They didn’t raise any areas of concern specifically relating to this outcome. They spoke with someone who used the service during the visit about food and drink and they said the food is very good with a choice every day – fish or meat and a choice of puddings. They said there were plenty of drinks.

Health care professionals, during three safeguarding investigations at the service for pressure area care said that Prior Bank staff try very hard and they have no reservations about the home meeting additional nutritional needs.

**Other evidence**
The provider declared compliance with this outcome area in their transitional application for registration in this outcome.

As part of the assessment of this location the provider submitted a provider compliance assessment (PCA) for this outcome area. The information provided by the provider in the PCA told us that they continued to maintain compliance in this
outcome area.

To achieve the outcomes in this outcome area the provider in their PCA told us people are supported to eat their food and drinks as independently as possible and sufficient time is provided for people to eat their meals. Staff responsible for meeting nutritional needs all have NVQ Level 2 or 3 food hygiene training and the chef manager and deputy are ‘Catercraft' trained. The chef manager also benefits from being able to contact a specialist catering team for advice when needed for special diets or swallowing difficulties. External health care support is requested when people’s appetites deteriorate or the nutritional screening tool raises concerns.

Our judgement
The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.
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
We have not spoken directly to people who use services in assessing this outcome area.

On 4 February 2011 Sheffield Contracting and Commissioning Department visited the service. They didn’t raise any areas of concern specifically relating to this outcome.

Other evidence
The provider declared compliance with this outcome area in their transitional application for registration in this outcome.

As part of the assessment of this location the provider submitted a provider compliance assessment (PCA) for this outcome area. The information provided by the provider told us they were compliant in the majority of areas. Where they were not compliant they had submitted an action plan telling us how they would achieve compliance by 30 June 2011. This included making sure staff were up to date with induction, data protection and safeguarding training. This tells us people who use services are benefiting from the services own assessment and monitoring of the service.
To achieve the outcomes in this outcome area the provider in their PCA told us where people transfer to another service, all relevant information is passed to them either before or at the time of transfer to enable continuity of care and all needs to be met.

The three safeguarding investigations demonstrated inter-agency working with healthcare professionals to meet people’s needs and manage risks. This had resulted in specialist equipment and services to be provided for people to meet their needs.

**Our judgement**
The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.
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

We have not spoken directly to people who use services in assessing this outcome area.

On 4 February 2011 Sheffield Contracting and Commissioning Department visited the service. They didn’t raise any areas of concern specifically relating to this outcome.

Other evidence

The provider declared compliance with this outcome area in their transitional application for registration in this outcome.

As part of the assessment of this location the provider submitted a provider compliance assessment (PCA) for this outcome area. The information provided by the provider told us they were compliant in the majority of areas. Where they were not compliant they had submitted an action plan telling us how they would achieve compliance by 30 June 2011. This meant updating people’s property lists, including any valuables and possessions. This tells us people who use services are benefiting from the service’s own assessment and monitoring of the service.
To achieve the outcomes in this outcome area the provider in their PCA told us the home manager has attended Safeguarding, Mental Capacity Act and Deprivation of Liberties Safeguards (DOLS) training. Potential safeguarding issues are highlighted and safeguarding referrals made. They said that where safeguarding investigations take place learning points are added to the home improvement plan. They stated there are complaints, safeguarding, restraint and whistleblowing policies and procedures in place. The complaints procedure is on display in the home, along with accessible complaints forms and comments books. Residents are also reminded about how they can complain at the regular resident’s meeting.

The three safeguarding investigations confirmed to us what the provider had told us in their PCA. They did highlight potential safeguarding issues and referred them appropriately. As a result of the investigations they made the provision for staff to attend pressure area care training with the tissue viability nurse to increase staff’s knowledge and skills. This demonstrates they learn from safeguarding incidents, putting in place improvement plans where necessary.

**Our judgement**

The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.
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

We have not spoken directly to people who use services in assessing this outcome area.

On 4 February 2011 Sheffield Contracting and Commissioning Department visited the service. They didn’t raise any areas of concern specifically relating to this outcome. They spoke with someone who used the service during the visit and they said ‘the cleanliness is absolutely perfect’.

