

# Review of compliance

## Four Seasons (No 9) Limited Chiltern Court

<b>Region:</b>	South East
<b>Location address:</b>	Aylesbury Road Wendover Buckinghamshire HP22 6BD
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	January 2012
<b>Overview of the service:</b>	Chiltern Court is a care home which provides nursing care for up to 53 older people.

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

## Our current overall judgement

**Chiltern Court 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 01 - Respecting and involving people who use services  
Outcome 04 - Care and welfare of people who use services  
Outcome 07 - Safeguarding people who use services from abuse  
Outcome 09 - Management of medicines  
Outcome 12 - Requirements relating to workers  
Outcome 13 - Staffing  
Outcome 14 - Supporting staff  
Outcome 16 - Assessing and monitoring the quality of service provision  
Outcome 17 - Complaints  
Outcome 21 - Records

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 20 December 2011, looked at records of people who use services and talked to staff.

### What people told us

People told us that they knew who to speak to if they had to make a complaint. One person said they had made a complaint and it was dealt with appropriately.

People told us that staff gave them their medicines at the appropriate time and that their medications had been reviewed by the GP on a regular basis.

People told us that staff were appropriately trained and there were sufficient staff on duty to meet their needs. They said staff spoke to them in an appropriate manner and staff were kind and caring. One person said that staff at the home usually explained what they were doing. He said he had been involved in developing his care plans, risk assessments and had just undergone a review with social services the week previously.

People we spoke to said that the home did not hold residents' meetings. One person said information boards in the home communicated ongoing or new events.

People said the home had an activities person and that they could access a variety of activities. One person said he would sometimes go to the garden centre or staff would accompany him into the garden.

## **What we found about the standards we reviewed and how well Chiltern Court 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**

People had been involved in decisions about care and support. People's privacy and dignity had been respected and their independence encouraged. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

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

People's care and welfare needs were met. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

Generally people had felt supported and well cared for. However, training had been lacking for staff in the Mental Capacity Act, Best Interests and Deprivation of Liberty. Overall, we found that Chiltern Court was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

### **Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

We found satisfactory medicines management practices in place for people using the service. On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

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

People were safe and had health and welfare needs met by staff who were fit, appropriately qualified and physically and mentally able to do their job. On the basis of the evidence provided we found the service to be compliant with this outcome.

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

People received care that met their assessed needs. Staff were sufficient in number and held the appropriate skills, qualifications and experience. On the basis of the evidence provided and what people told us we found the service to be compliant with this outcome.

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

People were safe and had been cared for by staff that had been supported to perform within their roles. On the basis of the evidence provided and what people told us we found the service 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**

Systems were in place to assess quality of care to ensure it met people's support needs, although we noted some gaps in risk and review management practices relating to catering risk assessments and part of a sling hoist which had been left charging on the floor of the downstairs corridor. Overall, we found that Chiltern Court was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

People were confident in the complaints process. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

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

People's records were not stored securely.  
Overall, we found that improvements were needed for this essential standard.

**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

People said staff spoke to them in an appropriate manner and were kind and caring. One person said that staff at the home usually explained what they are doing. He said he had been involved in developing his care plans, risk assessments and had just undergone a review with social services the week previously.

People we spoke with said that the home did not hold residents' meetings. One person said information boards in the home communicate ongoing or new events.

People said the home had an activities person and that they could access a variety of activities. One person said he would sometimes go to the garden centre or staff would accompany him into the garden.

People said they had a choice of two meals daily.

##### Other evidence

Relatives and friends of people using the service said staff greeted them with a smile and were polite. They said that staff always made them feel welcome and would offer them a cup of tea or coffee. We were told that the home had two dignity champions

whose responsibility was to ensure people's dignity was maintained.

The activities person told us that people were consulted about the activities provided. She said that people enjoyed participating activities such as: crosswords, jewellery making and quizzes. She said that people who wished to remain in their bedrooms were provided with 1-1 activities of their choice. The activity person said that most people preferred to have time spent with them on a 1-1 basis, either reminiscing or being read to.

We saw pictures displayed in the home of outings that the home had arranged for people in the local community. The activity person said that outings to the local garden centre were regularly arranged. We saw that a Christmas activity programme had been planned and several parties were taking place as well as outside entertainers had been booked to entertain people over Christmas and the New Year.

We saw information boards at the home on which information such as church services, hairdressing and chiropody services were displayed. The registered manager said that monthly residents meetings take place; the minutes of which were displayed on the information board in the foyer of the home.

Discussions with one person's relatives confirmed that they had been involved in planning their mother's care and an assessment and support plan had been completed on the 23 November 2011 by Buckinghamshire County Council. They also confirmed they had received information detailing level of care and cost when their mother was first admitted to the home.

