

Review of compliance

Laudcare Limited Oaktree Care Home	
Region:	South West
Location address:	Lark Rise Brimsham Park, Yate Bristol BS37 7PJ
Type of service:	Care home service without nursing Care home service with nursing
Date of Publication:	November 2011
Overview of the service:	Oaktree Care Home is a nursing and residential home in Yate providing residential care, nursing care and respite care to people with dementia and those requiring palliative care.

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

Our current overall judgement

Oaktree Care Home was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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 13 - Staffing
- Outcome 14 - Supporting staff
- Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 21 September 2011, checked the provider's records, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We spoke with five people who use the service they told us they enjoy living in the home and that they receive the help and care they need. People said "the carers are nice", "it's a pleasant place to live", "I get the help that I need", "it's very nice and people are very kind", "the food is nice and I get a choice of things" and "they look after me well".

The people we spoke with were unaware that they had a care plan in place which reflected their needs.

People told us that staff come quickly when they press their call bell. One person told us "you can always get hold of somebody".

We asked people about their involvement in activities within the home. One person said "I'm not involved in activities in the home, I don't want to be". They went on to say that the activities coordinators come and see them even though they do not want to be involved in the activities. This resident was aware of the activities occurring within the home because

they had been given a newsletter which detailed the activities occurring that month. Other people were aware of the activities going on in the home too and told us that they had been on trips out occasionally, and had been involved in the entertainment within the home. One person told us they had not been involved in any activities which were just for them within the home, although their son takes them out of the home regularly. People told us that they were not bored in the home.

People told us they were unaware that they had a care plan in place and were not involved in the planning of their care. One person told us that they might have been involved but they could not remember having a care plan. Another told us "I don't know about the care plan but they [staff] will help with anything".

People told us they had a choice in the way that care was delivered on a day to day basis. One person said "I usually get up in time for breakfast, but I have stayed in bed until 2pm because I didn't want to get up". Other people told us they are asked when they want to get up too. All of the people that we spoke with told us they were always asked whether they wanted a bath or a shower and that they were given their preference. One person told us they weren't sure if they could have a bath or a shower every day if they wanted one. Another person told us they did not have to wait for a bath or a shower, that they could have one when they got up.

One person told us that when they are taken to the bathroom for a bath or shower the care staff always ensured they took care and covered them up so that their privacy and dignity was maintained.

The people who use the service we spoke with told us that they feel safe in the home. Although most people did not know who to speak with if they felt that they had been put at risk.

No one was able to look after their own medicines so they were all given by staff. People we spoke with said they were happy with how their medicines were looked after. They told us that the times they were given their medicines sometimes varied depending on who was working. One person told us they were sometimes given their night time medicines later than they would have liked.

Two people told us they were always given their creams and ointments although we saw that often care staff had not recorded that they had done so.

We saw some medicines being given after lunch on both floors. These were given in a safe and respectful way.

People we spoke with told us that they felt there were enough staff within the home to care for their needs. People told us that their call bells are responded to in a timely manner by staff.

What we found about the standards we reviewed and how well Oaktree Care Home 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 can be confident that arrangements are in place within the home to ensure that their privacy and dignity is respected and maintained within the home. People can be assured that they are enabled to make decisions about their care and way that the home is run. However, it is not always clear to people if they have been involved in the planning of their care.

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

People who use the service have their individual nursing and care needs assessed. However, this may not always include their personal preferences. People do not always have up to date individualised care plans for activities within the home. This could result in people not receiving the care that they need.

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

People who live at the home are cared for by people who are aware of how to protect vulnerable people at risk of harm and act on concerns about abuse and neglect. However, records of decisions about a person's capacity to make decisions about their treatment and care are limited.

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

The service does not fully protect people against the risks associated with the unsafe use and management of medicines by means of the making of appropriate arrangements for the recording and safe keeping of some medicines.

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

People who use the service cannot be confident that the basis for deciding sufficient staffing levels has been determined through the analysis of their combined needs and risk assessment. This means that people cannot be confident that there are suitable numbers of staff in place to support their needs.

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

People who use the service can be confident that staff employed at the home are appropriately supported in relation to their responsibilities to enable them to deliver care and treatment safely and to an appropriate standard.

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

People can be confident that the registered provider ensures that people are protected from the risks of inappropriate or unsafe care and treatment by means of effective systems

of assessing and monitoring the quality of the service provided.

