

Review of compliance

The Extra Care Charitable Trust
Extra Care Charitable Trust Beacon Park Village

Region:	West Midlands
Location address:	Lower Sandford Street Lichfield Staffordshire WS13 6RB
Type of service:	Extra Care housing services
Publication date:	May 2011
Overview of the service:	<p>Beacon Park Village is situated near to the city centre of Lichfield. It offers accommodation and a range of services and activities to meet the needs of people over 55 years of age.</p> <p>The premises are owned by Bromford Housing Group with the care services managed by The ExtraCare Charitable Trust. The Trust manages all aspects of the retirement village, which includes restaurant facilities, a gym, beauty salon and hairdressers, a shop, numerous social activities.</p>

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

What we found overall

We found that ExtraCare Charitable Trust Beacon Park Village was not meeting one or more essential standards. Improvements were needed.

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. We looked at the following areas of the essential standards of quality and safety.

- Respecting and involving people who use services
- Consent to care and treatment
- Care and welfare of people who use services
- Meeting nutritional needs
- Cooperating with other providers
- Safeguarding people who use services from abuse
- Cleanliness and infection control
- Management of medicines
- Safety and suitability of premises
- Safety, availability and suitability of equipment
- Requirements relating to workers
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision
- Complaints
- Records

How we carried out this review

We reviewed all the information we hold about this provider and asked them to complete Provider Compliance Assessments (PCA's) for four outcome areas. PCA's are self assessment documents which the provider records how they are meeting the standards for each outcome area. Before our visit, we asked the provider to demonstrate how they were compliant with outcomes 1, 2, 4, and 16 of the essential standards of quality and safety.

We reviewed our quality and risk profile (QRP). This document is where we gather all we know about a provider in one place. It enables us to assess where risks lie and prompt regulatory activity, such as reviews of compliance. The QRP supports us to make robust judgements about the quality of services.

We carried out a visit on 3 May 2011, observed how people were being cared for, talked to people who use the service and their relatives, talked to staff, checked the provider's records, and looked at records of people who use services.

What people told us

People told us that they were very happy with the service they received and the staff supported them in a way which involved them. People said that staff helped them with tasks to help maintain their independence such as washing and dressing, help to go to bed and get up in the morning, being involved in activities and medication.

Each person had a plan of care which they kept in their homes and had been developed and agreed with them. They told us that their key worker discussed each area of the plan with them each month and made changes to give appropriate support.

People told us they continued to make decisions about their care, how to spend their time and managed their own finances. People said living in the village gave them an opportunity to live independently in a safe environment and were pleased they had chosen to move into the village.

People told us that they knew the staff well and could talk to them about anything. They said staff were respectful and always checked with them before giving support or delivering any personal care. People told us staff generally called within the agreed time and provided the support as requested by them.

People were confident about whom they could raise concerns with and that their concerns would be addressed and could raise their concerns at any time or at residents meetings. People played an active role in village life and committee meetings and could influence developments in the village.

What we found about the standards we reviewed and how well ExtraCare Charitable Trust Beacon Park Village 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

- Overall, we found that ExtraCare Charitable Trust Beacon Park Village was meeting this essential standard.

People were shown respect and were involved in deciding what support they received.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

- Overall, we found that ExtraCare Charitable Trust Beacon Park Village was meeting this essential standard.

People were able to discuss and agree the support they received and were fully involved in reviewing these arrangements.

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

- Overall, we found that ExtraCare Charitable Trust Beacon Park Village was meeting this essential standard.

People were able to direct their support in a way that met their individual needs.

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

- Overall, we found that ExtraCare Charitable Trust Beacon Park Village was meeting this essential standard.

People were supported to have adequate nutrition and hydration, which respects their choices and ensures their well being.

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

- Overall, we found that ExtraCare Charitable Trust Beacon Park Village was meeting this essential standard.