We saw information documented within two people's care files which confirmed they had been involved in making choices as to future needs and preferences, for example: burial preferences and information relating to living wills.

### **Our judgement**

People had been involved in decisions about care and support. People's privacy and dignity had been respected and their independence encouraged. On the basis of the evidence provided and the views of people using the service we found the service 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

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People said care was good at the home and one person said that call bells were answered quickly. They said they had been involved in developing and reviewing their care plans and risk assessments and explanations would be given as needed.

People said they had continued to attend appointments to assist with their health care needs, for example; optician and dental appointments. One person said his last visit to the dentist took place in March 2011; whilst a visit to the optician had taken place two-weeks ago.

##### Other evidence

During the visit we reviewed two people's care files. Information within the care files confirmed people's health and social needs had generally been identified. We saw a number of assessments had taken place. Examples of assessments undertaken included physical and social assessments such as assessments of the person's hearing, eyesight and nutrition. One eyesight assessment we reviewed gave no indication of this person's last optician appointment, although it stated glasses were used for vision. We also saw information had been collected about the person's additional life history, past medical history, next of kin and medication taken.

Examples of assessments completed included: body mapping, continence, bowel, falls, and bedrails and dependency assessments. These assessments and care plans had been completed and monitored monthly. The registered manager said that three-weeks previously the new provider 'Four Seasons' had introduced monitoring of fluid balance

charts. The registered manager said she had undertaken this monitoring role since implementation.

We saw that care plans had been personalised. Although, reviewed monthly we noted that some care plan dates ranged from 2006 – 2010. These care plans were still in use in 2011. The registered manager said that they had been reviewed and no changes had been required. The registered manager said the original dates had been kept despite some care plans being rewritten.

We tracked a person's identified risk in relation to fluids and nutrition. This person had been identified a medium risk. This risk level was identified in the care plan which also said to monitor dietary and fluid intake for at least three-days and to review monthly. We reviewed the fluid balance and nutrition charts which showed this person's intake had been monitored for three-days. The person's monthly care plan evaluation also confirmed the progress made by this person with intake. From the information we saw it was evident that management guidelines had been followed in relation to this person's care.

Relatives and friends of people who used services said that staff looked after people very well. They said that staff always greeted them with a smile and were polite. Relatives said that staff always made them feel welcome and would offer them a cup of coffee or tea.

### **Our judgement**

People's care and welfare needs were met. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

## Outcome 07: 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

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People said that should they have any concerns they felt confident approaching a member of staff or the registered manager.

##### Other evidence

The registered manager confirmed she was the safeguarding of vulnerable adult lead at the home. She said that she had received adult protection training through the predecessor organisation. The home had safeguarding of vulnerable adults policies and procedures which we were told were stored in the nurses' office on each floor of the home.

The registered manager said there had been one safeguarding event at the home over the last 12-months. We found that the home had undertaken appropriate actions, reported events and involved appropriate authorities. An investigation had taken place which resulted in outcomes which had been actioned.

Staff confirmed they were familiar with the complaints procedure, abuse and bullying policies in place at the home. The staff we spoke to said they would report any concerns immediately to either the registered nurse or registered manager. They also said that they had received safeguarding of vulnerable adults training during 2010 – 2011. The staff training matrix confirmed that 100% of staff had received training in safeguarding of vulnerable adults. The last training session had taken place in July 2011.

The registered manager and discussions with staff confirmed that Mental Capacity Act and Best Interests training had not taken place. The registered manager said that Mental Capacity Act, Deprivation of Liberty and safeguarding trainings were now being provided to staff on the new e-learning training database.

Two relatives of one person at the home commented that she had told them that at times female carers could be 'a bit rough'.

**Our judgement**

Generally people had felt supported and well cared for. However, training had been lacking for staff in the Mental Capacity Act, Best Interests and Deprivation of Liberty. Overall, we found that Chiltern Court was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

## Outcome 09: 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 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

People told us that staff gave them their medicines at the appropriate time and that their medications had been reviewed by the GP on a regular basis.

##### Other evidence

We saw that medication was stored in locked trolleys conforming to Royal Pharmaceutical Society of Great Britain Guidelines and the Nursing and Midwifery Council Guidelines. There was a photograph of each person in the medication folder to minimise the risk of medication being administered to the wrong person. There was also a list of staff names who administered medication along with their specimen signature.

There were no gaps observed on the medication sheets that we looked at. A sample of controlled drug stock was checked and the balance in stock matched the recorded balance. We saw that records had been maintained for medication entering the home and those disposed of. Two staff had checked and signed for all medication entering and leaving the home.

We saw that the home had a protocol in place for the administration of prescribed as required medicines. This was to guide staff on how medicines should be administered to people when required.