Other evidence

The provider declared compliance with this outcome area in their transitional application for registration in this outcome.

As part of the assessment of this location the provider submitted a provider compliance assessment (PCA) for this outcome area. The information provided by the provider in the PCA told us that they continued to maintain compliance in this outcome area.

To achieve the outcomes in this outcome area the provider in their PCA told us an infection control policy is in place. They stated there is a care specialist lead in infection control and the infection control committee meets quarterly. Infections are analysed monthly by the care specialist and quality assured through care governance quarterly. They stated any individual risks are identified in people’s care
plans and the management of those risks documented. They also stated staff received Control of Substances Hazardous to Health (COSHH) and Infection Control training.

**Our judgement**
The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.
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 have not spoken directly to people who use services in assessing this outcome area.

On 4 February 2011 Sheffield Contracting and Commissioning Department visited the service. They didn’t raise any areas of concern specifically relating to this outcome.

Other evidence

The provider declared compliance with this outcome area in their transitional application for registration in this outcome.

As part of the assessment of this location the provider submitted a provider compliance assessment (PCA) for this outcome area. The information provided by the provider told us they were compliant in the majority of areas. Where they were not compliant they had submitted an action plan telling us how they would achieve compliance by 31 March 2011. This meant having publications of the relevant guidance for medication available to all medication trained staff.
To achieve the outcomes in this outcome area the provider in their PCA told us the GP visits the home at least once a week and regularly reviews medication. Risk assessments are in place for those people who take their own medication. Staff administering medication are trained, including affects of medication, the importance of regular reviews and adverse drug reactions. Medication audits are completed and actions required are taken immediately or added to the home’s improvement plan.

Our judgement
The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.
### 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

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On 4 February 2011 Sheffield Contracting and Commissioning Department visited the service. They didn't raise any areas of concern specifically relating to this outcome. They spoke with someone who used the service during the visit and they said they liked their room.

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As part of the assessment of this location the provider submitted a provider compliance assessment (PCA) for this outcome area. The information provided by the provider told us they were compliant in the majority of areas. Where they were not compliant they had submitted an action plan telling us how they would achieve compliance by 31 March 2011. To become compliant they told us risk assessments and some health and safety documentation needed to be brought up to date by the health and safety co-ordinator and home management. Also, training for staff in health and safety, fire and fire evacuation and fire drills needed to be brought up to date for some existing staff and arranged for new staff.
To achieve the outcomes in this outcome area the provider in their PCA told us there is a business continuity policy and plan in place covering all major incidents and emergencies, together with an evacuation plan. There is a home maintenance and redecoration plan in place.

Our judgement
The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.
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

We have not spoken directly to people who use services in assessing this outcome area.

On 4 February 2011 Sheffield Contracting and Commissioning Department visited the service. They didn’t raise any areas of concern specifically relating to this outcome.

Other evidence

The provider declared compliance with this outcome area in their transitional application for registration in this outcome.

As part of the assessment of this location the provider submitted a provider compliance assessment (PCA) for this outcome area. The information provided by the provider told us they were compliant in the majority of areas. Where they were not compliant they had submitted an action plan telling us how they would achieve compliance by 31 March 2011. To become compliant they told us a filing system was to be set up to by the home administrator to store and evidence in a better way manufacturer’s alerts that are received and acted upon and these are to be kept up.
to date by the health and safety co-ordinator. Also, to have relevant publications for this outcome area available to all staff.

To achieve the outcomes in this outcome area the provider in their PCA told us approved suppliers are used to purchase sufficient and suitable equipment that is visually checked, maintained and serviced to make sure it is fit for purpose.

Our judgement
The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.
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

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As part of the assessment of this location the provider submitted a provider compliance assessment (PCA) for this outcome area. The information provided by the provider told us they were compliant in the majority of areas. Where they were not compliant they had submitted an action plan telling us how they would achieve compliance. To become compliant they told us the home management will add to the resident’s meeting agenda where staff commence employment without a full CRB to people who use the service informed of staff who have started mandatory training/induction training on Independent Safeguarding Authority (ISA) checks, awaiting a full Criminal Record Bureau (CRB) checks. In addition, to find out if any
people who use the service wish to be involved in the recruitment process of staff.