The provider ensured continuity of care, where more than one provider was responsible for the care needs of people using the service.

Outcome 7: People should be protected from abuse and staff should respect their human rights

- Overall, we found that ExtraCare Charitable Trust Beacon Park Village was meeting this essential standard.

Staff knew how to safeguard the people who use the service from the risk of abuse, which helped to ensure their safety and well being.

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

- Overall, we found that improvements were needed for this essential standard.

Where support was required people could be confident that measures were in place to minimise the risk of infection. All procedures need to be reviewed in line with the agreed Code of Practice to ensure the continued prevention and control of infections.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

- Overall, we found that ExtraCare Charitable Trust Beacon Park Village was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

The service had procedures in place to ensure people received their medicines at the appropriate time and in a safe way. Medicine records could be improved to ensure all information was recorded appropriately.

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

- Overall, we found that ExtraCare Charitable Trust Beacon Park Village was meeting this essential standard.

People lived in safe, comfortable and accessible homes.

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

- Overall, we found that ExtraCare Charitable Trust Beacon Park Village was meeting this essential standard.

There were systems in place to ensure that people using the service benefited from equipment that was suitable and safe.

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

- Overall, we found that ExtraCare Charitable Trust Beacon Park Village was meeting this essential standard.

People could be confident that staff were suitable to work in the home as effective recruitment and selection procedures were in place, to make sure they could work with adults.

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

- Overall, we found that ExtraCare Charitable Trust Beacon Park Village was meeting this essential standard.

People using the service were supported by sufficient numbers of staff to meet their needs.

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

- Overall, we found that ExtraCare Charitable Trust Beacon Park Village was meeting this essential standard.

People who use the service benefited from receiving support from a trained and competent staff team, who received on-going training to ensure their skills were up to date.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

- Overall, we found that ExtraCare Charitable Trust Beacon Park Village was meeting this essential standard.

There were quality assurance arrangements to formally monitor and review the health, safety and welfare of the people who use the service.

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

- Overall, we found that ExtraCare Charitable Trust Beacon Park Village was meeting this essential standard.

People were given information to make a complaint and were confident they would be supported to raise concerns, and these would be addressed.

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

- Overall, we found that ExtraCare Charitable Trust Beacon Park Village was meeting this essential standard.

People could be confident that information containing personal information was stored securely in the office and had a personal copy in their home.

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.

Other Information

People who live in the village may or may not receive a domiciliary service and the registered manager told us a large number of people do not receive a service. When selling the property, Bromford Housing Group markets the property for three months; after this time, the vendor may place the property on the open market. Bromford Housing Group is responsible for all rental properties in the village. We only regulate the service provided to people who receive support from ExtraCare Charitable Trust Beacon Park Village. The village area and activities are recorded in this report to reflect the overall service provided.

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 spoke to three people about their experiences prior to moving into the village and one person told us, “I applied to move in here even before it opened, I had to go on a waiting list, but it was worth the wait, I definitely made the right decision.” Two people we spoke with had moved from residential care homes who told us, “This is so much better, I used to have just a room and now I have my own place” and “I came to look around here and decided to move, it was definitely a good move.”

People told us that they had been provided with information about the service and their care, and we saw this accompanied their plan of care. We talked to the manager about the information provided who told us this could be provided in large print and an audio version was available. People told us they knew who to contact about their care and had received all the information before deciding to move to the village.

Before moving into the accommodation people told us the manager discussed what support they wanted and when they could provide support. One person told us they were not able to have the exact time they wanted initially due to commitments to other people, but understood this and this was recorded.

We talked to five people about the support they received and people told us they were in control of the support and decided how they wanted this to be delivered. Two people told us that if they wanted to change the time staff gave support they would talk to the manager. One person said, "I've changed my times as I didn't want to go to bed so early, I had to wait a while as I know everybody can't have the same time for care." The person told us there is a waiting list and wherever possible changes were made.