Staff told us that medication audits had been carried out daily. Staff also confirmed that

they had received yearly updated training in the safe handling of medicines.

**Our judgement**

We found satisfactory medicines management practices in place for people using the service. On the basis of the evidence provided and the views of the people using the service we found the service to be compliant with this outcome.

## Outcome 12: Requirements relating to workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### 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

People using the service did not comment on this outcome.

##### Other evidence

We looked at two staff personnel records and both records contained the information required under Schedule 3 (Regulation 21).

Some of the pre-employment checks which had been undertaken by the home included: verification of references, qualifications, current registration and evidence of legal entitlement to work in the UK if applicable. Additional checks included an enhanced criminal record (CRB) and an independent safeguarding authority (ISA) Adult First check. Short listed applicants had attended an interview where interview notes had been made and were seen on file.

##### Our judgement

People were safe and had health and welfare needs met by staff who were fit, appropriately qualified and physically and mentally able to do their job. On the basis of the evidence provided we found the service to be compliant 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

People told us that staff were appropriately trained and there were generally sufficient staff on duty to meet their needs.

##### Other evidence

At the time of this review people were being cared for on two floors. We reviewed the staff rota and observed that the staffing levels in terms of skills and numbers were adequate to meet the care needs of people who lived in the home over any twenty-four hour period.

We noted on each floor there were a registered nurse and four health care assistants. During the night this number was reduced to two trained nurses and three health care assistants.

Care staff told us that they worked long days but this was their choice. We saw in the staff files that we looked at that staff had signed a disclaimer in line with the European working time directive which enabled them to work more than four long days per week.

##### Our judgement

People received care that met their assessed needs. Staff were sufficient in number and held the appropriate skills, qualifications and experience. On the basis of the evidence provided and what people told us we found the service to be compliant with this outcome.

## 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

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

People said that staff were appropriately trained to meet their needs.

##### Other evidence

Staff told us that mandatory training was regularly updated. They said that they were appraised yearly. Those staff we spoke with were not sure if the home had a structured supervision framework in place. However, the manager confirmed that the home had a supervision framework and all staff were provided with one to one supervision every other month. We saw supervision records which verified that staff were receiving regular supervision.

Staff said that regular staff meetings took place; the last staff meeting took place on the 19 December 2011. Minutes of the 19 December 2011 staff meeting were seen.

Staff said that they had enjoyed working at the home and had been supported by the team and management. We saw evidence that some staff had acquired national vocational qualification (NVQ) at level 2 and others were working towards achieving it.

##### Our judgement

People were safe and had been cared for by staff that had been supported to perform within their roles. On the basis of the evidence provided and what people told us we found the service 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

People using the service did not comment on this outcome.

##### Other evidence

We were told that Four Seasons would be replacing the existing quality manual in February / March 2012.

The registered manager said a new system of audit the 'home audit process tool' was being introduced into the homes by Four Seasons. We saw the new audit tool incorporated audit timelines, for example; a 60 bed home would receive non-compliance monitoring every six-weeks. The types of audits identified within this new tool related to care documentation, medicines, nutrition and safeguarding of vulnerable adults. As this was a new audit tool the registered manager said that her current audit programme included audits from the predecessor organisation. During the visit we saw that a number of audits had taken place at the home throughout 2010 – 2011. We saw a random selection of audits.

The home's last environmental health audit took place in March 2010 resulting in a five star rating award.

Daily and weekly equipment cleaning rotas were in place. Random reviews of these documents showed that checks had taken place and the records had been dated and signed by the staff member who had completed the checks. We also saw completed fridge and freezer temperature records.

Monthly audits had taken place in relation to medication, catheters, care reviews, weight loss and pressure sore monitoring. We were told that any changes resulting from audit findings had been communicated to staff at either staff or registered nurse meetings.

We saw systems in place to manage risk. People's care files showed that individual risks had been identified and appropriate actions identified. Associated monitoring and review dates against each risk were seen and had taken place. People's dependency levels had also been identified and monitored monthly.

During our tour of the kitchen we noted that catering risk assessments relating to kitchen equipment had not been updated since February 2007. The risk assessment document confirmed that these risk assessments should be reviewed annually. The home did not identify that a plan had been put in place to review the catering risk assessments. A catering hazard analysis and critical control point checklist was displayed.

During the tour of the home we observed part of a sling hoist had been left charging on the corridor floor on the ground floor. This constituted a trip hazard. The registered manager said that it was not normal practise to charge a sling hoist on the floor and a risk assessment relating to charging sling hoists did not exist.

We tracked two incidents which confirmed that full investigations had taken place and actions identified. We saw that people's care plans had been reviewed and updated following the incidents and explanations had been given to people's relatives about the outcomes, the new care plans and / or actions.