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 told us they were unaware that they had a care plan in place and they were not involved in the planning of their care. One person told us that they might have been involved but they could not remember having a care plan. Another told us "I don't know about the care plan but they [staff] will help with anything".

People told us they had a choice in the way that care was delivered on a day to day basis. One person said "I usually get up in time for breakfast, but I have stayed in bed until 2pm because I didn't want to get up". Other people told us they are asked when they want to get up too. All of the people we spoke with told us that they were always asked whether they wanted a bath or a shower and they were given their preference. One person told us that they weren't sure if they could have a bath or a shower every day if they wanted one. Another person told us they did not have to wait for a bath or a shower, that they could have one when they got up.

One person told us that when they are taken to the bathroom for a bath or shower the care staff always ensured they were covered up so that their privacy and dignity is maintained.

Other evidence

We spoke with staff about how they involve people in developing their care plans. We were told that when people are admitted to the home the nurses "interview" the resident and their family in order to assess and record their needs. We were told that people are asked about their daily routine and their personal preferences but some things are not always recorded in the assessment document.

All staff told us they give people a choice in the care that they provide on a day to day basis. Staff also told us that they always involve people in their care. We were told people were given a choice of what they want to wear, whether they want to go to the dining room to eat or to stay in their room and when they would like to get up. Staff told us they ensured that peoples' privacy and dignity was maintained by knocking prior to entering people's rooms, ensuring that doors and curtains were closed prior to providing personal care and by ensuring that peoples care is not discussed inappropriately. We observed that peoples' privacy and dignity was maintained during our visit to the home.

We were told that people were asked for feedback about their care through a customer satisfaction survey which is sent out and collated by Four Seasons Head Office. This may be completed by the relatives of the person who uses the service. The survey results showed that of the relatives who answered the survey for the home, only 50% felt they were involved in decisions about their relative's care and 69% of the relatives felt they were able to take part in aspects of their relatives care (if the person using the service was in agreement). The survey also provided the opportunity to provide comments about the care which is attached for the manager to review.

We also reviewed the minutes of the last two residents and relatives meetings which took place in March 2011 and August 2011. The minutes demonstrated that the meetings provided a forum for people, and their families, to gain information about developments at the home. The minutes also demonstrate that there is a forum for people and their families to raise concerns and suggestions to be made in order to resolve general issues and make improvements within the home.

Our judgement

People can be confident that arrangements are in place within the home to ensure that their privacy and dignity is respected and maintained within the home. People can be assured that they are enabled to make decisions about their care and way that the home is run. However, it is not always clear to people if they have been involved in the planning of their care.

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 minor 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 spoke with five people who use the service and they told us they enjoyed living in the home and that they received the help and care they needed. People said "the carers are nice", "it's a pleasant place to live", "I get the help that I need", "it's very nice and people are very kind", "the food is nice and I get a choice of things" and "they look after me well".

The people we spoke with were unaware that they had a care plan in place which reflected their needs.

People told us that staff came quickly when they press their call bell. One person told us "you can always get hold of somebody".

We asked people about their involvement in activities within the home. One person said "I'm not involved in activities in the home, I don't want to be". They went on to say that the activities coordinators come and see them even though they do not want to be involved in the activities. This resident was aware of the activities occurring within the home, because they had been given a newsletter which detailed the activities happening that month. Other people were aware of the activities going on in the home too. They told us that they had been on trips out occasionally and had been involved in the entertainment within the home. One person told us they had not been involved in any activities which were just for them within the home, although their son takes them out of the home regularly. People told us they were not bored in the home.

Other evidence

We reviewed the care records of four people who use the service. We found there were assessments of the needs of people in place and care plans which reflected those needs. The care plans and assessments we reviewed predominantly focused on the nursing and personal care needs of the people who use the service. Although these provided guidance to staff on how to deliver that care the documentation did not always reflect the preferences of the individual.

Staff told us the care plans were updated every month by the nursing staff. One member of staff told us they were starting to be involved in the update of care plans. However, another told us they were not involved in care plan development and that they do not understand what is in each section of the nursing care plan as they have not been shown. We found that the care records for each person were split in two sections one being the nursing records, care assessment and plan and the second being the personal care records. The personal care records were kept in each person's room and contained a record of the personal care received, food and fluid consumption, a moving and handling assessment and records of when people were turned or repositioned in order to prevent pressure sores. The nursing records were kept at the nurse's station along with the care plan and assessment of needs documentation. Although the care plans and assessments were accessible to all staff the separation of the records did not encourage, or easily facilitate, care staff to review and refer to the care plans to guide their care. Staff told us that changes in care plans were discussed and reflected on at the handover meeting.