We found that people who use services were generally satisfied with the care and support they received and the plan of care recorded that the time recorded for their visit may be up to fifteen minutes early or later than planned. People told us they understood that some visits may take longer. One person told us, "sometimes it takes longer to help me, I think we are all patient as it could be us that needs more help, so you have to be prepared to be flexible."

Two people told us that where possible the support was provided flexibly to allow people to be involved in activities. There were evening activities within the village and two people told us that Activity support staff will carry out any agreed support following the activity. One person told us, "the activity staff know us too, and they help us and do our support, its better this way as we get to see all the concert." The manager told us that activity staff who work in the village receive training to ensure they were trained and competent to deliver the care.

All of the people we visited and spoke with felt that staff maintained their privacy and dignity. People told us, "the staff always knock on my door and wait to be invited in" and "they have a key for when I'm out but they still knock and always tell me who they are." One person told us, "staff are always reminding us to be vigilant and make sure we don't let people in who we don't know. It is safe here but you have to be careful." Where people had requested staff had access to their property we saw this had been recorded in the plan of care.

People told us that they had been provided with information about the service and their care, and we saw this accompanied their plan of care. We talked to the manager about the information who told us this was available in large print and an audio version could be provided upon request. People told us they knew who to contact about their care and had received all the information before deciding to move to the village.

Other evidence

We spoke with staff who showed a good understanding of promoting independence and maintaining a person's privacy and dignity. During our visit we observed staff communicating with people who use the service in a respectful and polite way. Staff

told us communication, and upholding people's privacy and dignity was included in the induction and understood they needed to encourage people to support themselves as much as possible.

Our judgement

People were shown respect and were involved in deciding what support they received.

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

Our judgement

The provider is compliant with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us

Everybody we visited had a copy of their plan of care and any assessments of risk. They had signed a consent form to agree to the care and support provided. A copy of the plan was kept in the office and within the person's home.

The plans of care were informative and clear and offered people and staff the information they required to provide safe and suitable support. The plans of care were person centred and were written in the first person to ensure they 'belong' to the person. The plans clearly demonstrated what tasks should be undertaken, how, when and where there was a risk; these were highlighted and reviewed monthly.

People could have a 'Book of Life' and staff told us they worked with people to discover their life history and staff recognised that this information could help to inform decisions at a time when a person no longer had capacity. Staff stated the key worker has the primary role for completing this with the person.

Other evidence

The manager told us there were no issues about capacity at the time of our visit and was aware of the Mental Capacity Act and the need to obtain consent from the person or an authorised person. The manager stated that if a person had a Lasting or Enduring Power of Attorney they would obtain a copy to ensure the person had the legal right to consent on behalf of another person.

Our judgement

People were able to discuss and agree the support they received and were fully involved in reviewing these arrangements.

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

Our judgement

The provider is compliant with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Five people told us that they had a plan of care and recorded that they had given consent for us to view these. The plan included information about when the support was to be provided and what staff were expected to provide support with. An assessment of risk recorded whether people were also responsible for support with medication, finances, cleaning and there were details whether they were able to enter people's home in their absence. Each plan recorded if staff were to provide help in their home with meals and what checks needed to be carried out prior to leaving to make sure the person was safe. This included checking doors and windows, that items were put away or on charge and ensured vital electrical equipment was working including emergency call bells.

People told us the plans were reviewed with their key worker and we saw a written review detailed of any significant events or changes. We looked the plan, which recorded what support had been provided and the times of each visit. We saw the times were generally consistent with the agreed support times. Staff showed us they had a written schedule for each shift which recorded all the support visits. Where people required support from two members of staff, they told us they

generally worked together for the most of the shift to ensure they were both available. Staff informed us that where they may be late, they would notify the person to ensure they were safe and people confirmed this to us.

People who use the service told us that they were very happy with the support they received and were pleased that they had decided to move into the village. People told us, "It's a lovely place here, I'd definitely recommend it, they're doing such a good job," and "I'm very satisfied here, it's all very pleasant, I'm happy."