Discussions with staff confirmed staff meetings took place and systems were in place to monitor individual performance, for example: yearly appraisal and supervision sessions with trained staff.

### **Our judgement**

Systems were in place to assess quality of care to ensure it met people's support needs, although we noted some gaps in risk and review management practices relating to catering risk assessments and part of a sling hoist which had been left charging on the floor of the downstairs corridor. Overall, we found that Chiltern Court was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

## 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

People told us that they knew who to speak to if they had to make a complaint. One person said they had made a complaint and it was dealt with appropriately.

##### Other evidence

The complaints policy was displayed in the home. The policy outlined a straightforward process of making a complaint to the manager to begin with. It described how a complaint may be referred to a director of the organisation. The policy did not include reference to a person's right to complain to the local authority adult care services if they are funded by them and had been dissatisfied with how the organisation had dealt with their complaint. However, the policy did state that people could refer the complaint to the local government ombudsman if they remained dissatisfied with how the organisation handled their complaint. The policy also included contact details for the Commission should a complainant wish to notify us of their complaint as required under this standard (17 A).

We looked at the home's complaints record folder. All the complaints that the home had received were investigated by the manager with satisfactory outcomes.

##### Our judgement

People were confident in the complaints process. On the basis of the evidence provided and the views of people using the service we found the service to be compliant with this outcome.

## Outcome 21: Records

### What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

\* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

\* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### What we found

#### Our judgement

There are moderate concerns with Outcome 21: Records

#### Our findings

##### What people who use the service experienced and told us

People using the service did not comment on this outcome.

##### Other evidence

During our tour of the home we saw that people's active care records had been stored in the nurses' office. The ground floor nurses' office contained a large cabinet which stored people's care records. We observed the door to the office was open and the cabinet used for storing people's care records was open with the keys hanging from the lock. People's care records on the first floor were also stored in the nurses' office, on a designated open shelving system.

The registered manager told us that archived personal files were stored in a garden shed used by the maintenance person. We looked at this shed and found the archived records to be piled up on top of each other. There was no security in place to protect these files and no risk assessments relating to this method of storage identified. We were also told that archived records for two other care services had also been stored in this shed with the Chiltern Lodge records.

We were told that staff training and personnel files were locked in the administration office.

#### Our judgement

People's records were not stored securely.  
Overall, we found that improvements were needed for this essential standard.

## 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 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p><b>Why we have concerns:</b> Generally people had felt supported and well cared for. However, training had been lacking for staff in the Mental Capacity Act, Best Interests and Deprivation of Liberty. Overall, we found that Chiltern Court was meeting this essential standard but, to maintain this, we suggested that some improvements were made.</p>	
Diagnostic and screening procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p><b>Why we have concerns:</b> Generally people had felt supported and well cared for. However, training had been lacking for staff in the Mental Capacity Act, Best Interests and Deprivation of Liberty. Overall, we found that Chiltern Court was meeting this essential standard but, to maintain this, we suggested that some improvements were made.</p>	
Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p><b>Why we have concerns:</b> Generally people had felt supported and well cared for. However, training had been lacking for staff in the Mental Capacity Act, Best Interests and Deprivation of Liberty. Overall, we found that Chiltern Court was meeting this essential standard but, to maintain this,</p>	

	we suggested that some improvements were made.	
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><b>Why we have concerns:</b></p> <p>Systems were in place to assess quality of care to ensure it met people's support needs, although we noted some gaps in risk and review management practices relating to catering risk assessments and part of a sling hoist which had been left charging on the floor of the downstairs corridor. Overall, we found that Chiltern Court was meeting this essential standard but, to maintain this, we suggested that some improvements were made.</p>	
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p><b>Why we have concerns:</b></p> <p>Systems were in place to assess quality of care to ensure it met people's support needs, although we noted some gaps in risk and review management practices relating to catering risk assessments and part of a sling hoist which had been left charging on the floor of the downstairs corridor. Overall, we found that Chiltern Court was meeting this essential standard but, to maintain this, we suggested that some improvements were made.</p>	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p><b>Why we have concerns:</b></p> <p>Systems were in place to assess quality of care to ensure it met people's support needs, although we noted some gaps in risk and review management practices relating to catering risk assessments and part of a sling hoist which had been left charging on the floor of the downstairs corridor. Overall, we found that Chiltern Court was meeting this essential standard but, to maintain this, we suggested that some improvements were made.</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 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<b>How the regulation is not being met:</b> People's records were not stored securely. Overall, we found that improvements were needed for this essential standard.	
Diagnostic and screening procedures	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<b>How the regulation is not being met:</b> People's records were not stored securely. Overall, we found that improvements were needed for this essential standard.	
Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<b>How the regulation is not being met:</b> People's records were not stored securely. Overall, we found that improvements were needed for this essential standard.	

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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