To achieve the outcomes in this outcome area the provider in their PCA told us they have a recruitment policy and procedure in place that is adhered to. This included an application form, interview information, role profiles, contracts, health questionnaires, references and ISA/CRB information. Evidence of these checks for agency staff can also be evidence.

Our judgement
The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.
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 have not spoken directly to people who use services in assessing this outcome area.

On 4 February 2011 Sheffield Contracting and Commissioning Department visited the service. They didn’t raise any areas of concern specifically relating to this outcome.

Other evidence

The provider declared compliance with this outcome area in their transitional application for registration in this outcome.

As part of the assessment of this location the provider submitted a provider compliance assessment (PCA) for this outcome area. The information provided by the provider in the PCA told us that they continued to maintain compliance in this outcome area.

To achieve the outcomes in this outcome area the provider in their PCA told us the organisation of staffing is discussed at staff, team leader and heads of department meetings to ensure the staff team as a whole meets people’s needs. Currently, the
regional manager agreed to over recruiting to ensure sufficient permanent and bank staff were available to cover sickness, other absences and in emergencies. In addition, this was to reduce and eliminate the use of agency staff to provide continuity of care to meet people’s needs.

In the Commission’s quality and risk profile (QRP) it told us the turnover rate for care staff was similar to expected compared to other services of a similar nature. The QRP also indicated the number of permanent staff out of the total number of care staff tended towards better than expected compared to other services of a similar nature. However, it indicated to us that the vacancy rate was much worse than expected as at 31 December 2011 compared to other services of a similar nature, with six care staff vacancies. We asked the service about their vacancy rate. They told us they have now fully recruited and have no vacancies for positions at present. However, they are still awaiting two permanent care workers to start due to waiting for satisfactory CRB checks.

Our judgement
The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.
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 have not spoken directly to people who use services in assessing this outcome area.

On 4 February 2011 Sheffield Contracting and Commissioning Department visited the service. They spoke with someone who used the service during the visit and they said ‘staff are brilliant’.

Other evidence
The provider declared compliance with this outcome area in their transitional application for registration in this outcome.

As part of the assessment of this location the provider submitted a provider compliance assessment (PCA) for this outcome area. The information provided by the provider told us they were compliant in the majority of areas. Where they were not compliant they had submitted an action plan telling us how they would achieve compliance by 30 June 2011. They told us a recent audit by SCC highlighted supervision was an area of partial compliance. The service stated they had already highlighted this during internal excellence audits carried out regularly by the home management team and were on the home improvement plan.

In addition they stated some remaining existing and new staff needed to complete
Skills for Care and other e-learning training. They stated all staff had received induction training, other mandatory training and completed shadow shifts, but some elements of e-learning need completing.

On 4 February 2011 Sheffield Contracting and Commissioning Department visited the service. They reported further progress with regard to training and supervisions, but that some small gaps in training remain and it had been agreed that the manager will provide them with updates and send certification via email/fax once completed. They stated subject to receipt of this confirmation, the home would be considered fully compliant and that the service would receive a letter to confirm this. We asked the manager for information in respect of training to confirm whether or not they had yet achieved compliance. The information told us there were still some shortfalls in some areas. These included, fire safety and drills, food hygiene, control of substances hazardous to health, health and safety, safeguarding, pressure area care, infection control, medication, nutrition, dementia. A training plan had been implemented for the shortfalls and it is envisaged they will meet their action plan by 30 June 2011.

**Our judgement**
People who used the service were safe, but the provision of care may not always meet this safety and quality regulation. This is because some staff haven't received or are not up to date with some mandatory training.
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 have not spoken directly to people who use services in assessing this outcome area.

On 4 February 2011 Sheffield Contracting and Commissioning Department visited the service. They didn’t raise any areas of concern specifically relating to this outcome. They spoke with someone who used the service during the visit and they said ‘resident’s meetings are held once a month’.