There was a dependency assessment in place for each person which was completed to determine what level of support the person needed. We were told this dependency tool is not currently used to align peoples' needs to staffing levels.

The registered manager told us that new assessment and planning documentation is being implemented in early 2012. We were told that this documentation would enable a more person centred approach to care planning. We were also told that it would include a new dependency tool which the manager hoped would enable them to ensure that staffing levels were aligned to peoples' needs.

We saw that staff were caring and attentive towards the people they were caring for and that people were treated with dignity and respect. We observed that call bells were mostly answered in a timely manner, although one bell rang for five minutes before being answered.

We observed that activities for people who use the service are ongoing within the home; these include fayres as well as entertainers who come into the home and one to one sessions with the activities coordinators. We saw that a 1950's inspired memory room is in the home for people to use for activities and to support people with dementia in their care.

One of the two activities coordinators in the home told us they developed activity plans from peoples' life histories. They told us they try to do a group activity each day and that they do one to one visits and work with people too.

We found that not everybody had an individual weekly activity plan within their care records and those that were in place had not been updated for some time. We asked

the activities coordinator about this. They told us that they usually do individual activities with people "off the hoof" because they can plan to see a person and who may not be in an appropriate mood to see them or do an activity.

We saw evidence that people and their families were kept informed of the activities going on within the home through the activities newsletter.

Our judgement

People who use the service have their individual nursing and care needs assessed. However, this may not always include their personal preferences. People do not always have up to date individualised care plans for activities within the home. This could result in people not receiving the care that they need.

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

The people who use the service that we spoke with told us they feel safe in the home. Although most people did not know who to speak with if they felt that they had been put at risk.

Other evidence

We reviewed the safeguarding policy for the home which identified the processes to be followed in order to protect people from risk, and how to report concerns to the local authority safeguarding team.

The home had previously reported a number of concerns to the local authority safeguarding team in order that they could be investigated and had completed the appropriate notifications to the Care Quality Commission in each case. Where safeguarding strategy meetings had occurred the manager had attended and had presented the home's investigations of concerns in order to ensure that the safeguarding matter can be investigated and resolved effectively. These actions demonstrated that the home had adequate arrangements in place to keep people safe from the risk of harm.

All the staff we spoke with demonstrated an understanding of the safeguarding policy and the processes for reporting safeguarding concerns. Staff were able to describe how they would escalate safeguarding concerns if they were not acted upon by their manager, or the home manager. However, when asked they were unaware of the whistle blowing policy. Staff told us they had all received training in safeguarding.

Nursing staff that we spoke with in the home had an understanding of the Deprivation of Liberty Safeguards (DOLS) and said they had made an application in the past but that this had expired and did not require renewing. Care staff were aware of the Deprivation of Liberty Safeguards (DOLS) but were not clear about the processes. The nursing staff we spoke with had received training in DOLS but care staff had not been trained.

Staff all understood what an assessment of a person's capacity to make decisions constituted. However, we were told that they do not undertake formal capacity assessments within the home and that this is done either by a Community Psychiatric Nurse or by a Registered Mental Health Nurse. Where people lacked capacity to make a decision we did not see evidence of a formal capacity assessment within their file. Although, the file recorded whether or not a person had capacity to make a decision and a care plan in order to provide guidance to staff about when people could make decisions and where a best interests meeting needed to be held.

Our judgement

People who live at the home are cared for by people who are aware of how to protect vulnerable people at risk of harm and act on concerns about abuse and neglect. However, records of decisions about a person's capacity to make decisions about their treatment and care are limited.

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

There are minor concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

No one was able to look after their own medicines so they were all given by staff. People we spoke with said they were happy with how their medicines were looked after. They told us that the time they were given their medicines sometimes varied depending on who was working. One person told us that they were sometimes given their night time medicines later than they would have liked.

Two people told us they were always given their creams and ointments although we saw that often care staff had not recorded that they had done so.

We saw some medicines being given after lunch on both floors. These were given in a safe and respectful way.

Other evidence

Systems are in place for the safe ordering and receipt of medicines. The pharmacy provides printed medicines administration record sheets each month for staff to complete when they give people their medicines. Records showed that medicines had been given as prescribed. However we saw three examples of inaccurate records where staff had signed that they had given a medicine when other records showed that it was unavailable.

