Review of compliance

Methodist Homes
Moor Allerton Care Centre

<table>
<thead>
<tr>
<th>Region:</th>
<th>Yorkshire &amp; Humberside</th>
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<tbody>
<tr>
<td>Location address:</td>
<td>4 Cranmer Close</td>
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<td>Leeds</td>
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<td>West Yorkshire</td>
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<td>LS17 5PU</td>
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<tr>
<td>Type of service:</td>
<td>Domiciliary care service</td>
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<td>Extra Care housing services</td>
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<td>Rehabilitation services</td>
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<tr>
<td>Date of Publication:</td>
<td>May 2012</td>
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<td>Overview of the service:</td>
<td>Moor Allerton Care Centre provides support with personal care to people living in the housing complex. There are two sets of flats, Yew Tree Court and Rosewood Court. The people who live at Rosewood Court have a diagnosis of dementia.</td>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Moor Allerton Care Centre was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

Outcome 04 - Care and welfare of people who use services
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, carried out a visit on 27 March 2012, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People we spoke with told us that they were happy with the care they recieved and felt safe.

We spoke with six people using the service over the course of the visit, One person told us "It's lovely here, I go out whenever I want."

Several people were observed sitting out on the patio, one of them was very complementary about the staff and told us "Its very good here I feel safe and the manager has meetings if you have any concerns or you can just go and talk to her."

People that we spoke with told us that there was a survey that they completed about the home and the manager put the results on the notice board.

The survey had the following comments; "Very satisfied, well run and pleasant atmosphere"; "All the staff treat me with respect and never make me feel like anything is too much" and "New carers need more support in getting to know the needs of individual residents."

What we found about the standards we reviewed and how well Moor Allerton Care Centre was meeting them
Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider needs to ensure review of needs are undertaken to ensure the welfare and safety of service users. End of life decisions need to be correctly recorded in order that peoples wishes are respected.

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

The service is delivered by appropriately trained staff.

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 assesses and monitors the quality of services but the review of individual care plans by the manager was not evident.

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. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.
Outcome 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

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<th>Our judgement</th>
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<td>There are moderate concerns with Outcome 04: Care and welfare of people who use services</td>
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<tr>
<th>Our findings</th>
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What people who use the service experienced and told us
We spoke with six people using the service over the course of the visit. One person told us "It's lovely here, I go out whenever I want." Another person told us that following a fall a few nights earlier "They came very quickly and helped me off the floor, they were lovely. I have now been to the hospital but nothing is broken."

Several people were observed sitting out on the patio, one of them was very complementary about the staff and told us "It's very good here I feel safe and the manager has meetings if you have any concerns or you can just go and talk to her."

Other evidence
We spoke with the registered manager and the area manager who informed us of improvement work which is currently underway with the new service improvement director.

We discussed the criteria used by the provider to ensure that peoples' needs could be appropriately met. Admissions are currently via social services processes. They have no written admission or review criteria for people with dementia or reduced capacity which would ensure that people with complex needs can be appropriately supported by this provider are re-evaluated. We were also informed that contractual three monthly assessments post allocation have not been routinely performed and the service had not requested them.

Family are however always involved in the admission process where the potential
resident has reduced capacity to make decisions.

We looked at six peoples' care records. These showed that all had received a full assessment on admission to the service and these had informed relevant risk assessments to be undertaken. Care plans were basic and lacked clarity in some cases.

Risk assessments and care plans had been reviewed by staff but none had been reviewed by the manager.

Evidence was available in some of the residents notes of involvement of other health professionals.

We found that the provider was not using the regionally recognised documentation regarding end of life decisions which risks that peoples' wishes are not followed.

We also found that the provider does not have a policy for the management of people who fall and discussions with staff revealed that there was no standard way that falls were managed.

People using the service and/or relatives do not receive any written information regarding the scope of care available from the provider and the manager told us that "some people thought of the service as a residential home which it is not."

The staff we spoke with felt that sometimes they needed more time with residents during their visits particularly in the unit for people with dementia, Rosewood Court, but were not always able to do so. They told us that residents had choices about when to get up and where they had their meals, as they could use the cafe or have their meals delivered to their flats.

**Our judgement**
The provider needs to ensure review of needs are undertaken to ensure the welfare and safety of service users. End of life decisions need to be correctly recorded in order that peoples wishes are respected.
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

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<th>Our judgement</th>
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<td>The provider is compliant with Outcome 14: Supporting staff</td>
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<th>Our findings</th>
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<td>What people who use the service experienced and told us</td>
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<tr>
<td>People we spoke with told us that they were happy with the care they received and felt safe.</td>
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<th>Other evidence</th>
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<td>The staff that we spoke with told us that they received appropriate training and the training records that we reviewed supported this. The records showed that the mandatory training covered all essential training and some of the staff had received additional training on care planning.</td>
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<tr>
<td>All staff receive supervision on a six monthly basis and the staff that we spoke with told us that they had received supervision.</td>
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<th>Our judgement</th>
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<td>The service is delivered by appropriately trained staff.</td>
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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

<table>
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<th>Our judgement</th>
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<tr>
<td>There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision</td>
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<th>Our findings</th>
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| **What people who use the service experienced and told us**  
People that we spoke with told us that there was a survey that they completed about the home and the manager put the results on the notice board.  
The survey had the following comments; "Very satisfied, well run and pleasant atmosphere"; All the staff treat me with respect and never make me feel like anything is too much" and "New carers need more support in getting to know the needs of individual residents."  
The results of the survey were very positive and were received from 46 residents.  

**Other evidence**  
The manager reviews all complaints and accidents in the home. There is an annual survey of the views of the residents and the 2011 survey was seen. The report showed a good response rate and most of the elements scored above 80%. The combined satisfaction rate was 93.2%.  

There are meetings for staff and people using the service and the manager has tried to start relative meetings but has failed to get engagement. She is looking at alternative ways to engage with relatives.  

We looked at a number of residents records and found no evidence that the manager reviewed care provision.
The complaints leaflet and policy were seen and all complaints were recorded and reviewed by the manager.

**Our judgement**
The provider assesses and monitors the quality of services but the review of individual care plans by the manager was not evident.
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.

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<tr>
<th>Regulated activity</th>
<th>Regulation</th>
<th>Outcome</th>
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<tr>
<td>Personal care</td>
<td>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 04: Care and welfare of people who use services</td>
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**How the regulation is not being met:**
The provider needs to ensure review of needs are undertaken to ensure the welfare and safety of service users. End of life decisions need to be correctly recorded in order that peoples wishes are respected.

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 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.
What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called Guidance about compliance: Essential standards of quality and safety.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they maintain continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they achieve compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
### Information for the reader

<table>
<thead>
<tr>
<th>Document purpose</th>
<th>Review of compliance report</th>
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<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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<td>Audience</td>
<td>The general public</td>
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### Care Quality Commission

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