The people we spoke to received a range of different support from help with washing and dressing, meal preparation through to support with medication. One person requested a member of staff remain with them during our discussion and we observed they talked to people respectfully and were at times, light hearted with appropriate humour.

We observed staff interactions with people in the village and saw that staff were very attentive and knew each person so had meaningful discussions about their daily life, holidays, family and upcoming events.

Other evidence

We asked the provider to demonstrate compliance in this area prior to our visit. They recorded that each member of staff had a name badge to be identifiable to all users of the service and during our visit we saw staff wore these. The registered manager recorded that staff introduced themselves by name during all interactions to ensure those with visual impairments or poor literacy skills were able to identify who they were receiving services from. We asked people if this was an accurate reflection of the service and was told staff always introduced themselves and explained why they had visited. Staff did not wear a uniform but stated they had access to protective clothing which could be worn whilst carrying out care tasks.

Our judgement

People were able to direct their support in a way that met their individual needs.

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

Our judgement

The provider is compliant with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

People who use the service may receive support with grocery shopping and food preparation. One person told us staff provided support to heat pre-prepared meals which were provided by family members. Staff told us they were responsible for ensuring the food was stored appropriately and labelled to ensure food was safe to eat. Plans of care recorded if staff were responsible for tidying away cooking utensils and cleaning the kitchen following food preparation or heating.

The plans of care recorded that where people needed support to retire to bed a drink would be left within easy reach. We asked people whether they always had access to a drink and people confirmed a drink was always left with them at night time. This means that people with restricted mobility had access to plenty of fluids until the next person arrived.

Other evidence

Staff received training in food hygiene during their induction and we talked to staff about maintaining food safety. They were aware of how food should be stored and knew they needed to check the fridge to ensure food remained safe to eat.

There was a restaurant within the village where people could purchase a meal. The restaurant was inspected by Lichfield District Council.

Our judgement

People were supported to have adequate nutrition and hydration, which respects their choices and ensures their well being.

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

People told us that they generally made their own healthcare appointments although they could receive support from staff if required. People told us they would tell staff of any planned appointments.

A well being nurse worked in the village two days per week and people told us they were able to have advice, have their blood pressure taken or support to manage their weight. People said, “we usually book an appointment but we can see her if she’s free.” The manager told us the well being nurse also runs support sessions each month for health issues, such as diabetes.

The manager stated the well being nurse would liaise with people’s GP and community health professionals to ensure they could develop an accurate plan of support needs. The well being nurse was a qualified nurse but not working in the capacity of a nurse and therefore all medical treatment was obtained through community services.

Other evidence

We talked to the manager and staff about how they liaised with people to ensure

they were aware of necessary information to give up to date support. They told us they were not always aware of visits and health carers including GP's may go directly to the person's home. Staff told us people would generally inform them at the next visit of changes to care or medication. People living in the village received services to remain independent and unless agreed in the plan of care were responsible for managing their own health care.

Our judgement

The provider ensured continuity of care, where more than one provider was responsible for the care needs of people using the service.

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 spoke to five people who use the service and they told us that receiving staff support enabled them to feel safe. They all said they would have no hesitation in telling a staff member if something was wrong and knew they could receive support from an advocate.

Other evidence

There have been recent safeguarding issues within the service and action has been taken to ensure that people were safeguarded from harm and abuse. A full investigation took place and the service worked in collaboration with the Local Authority. At the time of our visit there was one safeguarding issue being reviewed and the registered manager was aware of the details and working alongside the Local Authority to resolve this and keep people safe.

We talked to staff about their knowledge of safeguarding procedures and whether recent events had changed working practices in the service. Staff told us they had

received training on safeguarding adults from abuse and they knew what to do to safeguard people if they witnessed abuse or poor practice. Staff were clear about their responsibilities for 'whistleblowing' if they were concerned about the practices of their colleagues, and told that whistleblowing was welcomed within the organisation. They were confident they could remain anonymous and the issues would be investigated.

