

Review of compliance

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| Community Integrated Care (CIC) Linda Grove | |
| Region: | South East |
| Location address: | 17a Linda Grove Cowplain Waterlooville Hampshire PO8 8UX |
| Type of service: | Care home service without nursing |
| Date of Publication: | April 2012 |
| Overview of the service: | Linda Grove provides care and accommodation to four people who have a learning disability. |

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

Our current overall judgement

**Linda Grove 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 to check whether Linda Grove had made improvements in relation to:

Outcome 01 - Respecting and involving people who use services

Outcome 04 - Care and welfare of people who use services

Outcome 13 - Staffing

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 1 March 2012, observed how people were being cared for and talked to staff.

What people told us

We did not, on this occasion, seek the views of people who use the service.

What we found about the standards we reviewed and how well Linda Grove was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The improvements demonstrated that people were now more involved in their day to day decision making and their rights and choices were respected.

On the basis of the evidence provided we found the provider to be compliant with this outcome.

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

The provider had made some initial improvements with regards to activities for people. Further improvements were needed to ensure care plans were reviewed and updated and

people's needs were fully met.

On the basis of the evidence provided we found moderate concerns with this outcome.

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

Improvements to the numbers and deployment of staff had increased the opportunities for people to engage in leisure and spiritual activities of their choice.

On the basis of the evidence provided we found the provider to be compliant with this outcome.

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

There were some improvements to the systems for monitoring the quality of the service however; further improvements were needed to ensure full compliance with this outcome.

On the basis of the evidence provided we minor concerns with this outcome and improvements were needed.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 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 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We did not, on this occasion, seek the views of people who use the service.

Other evidence

At our inspection in October 2011 we found that staff acted in ways that did not demonstrate that they fully respected and involved people in day to day decisions about their care. For example, moving someone in their wheelchair without talking to or consulting them. We also found that there was no formal process for consulting relatives and other stakeholders about their views of the service.

During this inspection we observed staff consulting people, explaining to them what they were doing and asking their opinions about things. For example we heard staff talking to people about where they were going, asking if they would like their coat on and talking to them about the activity whilst helping them to get ready for it. This was a noticeable difference from the last inspection when we found that staff cared about people and knew them well but did not always involve them in the basic day to day decisions about their lives. On this inspection we also observed a person using the service requesting an impromptu trip out while they were waiting for a nurse to visit them. A staff member responded by ringing the surgery to find out what time the nurse would visit so that the request could be granted. This showed respect for the person,

involved them in making a decision and upheld their right to make choices. Staff acknowledged that they had become a bit complacent in the past in how they had spoken to people and felt there had been improvements in this area.

Since our last visit we saw that the home had appointed one of their care staff as a dignity champion. We saw that they had attended basic training for this and had attended a meeting where one of the actions was to put dignity on the agenda at team meetings. We were told that this had been followed through and would be discussed at a team meeting the following week.

Our judgement

The improvements demonstrated that people were now more involved in their day to day decision making and their rights and choices were respected.

On the basis of the evidence provided we found the provider to be compliant with this outcome.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are moderate concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We did not, on this occasion, seek the views of people who use the service.

Other evidence

At our inspection in October 2011 we found care plans did not accurately reflect people's needs and that social and spiritual needs were not being met.

During this inspection we found an improvement in the support given to people that enabled them to engage in the social and spiritual activities of their choice. For two people we saw written evidence of them attending their chosen place of worship on a weekly basis. We also saw that staffing was planned with these activities in mind. For other people in the service we saw written evidence of an increase in their social activities outside of the home, however, we noted that there was very little planned in the way of activities inside the home. For example, most of the in house activities were recorded as "listening to music" or "watching a film". One person's weekly activity sheet stated "foot spa and massage" as an activity, however there was no record on the evaluation sheets that this had taken place. We also noted that one person had swimming recorded as a weekly activity of their choice; however, there was no evidence that they had yet been supported to do this.

At the last inspection we noted that one person's care plan did not match their risk assessment with regards to a risk of choking. The service sent us an action plan stating that this would be reviewed and updated. An audit of the service, undertaken by a service manager in December 2011 stated it had been completed and signed off.