Records showed that staff had made regular checks of medicines supplied in standard packs. These confirmed that the administration records for these medicines were

accurate.

Some people had been prescribed medicines to be given "when required" for treating pain or anxiety. These had instructions about how often the medicine could be given but no additional information about when they may be needed, to help staff give the medicines in an appropriate and consistent way. We looked at three people's care plans and found they also did not include this information.

Separate record sheets were kept in people's rooms so that care staff could record when they had applied people's prescribed creams and ointments. Body maps are used to indicate where these preparations should be used. We saw that often staff had not recorded they had applied these preparations so it was not clear whether they had been used as prescribed.

We saw that some creams and ointments applied by care staff were kept in people's rooms on open shelves, sometimes along with their toiletries. Some people in these rooms suffer from dementia. Staff told us that risk assessments had not been done for individuals to make sure that this was a safe place to store these products. The manager told us that the prescribed preparations should be stored in a cupboard.

Records showed that one person had been prescribed a medicine that needed special monitoring. Suitable information was available to make sure that this was given safely.

Arrangements were in place for the safe storage of medicines. Suitable storage was available for controlled drugs, which needed additional security. Records showed that these medicines were looked after safely.

Our judgement

The service does not fully protect people against the risks associated with the unsafe use and management of medicines by means of the making of appropriate arrangements for the recording and safe keeping of some medicines.

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

There are minor concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People we spoke with told us that they felt there were enough staff within the home to care for their needs. People told us that their call bells were responded to in a timely manner by staff.

Other evidence

We spoke with the manager about the number of staff that are on duty within the home and were told that during the day there are 14 members of staff on duty three of whom are nurses and at night there are nine members of staff on duty two of whom are nurses. We were told that staffing is determined by the budget set by head office which is calculated on the basis of one member of staff to five people who require nursing care and one member of staff to ten people who require residential care. We reviewed the staffing rotas and found that they were in line with this staffing allocation.

We asked whether the dependency assessment tool within each person's care documentation was used to inform the staffing numbers within the home. Although this was not used to align staffing numbers to the needs of the residents, the manager told us that if a person were to become ill and require additional support then they would review the staffing numbers in order to support that person's needs. The manager told us they sometimes have difficulties covering short notice sickness at weekends but that they have a large number of bank staff who cover most shifts for them.

We were also told that the home is in the process of developing a bank of volunteers to support people who use the service with activities.

Care and nursing staff told us that they felt they did not always have time to spend with people who use the service and that although they are able to carry out the tasks of care they were not always able to provide the social side of care. One member of staff told us they often got the last person up and dressed at about 11:30am (although they would have been got up for breakfast in their room) and that when they have an extra member of care staff on duty in the morning people could all be up and dressed by 9:30am.

We saw on the day of our visit that people were being washed and dressed at 11:30am but it was not clear whether this was the person's choice or not. We saw that call bells were answered in a timely manner (with the exception of one which was answered after about five minutes) and that people who required support eating were given the support they needed. We saw that nursing staff spend a large amount of their time carrying out medicines rounds, completing paperwork and following up issues with the GP and Pharmacy. We did not see anything else which could indicate that there were not enough staff to support the needs of the people who use the service.

Our judgement

People who use the service cannot be confident that the basis for deciding sufficient staffing levels has been determined through the analysis of their combined needs and risk assessment. This means that people cannot be confident that there are suitable numbers of staff in place to support their needs.

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

We did not speak with people who use the service about this outcome.

Other evidence

We spoke with four members of staff about how well they were supported in their role. All staff told us they had received mandatory training such as infection control, manual handling, fire training and other training which would be mandatory for their role for example, basic life support and care of an indwelling catheter training. One member of staff told us that they would like to receive more training in the care of people with dementia. Staff told us they had not only received training in the form of e-learning but had also received appropriate practical training for manual handling.

All of the staff we spoke with said they had received a supervision meeting recently (within the last month to six weeks) and that this occurred regularly. They also said they felt supported within the home by their manager and the manager of the home. Staff said they also felt supported by their colleagues within their role.