Other evidence

The provider declared compliance with this outcome area in their transitional application for registration in this outcome.

As part of the assessment of this location the provider submitted a provider compliance assessment (PCA) for this outcome area. The information provided by the provider in the PCA told us that they continued to maintain compliance in this outcome area.
To achieve the outcomes in this outcome area the provider in their PCA told us there are monthly meetings for people who use the service for them to make comments about the quality of the service provided. Also, the service is monitored internally on a monthly basis by the home management using an excellence audit tool. Any identified actions are implemented via the home’s improvement plan.

The Commission’s QRP indicated to us that compared to other services of a similar nature the reporting of serious injury notification was much worse than expected. We looked at our records and from 1 October 2010, when the criteria for reporting notifiable incidents changed that we had received one notification. We asked the service to provide us with information about reportable incidents. This confirmed the service were reporting incidents as required. The service stated they felt the reports had dropped since October because they are really trying to reduce falls and other incidents that lead to these injuries, but also that six people who use the service had died which had affected their occupancy levels. Out of an occupancy of 32, in November 2010 there were 29 residents and in January 2011 23. In more recent weeks they stated they’d also had 3 or 4 people who use the service in hospital. They stated prior to this some people who use the service were very poorly and at end of life and so were not mobile enough to fall/sustain injuries in that way.

**Our judgement**

The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.
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

We have not spoken directly to people who use services in assessing this outcome area.

On 4 February 2011 Sheffield Contracting and Commissioning Department visited the service. They didn’t raise any areas of concern specifically relating to this outcome. They spoke with someone who used the service during the visit and they said ‘they could talk to staff if there are any problems’.

Other evidence

The provider declared compliance with this outcome area in their transitional application for registration in this outcome.

As part of the assessment of this location the provider submitted a provider compliance assessment (PCA) for this outcome area. The information provided by the provider told us they were compliant in the majority of areas. Where they were not compliant they had submitted an action plan telling us how they would achieve compliance by 31 March 2011. To achieve the outcomes in this outcome area the provider in their PCA told us the home management are to make sure publications with guidance that are applicable to the service, that are identified in the essential
standards are available for staff and people who use the service. Where the relevant guidance indicates improvements are necessary this will be cascaded to staff at staff and head of department meetings and any actions added to the home’s improvement plan. In addition, that the administrator is to put details of advocacy that is available via links with Age Concern on display and the activities co-ordinator is to remind residents about this at resident’s meetings.

To achieve the outcomes in this outcome area the provider in their PCA told us they have a complaints policy and procedure in place. People who use the service are reminded about how they can raise complaints and about the complaints procedure that is displayed in the home with an accessible complaints form. They stated comments books were also available and additional feedback is obtained from annual customer surveys.

**Our judgement**

The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.
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 have not spoken directly to people who use services in assessing this outcome area.

On 4 February 2011 Sheffield Contracting and Commissioning Department visited the service. They didn’t raise any areas of concern specifically relating to this outcome.

Other evidence

The provider declared compliance with this outcome area in their transitional application for registration in this outcome.

As part of the assessment of this location the provider submitted a provider compliance assessment (PCA) for this outcome area. The information provided by the provider in the PCA told us that they continued to maintain compliance in this outcome area.

To achieve the outcomes in this outcome area the provider in their PCA told us
policies and procedures are in place and adhered to for record keeping, storage of records, data protection and confidentiality. They stated protocols are in place regarding information sharing with other agencies. They also stated confidential information is also disposed of using an approved supplier.

**Our judgement**
The evidence at the time of assessment suggests there is no area of non-compliance with this outcome.
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.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>23</td>
<td>14 Supporting workers</td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td></td>
<td></td>
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<tr>
<td>Diagnostic or screening procedures</td>
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**Why we have concerns:**
People who used the service were safe, but the provision of care may not always meet this safety and quality regulation. This is because some staff haven’t received or are not up to date with some mandatory training.

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 Adult 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

<table>
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<tr>
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<th>Review of compliance report</th>
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<tr>
<td>Author</td>
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