The registered manager recorded in the PCA prior to our visit that the results of a survey carried out in 2010 identified all staff who responded said they were comfortable with reporting concerns to management.

Our judgement

Staff knew how to safeguard the people who use the service from the risk of abuse, which helped to ensure their safety and well being.

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

There are minor concerns with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People who use the service were supported to maintain the cleanliness of their home as part of their support plan if they requested this. They had a signed agreement to receive this service and recorded whether staff were allowed access to their home in their absence.

People who use the service and staff told us that they always had access to gloves and aprons and told us staff removed these when changing from one care task to another.

Other evidence

Staff training records identified that staff had received infection control training and discussion with staff confirmed they also had access to control of substances hazardous to health (COSHH) policies and procedures and COSHH data sheets. The training included how to reduce the risk of infections and when asked, staff gave us a good account of how to minimise the risk of infection and cross contamination and how to keep themselves and others safe.

We saw the service had an infection control policy although the service was not aware of the Department of Health’s ‘Code of practice for health and adult social

care on the prevention and control of infections and related guidance'. The service did not have a designated infection prevention and control lead person and are now aware this is required.

We looked at the laundry arrangements and saw there were cleaning schedules for the laundry and general communal areas in the village and a weekly cleaning schedule for apartments. We saw people had signed a cleaning agreement which recorded what they required and whether staff were allowed in their home in their absence.

Staff told us, "we are generally a happy well organised team and we liaise with care staff so we have all the information we need." Staff told us they had attended Infection control training and worked and trained alongside care staff which helped develop a good team approach.

Our judgement

Where support was required people could be confident that measures were in place to minimise the risk of infection. All procedures need to be reviewed in line with the agreed Code of Practice to ensure the continued prevention and control of infections.

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

The agency told us that two of the people we were visiting required support with medication. Where a support need was identified, it was recorded on the assessment, care plan and assessment of risk. People knew what tablets they should be taking each day and described them to us. People we spoke with told us they preferred staff to arrange medication for them and did not want to have this responsibility. There were records at the person's home to show how that support had been given.

One medication administration record (MAR) sheet did not show why two tablets had not been administered. We checked the daily records and it was not clear whether the person was at home that day. We talked to the registered manager and the office daily log book recorded that the person had visited a relative and had not informed staff. Records showed checks had been made to determine the person was safe, and medication had not been given. We talked to the registered manager about ensuring all necessary records were signed. Medication audits were carried out randomly on each shift by a senior support staff, to ensure people were receiving medication as prescribed and at the right time.

Other evidence

The registered manager and staff told us that people generally had their medication administered in weekly or monthly blister packs which means medication was prepared by a pharmacist into packs which labelled what time and day each tablet should be taken; this makes it easier for people to know what tablets they should take and when. Staff told us that before they supported people with medication, they were given training and supported by senior staff, and this was recorded in their personal records.

There had been one safeguarding issue relating to medication and the service was liaising with the Local Authority to resolve this and keep people safe.

Our judgement

The service had procedures in place to ensure people received their medicines at the appropriate time and in a safe way. Medicine records could be improved to ensure all information was recorded appropriately.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

ExtraCare village comprised of 135 self-contained apartments, with 60 of these available for rent and 75 for purchase or part purchase. The majority of the apartments were one bed but two and three beds were also available. People who required a care service may live in any area of the scheme, and there was a lift access to all floors. It follows that not all of the people living on the scheme required the domiciliary care aspect of the service that is the subject of this report.

The communal areas were maintained to a good standard and people could choose the colour of the front door and decorate the walls around the apartment with photos, pictures and there was a memory box. Staff told us this helped people to find their room and helped people to personalise their living area. People were responsible for furnishing their homes.