We reviewed the register of supervision meetings and found they had been held for each member of staff on a regular basis in order to ensure that staff were supported in their role. We also reviewed the training register. This demonstrated that staff had received appropriate training in order to ensure they fulfil their role. This included fire safety, infection control, safeguarding vulnerable adults, food hygiene, conflict resolution, dementia, palliative care, basic life support, moving and handling and pressure ulcer prevention. There were records of the moving and handling theory training but not of the practical training. There were also records showing that staff had

received training on the Deprivation of Liberty Safeguards although as stated in outcome 7 not all staff were clear about what this involved.

Our judgement

People who use the service can be confident that staff employed at the home are appropriately supported in relation to their responsibilities to enable them to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not speak with people who use the service about this outcome.

Other evidence

We reviewed the incidents and accidents records within the home. This demonstrated that incidents are reported and recorded on the electronic Datix system. The summary reviewed showed that incidents and accidents are reviewed and monitored for outcomes and that they are authorised prior to being closed. The records on the system could be analysed to identify trends in incidents and accidents.

We were provided with evidence that the home is given feedback from residents and their families through surveys and from meetings with residents and their relatives within the home (as detailed in outcome 1).

We were also provided with evidence that the home carried out a full audit of the services they provided every six months through the Team Audit Process (TAP). This was completed by the home manager and is submitted to the regional manager for review. The TAP contained details of audits of care documentation, care management, medicines, activities, nutrition, infection control, management, human resources, health and safety, training and dementia. The TAP report for March 2011 demonstrated a total quality score of 85% for the home. Actions were taken following this report in order to improve and a re-audit of this was ongoing at the time of our visit.

The home also had monthly visits and reports from the regional manager. There had

been no regional manager in post for three months prior to our visit so recent reports were not available to review. In the absence of the regional manager the operations manager for Four Seasons had visited the home and was providing managerial support and oversight to ensure that the service was monitored regularly. An acting regional manager was to take up the position in the week following our visit.

Our judgement

People can be confident that the registered provider ensures that people are protected from the risks of inappropriate or unsafe care and treatment by means of effective systems of assessing and monitoring the quality of the service provided.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>People who use the service have their individual nursing and care needs assessed. However, this may not always include their personal preferences. People do not always have up to date individualised care plans for activities within the home. This could result in people not receiving the care that they need.</p>	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>People who use the service have their individual nursing and care needs assessed. However, this may not always include their personal preferences. People do not always have up to date individualised care plans for activities within the home. This could result in people not receiving the care that they need.</p>	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>People who use the service have their individual nursing and care needs assessed. However, this may not always include their personal preferences. People do not always have up to date individualised care plans for activities within the home. This could result in</p>	

	people not receiving the care that they need.	
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>Why we have concerns:</p> <p>People who live at the home are cared for by people who are aware of how to protect vulnerable people at risk of harm and act on concerns about abuse and neglect. However, records of decisions about a person's capacity to make decisions about their treatment and care are limited.</p>	
Diagnostic and screening procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns:</p> <p>People who live at the home are cared for by people who are aware of how to protect vulnerable people at risk of harm and act on concerns about abuse and neglect. However, records of decisions about a person's capacity to make decisions about their treatment and care are limited.</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>Why we have concerns:</p> <p>People who live at the home are cared for by people who are aware of how to protect vulnerable people at risk of harm and act on concerns about abuse and neglect. However, records of decisions about a person's capacity to make decisions about their treatment and care are limited.</p>	
Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>Why we have concerns:</p> <p>The service does not fully protect people against the risks associated with the unsafe use and management of medicines by means of the making of appropriate arrangements for the recording and safe keeping of</p>	

	some medicines.	
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>Why we have concerns:</p> <p>The service does not fully protect people against the risks associated with the unsafe use and management of medicines by means of the making of appropriate arrangements for the recording and safe keeping of some medicines.</p>	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>Why we have concerns:</p> <p>People who use the service cannot be confident that the basis for deciding sufficient staffing levels has been determined through the analysis of their combined needs and risk assessment. This means that people cannot be confident that there are suitable numbers of staff in place to support their needs.</p>	
Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>Why we have concerns:</p> <p>People who use the service cannot be confident that the basis for deciding sufficient staffing levels has been determined through the analysis of their combined needs and risk assessment. This means that people cannot be confident that there are suitable numbers of staff in place to support their needs.</p>	
Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>Why we have concerns:</p> <p>People who use the service cannot be confident that the basis for deciding sufficient staffing levels has been determined through the analysis of their combined needs and risk assessment. This means that people cannot be confident that there are suitable numbers of</p>	

	staff in place to support their needs.
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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.

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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