However, we saw no evidence of a review of the person's care plan or risk assessment. Conflicting information was still on their file which could put them at risk of not receiving the correct care and support. When we spoke to staff they were clear and consistent with each other about the support that person needed. This minimised the risk to them, however, inaccurate care plans pose a risk if agency or bank staff were to be on duty at any time. Staff also told us that this person had been referred to a speech and language therapist. There was no record of this and staff were unsure whether an assessment had taken place. During our inspection a staff member chased up the referral and found out an assessment had been carried out in January. There was no record of this on their file.

Our judgement

The provider had made some initial improvements with regards to activities for people. Further improvements were needed to ensure care plans were reviewed and updated and people's needs were fully met.

On the basis of the evidence provided we found moderate concerns 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 did not, on this occasion, seek the views of people who use the service.

Other evidence

At our inspection in October 2011 we found that there were insufficient staff to meet all of the social, leisure and spiritual needs of people who use the service. We found that the service had not planned or reviewed the staffing numbers in line with people's assessed needs and preferences.

At this inspection we saw from the rotas that staffing numbers had increased and staffing was planned around the social and spiritual needs of people, as set out in their care plans. Through discussion with staff we noted an increase in staff awareness about the importance of activities being provided on an individual basis. They told us measures were put in place to ensure that this happened. Staff also gave us an example of staffing levels being planned to ensure that one person was given as much support as they required during a particularly difficult time recently. This did not disrupt the activity of the other people using the service. Staff were also able to give examples of new activities being offered to people and were able to demonstrate times when people had been encouraged to try other activities that were specific to them rather than everyone going out together.

Staff told us that although there had been an improvement in planning the staffing levels around the needs of individuals, there were still times when the numbers were low. This meant that sometimes an outing or activity would have to be cut short or

cancelled. We saw written evidence of this happening on one occasion. The provider had a bank of staff available to them but they were not always used. The service had a full time vacancy which they were in the process of recruiting to. A full staff team would better ensure numbers did not drop below a level where people could continue with their planned activities.

Our judgement

Improvements to the numbers and deployment of staff had increased the opportunities for people to engage in leisure and spiritual activities of their choice.

On the basis of the evidence provided we found the provider to be compliant with this outcome.

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

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not, on this occasion, seek the views of people who use the service.

Other evidence

At our inspection in October 2011 we found that the service did not have an effective system in place to monitor the quality of care provided to people who use the service.

At this inspection we were told that regular audits had been undertaken by a service manager from the organisation. We saw a copy of an audit carried out in December 2011. The audit showed that the service manager had reviewed key areas, such as, medication, staff training and finances. An action plan was drawn up from the shortfalls highlighted and a process was in place to follow this up. We were told further audits had been undertaken but no copies of these were available to us so we could not evidence that actions had been met or followed up by the service manager.

The December 2011 audit stated that the action plan sent to the Care Quality Commission following the last inspection was completed and signed off. There was evidence of some of these actions being met, such as appointing a dignity champion and sending out surveys to relatives. However, the care plans had not been reviewed and updated.

The registered manager was not available during our inspection. Staff told us that since the last inspection surveys had been sent out to relatives to gain their views on the service. The surveys were not available for inspection; however, we were told "no concerns" were raised.

Our judgement

There were some improvements to the systems for monitoring the quality of the service however; further improvements were needed to ensure full compliance with this outcome.

On the basis of the evidence provided we have minor concerns with this outcome and improvements were needed.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

| Regulated activity | Regulation | Outcome |
|--|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 16: Assessing and monitoring the quality of service provision |
| | <p>Why we have concerns:</p> <p>There were some improvements to the systems for monitoring the quality of the service however; further improvements were needed to ensure full compliance with this outcome.</p> | |

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 to us within 14 days of the date that the final review of compliance report is sent to them.

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 | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 | Outcome 04: Care and welfare of people who use services |
| | <p>How the regulation is not being met: The provider had made some initial improvements with regards to activities for people. Further improvements were needed to ensure care plans were reviewed and updated and people's needs were fully met.</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 14 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

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Care Quality Commission

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| 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 |