People verified that staff always knocked before entering, even when they had a key code. They also told us that staff left them safely by checking windows and doors, especially where this was the person's last call for the day; this was recorded in the daily notes in their home.

Other evidence

The registered manager told us the properties were five years old and therefore still covered by the National House Building Council (NHBC) insurance. This means until the property is ten years old, insurance is provided to cover the cost of putting right damage caused by defects in the structural and weatherproofing parts of the property.

The Bromford Housing Group were responsible for the general upkeep of the village.

Our judgement

People lived in safe, comfortable and accessible homes.

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
<p>What people who use the service experienced and told us</p> <p>We spoke to one person who needed support to transfer in and out of a wheelchair. This person was able to describe the procedures used to keep safe and stated they had all equipment they required. They told us two staff supported them at all times and they felt safe with the staff.</p> <p>We saw records of moving and handling assessments and the plans of care recorded the support people needed; these were kept under review.</p> <p>Other evidence</p> <p>All staff told us that they received moving and handling training at induction and updates and we saw a record of this training.</p> <p>The registered manager told us equipment provided by Bromford Housing Group was tested in accordance with manufacturer’s guidelines and portable appliance tests (PAT) were carried out annually. We saw a record of these tests.</p>

Our judgement

There were systems in place to ensure that people using the service benefited from equipment that was suitable and safe.

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

Our judgement

The provider is compliant with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We did not talk to people who use the service about the staff recruitment process.

Other evidence

We looked at two staff files of people who had started working in the village since our last visit. We saw that staff did not start employment until all required information had been received. This included two written references, a criminal record check (CRB) and checks with the Independent Safeguarding Authority (ISA). Records of interviews had been retained in staff files and these showed that any gaps in employment history had been explored. This means that people who use the service were protected because the provider carried out suitable checks to make sure staff could work with vulnerable adults.

Our judgement

People could be confident that staff were suitable to work in the home as effective recruitment and selection procedures were in place, to make sure they could work with adults.

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

The manager confirmed they had enough staff to undertake the work necessary and people told us they were happy with their care. People said they did not feel rushed and that staff stayed for the allocated time. All of the people we spoke with were happy with the staff and told us “I see lots of the staff, they’re all lovely” and “the staff do such a great job, it’s lovely here and I’d definitely recommend it.”

Other evidence

The staff told us they had a copy of the visits at the beginning of each shift and that their rotas were realistic and although they were busy, they did not feel rushed. Staff reported that where they knew they may be late, they would notify the person. One staff told us, “we support each other here, so if we are running late another member of the team will help out.”

The plans of care recorded the time staff visited and the tasks that had been completed. Staff told us “there’s no proof unless it is written down, so we write what we have done.”

The registered manager told us that the times of visits were audited, on average two

audits took place each shift by a senior member of staff and they recorded their findings to ensure people received agreed support.

Our judgement

People using the service were supported by sufficient numbers of staff to meet their needs.

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

Overall people considered the staff were trained to do their job and understood people's needs. People confirmed they felt safe when equipment such as hoists and walking frames were used.

Other evidence

Staff told us they were supported in their roles and had access to the training they needed to do their job. Staff reported they had completed the training required for their roles, including dementia, challenging behaviour, first aid, infection control, safeguarding and medication.

We looked at two staff records of people who had recently started to work in the service, which recorded they were completing an induction over a 26 week period. During this period there was a weekly supervision session to ensure the person was meeting agreed standards and was supported. Staff told us that new staff worked with an experienced member of staff for the first three weeks as a 'buddy'. The first week new staff would observe, the second week staff would participate, and the third week the buddy would supervise the new staff completing tasks. Staff reported

this meant that new staff were able to get to know people and to know what was expected of them. Senior staff reported this buddy period could be extended to ensure new staff were confident and able to deliver a good service.

We talked to staff about providing support to people with dementia and they demonstrated they were aware of how their behaviour could have an impact on people's behaviour. The service has a designated person who takes the lead role in organising activities for people with dementia and liaised with the mental health team. The staff member had completed specialist training to support people with dementia and demonstrated a good knowledge of how to engage with people, plan and carry out activities and support people with dementia.

Our judgement

People who use the service benefited from receiving support from a trained and competent staff team, who received on-going training to ensure their skills were up to date.

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

People told us that they had regular contact with someone from the office and were able to join a residents committee to discuss the management arrangements and support provided in the home. One person told us that there were several committees with special interests, so if people had an interest in activities or gardening they could join the group and help to influence how the village was managed.

People told us that they were asked to complete a questionnaire about the quality of the service annually. The registered manager stated that they were reviewing communication methods to ensure more people would be involved in the annual review. At present people could complete questionnaires or take an on-line audit; this could be carried out in small groups with support from a volunteer, relative or advocate. We saw the results from 2010 and discussed how improvements could be made to feedback the results of the survey, as some results were only in a graph or bar chart.

Other evidence

Before our visit we asked the provider to demonstrate to us how they were compliant in this outcome area. They recorded that the regional managers conducted baseline quality assessments twice a year and this assessment looked at individual support plans, risk assessments, medication systems, moving and handling plans and any other information relating to the safe and quality provision of services. We saw the audit and action plan carried out in August 2010 which covered statutory requirements relating to testing of equipment, auditing medication sheets and the support and staffing provided. Where improvements were required the action plan recorded a timescale for action. Effective quality assurance checks means people benefit from receiving a service from a responsive provider who strives to improve outcomes for people.

The registered manager recorded that accident and near miss reporting books were in place and an investigation and follow-up took place following each report. This information was collected monthly and reported electronically to regional managers and directors. All health and safety information collected in the monthly report formed part of the organisation's key performance indicators. The manager reported this helped to identify concerns and take appropriate action to improve the service.

Our judgement

There were quality assurance arrangements to formally monitor and review the health, safety and welfare of the people who use the service.

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 spoke with three people about how they would raise any concerns and people were confident that if there were any problems they would talk to the staff who would resolve issues. People had been given information about how to make a complaint and people told us “I have complained before, they do look into things and I got a letter about it too” and “I’m not afraid to speak if anything isn’t right.”

Other evidence

The registered manager showed us a record of complaints which were stored electronically. There was a record of the investigation and correspondence was included to demonstrate how the service had responded. The registered manager told us they welcomed comments from people and would always carry out appropriate investigations to resolve any situation. New complaint forms had been designed for people to complete and were available in the village. The forms asked for people to include their name and we discussed whether this could be optional to support raising concerns anonymously. The manager stated people generally liked to have a response and would include their personal details.

Our judgement

People were given information to make a complaint and were confident they would be supported to raise concerns, and these would be addressed.

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 spoke to five about their plan of care and each person had a copy of their plan in their home, and told us they reviewed it with their key worker on a monthly basis.

Other evidence

We examined two staff records to evidence recruitment and training people had attended. Those inspected were up to date and staff confirmed the information was accurate.

Personal records for people who use the service and staff files were secure in an office and people had a copy in their home. The registered person confirmed all records were kept in line with the requirements of the Data Protection Act 1998.

Our judgement

People could be confident that information containing personal information was stored securely in the office and had a personal copy in their home.

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	13	9 Management of medicines
	Why we have concerns: The service had procedures in place to ensure people received their medicines at the appropriate time and in a safe way. Medicine records could be improved to ensure all information was recorded appropriately.	

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.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	12	Outcome 8 Infection Control
	<p>How the regulation is not being met:</p> <p>Where support was required people could be confident that measures were in place to minimise the risk of infection. All procedures need to be reviewed in line with the agreed Code of Practice to ensure the continued prevention and control of infections.</p>	

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 this report being received.

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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA