

Review of compliance

Grandcross Limited Gotton Manor Care Home	
Region:	South West
Location address:	Gotton Cheddon Fitzpane Taunton Somerset TA2 8LL
Type of service:	Care home service without nursing Care home service with nursing
Date of Publication:	November 2011
Overview of the service:	Gotton Manor provides care home services for older people who require nursing or personal care. The home can accommodate up to a maximum of 60 people. The home comprises two separate but adjacent buildings, one contains residential home beds (The Coach House) and the other has nursing home beds.

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

Our current overall judgement

Gotton Manor Care Home 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 08 - Cleanliness and infection control
- Outcome 12 - Requirements relating to workers
- 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 1 September 2011 and carried out a visit on 6 September 2011.

What people told us

People told us they get up, washed and changed and go to bed to suit their preferences. One person said "It's our choice we can do what we want". We were told that staff respected their dignity and some sex staff assisted them with having showers "on the whole I'm quite happy here and I come and go as I please".

Several people told us that their families and friends visited and took them out for walks and to attend social activities in the community. One person who had difficulty going out told us that they were regularly visited by their family and by the home's activity coordinator "really and truly on the whole I am satisfied here".

The majority of the people that we spoke with said that they were well looked after. People told us that overall the staff looked after their needs "I am well cared for" and "the staff are lovely". People were particularly complimentary about their main carer, one person said "The staff are super and my carer is an absolute gem".

But there were a few exceptions "most of the staff are really nice and helpful but some are not". People told us "I am treated well regardless of whether or not I have visitors with me" and "nobody treats me badly". However, there were some negative comments about one

or two of the staff relating to their unfriendly manner. A couple of people told us they had difficulty understanding some of the staff "the staff are fine but I have problems with their accents".

The majority of interactions between staff and people were respectful and supportive and staff actively engaged with people. However, we noted some examples of staff not engaging well with people on a personal level.

People said that the meals were good "We get lovely food" and "Sometimes there is too much food but I can ask for a snack if I prefer". We observed lunch being served in both the residential and the nursing home dining rooms. People were relaxed and unhurried. Where necessary, staff assisted people with their meals and drinks.

Some of the people in the nursing home expressed concerns that there were delays of up to 15 minutes before staff responded to their call bells. We were told "I only ring when I really need help and delays can be very distressing" another person said "I am well looked after and staff usually come when I call but sometimes they are very busy". Some people found the continual bell ringing disturbing.

We observed that the residential side of the care home was pleasant, clean and tidy throughout. We were told that it had been refurbished over the last 18 months. But the environment in the nursing side of the home was generally shabby and in need of decoration. Some areas of the nursing home were not as hygienic as they should be.

What we found about the standards we reviewed and how well Gotton Manor 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 living in the home are able to express their views, make choices and understand the care and support available to them. People's dignity, privacy and independence are respected most of the time. However, due to some inconsistencies in staff practices people are sometimes receiving inappropriate care.

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

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

Care plans are kept up to date and contain a lot of personalised information about people's care needs and preferences. But a lack of appropriate information in some care plans and lack of understanding from staff meant that people with challenging behaviours were at risk of receiving inappropriate care.

In the nursing home, the current call bell system and procedure does not ensure people are kept safe and protected from anxiety and distress at all times.

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

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

People are protected from abuse and their human rights are upheld through appropriate procedures and relevant staff training and supervision.

Overall, we found that Gotton Manor was meeting this essential standard.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

There is a breach of criterion 2 of the Code of Practice on the prevention and control of infections and related guidance. People living in the nursing side of the home may be put at risk from infection due to shortfalls in cleanliness and hygiene standards in some areas of the home.

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

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

People's safety is protected by effective recruitment procedures and employment checks and their care needs are met by appropriately qualified and experienced staff. However, there is a risk that people's needs may not always be properly understood due to shortfalls in the communication and interpersonal skills of some staff.

Overall, we found that Gotton Manor was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

People's health and welfare needs are being met by competent staff who are adequately trained to perform their jobs. However, the support available to staff has declined over recent months and this is starting to impact on the standard of care they provide to people in the home.

Overall, we found that Gotton Manor was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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 do not benefit from a quality monitoring system that encourages them to raise concerns and therefore lead to an improvement in services. The system is not operating effectively as some of the concerns identified during the previous year are still unresolved.

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 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

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

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

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

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

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

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

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

Outcome 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

There are moderate concerns 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 that they had meetings with the staff when they first arrived at the home and lots of things were discussed including their preferences such as the time they liked to get up, washed and changed and when they liked to go to bed. One person said "It's our choice we can do what we want". We were told that staff respected their dignity and same sex staff assisted them with having showers "on the whole I'm quite happy here and I come and go as I please".

Several people told us that their families and friends took them out for walks and to attend social activities in the community. One person who had difficulty going out told us that they were regularly visited by their family and by the home's activity coordinator "really and truly on the whole I am satisfied here". Although another person from the residential side said "there is not much to do we could do with a bit more entertainment". We observed an entertainer playing a guitar and singing to people in the nursing home lounge on the day of our inspection. Around ten people were present and most were actively engaged in singing along or playing instruments.

Most people said that the majority of staff were caring and very good and told us they were looked after well. However, some people said that they did not like one or two of the male staff attending to them as they were not very friendly "Some of the men do not

have very good bedside manners". One lady told us that a male cleaner carried on cleaning her room when she needed to use her commode despite telling him that he could leave the cleaning. Some people were frustrated because they had difficulty communicating with certain members of staff. We were told "I can't understand their accents".

People said that the meals were good "We get lovely food" and "Sometimes there is too much food but I can ask for a snack if I prefer". We observed lunch being served in both the residential and the nursing home dining rooms. People were relaxed and unhurried. Where necessary, staff assisted people to eat or drink. The majority of interactions between staff and people were respectful and supportive and staff actively engaged with people. But on the nursing home side we observed one male member of staff supporting someone but not engaging with them on a personal level and other staff talking to each other across the dining table rather than engaging with people.

Other evidence

We looked at the care plans for six individuals and these were all signed either by the individual themselves or by their next of kin to confirm their involvement in the care planning process. We reviewed the home's staff training report which showed that all staff had received training in 'valuing people and respecting difference' over the last 12 months.

The activities coordinator for the residential home was on maternity leave but people could attend activities organised on the nursing home side. The coordinator told us she sets aside one hour every day to see people on a one to one basis, particularly if they were unable to go out. In the afternoons they organised internal group activities like bingo, memory card games, or a visiting busker. A mobile shop and a hairdresser also came to the home on a regular basis. The home organised monthly pet therapy sessions with dogs and donkeys. There were monthly trips out such as bowling, visits to gardens, steam railway visits and trips to a donkey sanctuary.

Our judgement

People living in the home are able to express their views, make choices and understand the care and support available to them. People's dignity, privacy and independence are respected most of the time. However, due to some inconsistencies in staff practices people are sometimes receiving inappropriate care.

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

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 major concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Most of the people that we spoke to told us they were generally satisfied with the care and support they received. However, some of the people in the nursing home expressed concerns that there were delays of up to 15 minutes before staff responded to their call bells. We were told "I only ring when I really need help and delays can be very distressing" another person said "I am well looked after and staff usually come when I call but sometimes they are very busy". Some people said they found the continual bell ringing very disturbing.

We looked at the care plans for six of the people living in the nursing home and we observed staff meeting their physical health and medication needs in accordance with these care plans. However, from our observations and discussions with staff we could see that the mental health needs of some people were not sufficiently well understood or catered for. Staff told us that certain people with challenging behaviours were being intentionally difficult and they viewed these people as a problem. For example, one care plan included strategies for protecting staff from false accusations but did not contain behavioural plans to positively manage the individual's behaviour. Staff told us about another person who frequently pressed their call bell for pain relief medication but they thought this was only attention seeking. They expressed frustration about these behaviours as they distracted them from attending to others.

Other evidence

We heard the call bell ringing frequently and for lengthy periods throughout our inspection. Staff told us that the call bell rang continuously until it was answered and

reset in the person's room. They said the bell volume was turned down at night time. Staff told us the continual ringing was mainly due to the same two people with mental health issues and challenging behaviours. However, we did not see any information in the individual care plans to explain how staff should manage this continual bell ringing behaviour. We were told that previously the call bells for these two individuals had been silenced and replaced by frequent staff observations instead. But the manager had stopped this practice as it was considered unsafe.

All of the care plans we looked at were in a standard company wide format and contained various specified care profiles that had to be completed by staff to reflect each person's individual needs. We saw that the various sections of the care plans were completed and they included progress sheets that were updated daily and signed by the person's carer.

Our judgement

Care plans are kept up to date and contain a lot of personalised information about people's care needs and preferences. But a lack of appropriate information in some care plans and lack of understanding from staff meant that people with challenging behaviours were at risk of receiving inappropriate care.

In the nursing home, the current call bell system and procedure does not ensure people are kept safe and protected from anxiety and distress at all times.

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

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

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

The majority of the people that we spoke with said that they were well looked after by staff. People told us "I am treated well regardless of whether or not I have visitors with me" and "nobody treats me badly". There were some negative comments about one or two of the male staff but these related to their unfriendly manner.

One person did complain that "I can't stick the men they are ever so rude, they don't treat me right". The same person told us that their main female carer was very nice. We spoke to this female carer and she told us that she had never witnessed any inappropriate behaviour by any of her colleagues but if she did she would be the first to report it. We noted that this person's care plan identified that they displayed challenging behaviours and had mental health needs.

Other evidence

The home's previous manager had recently left. A visiting manager was temporarily covering for part of the week and the home had a part-time deputy manager who covered on other days. We were told that the visiting manager had conducted an internal investigation into an allegation of abuse made by a former staff member. This involved interviewing every member of staff. The allegations had been reported to the local authority safeguarding team and to CQC at the time of the incident. Neither the internal investigation nor the investigation by the local authority's safeguarding team had identified any evidence to substantiate the allegations of abuse.

We were told that in response to the allegation every member of staff was required to

complete a refresher e-learning module on safeguarding and that they would receive individual supervision. We observed a notice in the staff office reminding everyone to complete the safeguarding e-learning course by the end of the month.

Staff told us they had received safeguarding training and accurately described the different types of abuse, how to recognise it and how to report it. Staff had an understanding of the Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards (DOLs) and what that meant when caring for people. One of the people living in the home was subject to a deprivation of liberty safeguards (DOLs) decision. We reviewed the documentation and this was in order including a current deprivation of liberty form duly authorised by the council's DOLs lead.

We reviewed the home's staff training report which showed that the majority of staff had received training in 'deprivation of liberty' and 'valuing people and respecting difference' over the last 12 months. Around 20% had completed refresher training in 'safeguarding vulnerable adults' and all staff had been instructed to complete a safeguarding e-learning module by the end of the month.

Our judgement

People are protected from abuse and their human rights are upheld through appropriate procedures and relevant staff training and supervision.

Overall, we found that Gotton Manor was meeting this essential standard.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

There are moderate concerns with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People living in the nursing side of the home experienced an environment that was generally shabby and in need of decoration. The first floor treatment room, used for storing dressings, food and drink supplements had a badly stained carpet. The ground floor bathroom and walk in shower was in need of refurbishment.

We saw numerous flies in three of the ground floor bedrooms, including around one person with a leg wound. Staff told us that the flies were the result of muck spreading on the neighbouring farms. We were told that the rooms and carpets had been thoroughly cleaned and pest control contractors had been in but this had not eradicated the problem.

There was a sluice room on each of the two floors and each room had a bedpan washing machine which was in operation. Bedpans ready for use were stored on top of shelves. We saw that some of these were soiled. We asked a member of staff about this and they said that they may have been through the sluice but it had failed to remove all of the soiling. They said that the pans should have been soaked before putting them through the washer.

We looked in two of the bedrooms occupied by people with methicillin resistant staphylococcus aureus (MRSA) infection. There were signs on their bedroom doors reminding staff to wear aprons and gloves when entering. The rooms contained colour coded bins used to separate the laundry and waste from the rest of the home. The staff toilet displayed signs on correct hand washing techniques and there was another hand gel dispenser in the office. We observed the nurse regularly washing her hands.

We observed that the adjacent residential home building was pleasant, clean and tidy throughout. We were told that it had been refurbished over the last 18 months.

Other evidence

We were shown a copy of the provider's infection control policy and procedure. We were told that copies were accessible to staff from the provider's intranet site. Staff told us they had received training in infection control. This was confirmed in the staff training reports. One of the staff had been nominated as the home's infection control champion but had not received any specialist training for this role.

We spoke to the two part-time domestic staff responsible for cleaning the nursing side of the home. They explained their cleaning routines including use of a colour coding system, use of disposable protective aprons and gloves and procedures to follow if people had an infection. They had received mandatory training in various topics including infection control.

We asked care staff about the use of commodes and were told that these were mostly left in the rooms of the individuals who used them on a regular basis. However, if needed for someone else they were washed first. We were told that spare commodes were not kept due to a lack of storage space but new ones were ordered as and when individuals needed them.

The nurse told us that there were two hoists available one for each floor. They had a variety of slings available depending on people's needs. These were laundered at least every month and more often if they were dirty. People with MRSA had their own designated slings.

Our judgement

There is a breach of criterion 2 of the Code of Practice on the prevention and control of infections and related guidance. People living in the nursing side of the home may be put at risk from infection due to shortfalls in cleanliness and hygiene standards in some areas of the home.

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

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

There are minor concerns with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

Most of the people we spoke with thought the staff were good at their job. People were particularly complimentary about their main carer, one person said "The staff are super and my carer is an absolute gem". However, a couple of people told us they had difficulty understanding some of the staff "I can't understand what they say" and "the staff are fine but I have problems with their accents".

We observed the care and support provided by staff and in most cases this was seen to be competent, caring and appropriate. However, two male staff were observed assisting people with their meals without attempting to engage with them on a personal level.

Other evidence

We looked at a sample of five staff files including a registered nurse, two care assistants, a domestic and a new starter. All of the files contained appropriate documentation and records of the checks carried out by the employer. This included photographic proof of identification, occupational health checks, employment history and qualifications, references, enhanced criminal record bureau and vulnerable adults barred list checks. Professional registration of the registered nurse had been confirmed with the Nursing and Midwifery Council. There was evidence of current work permits for the two overseas staff. Some of the staffing files were disorganised but the relevant information was found in the manager's office when requested

Our judgement

People's safety is protected by effective recruitment procedures and employment

checks and their care needs are met by appropriately qualified and experienced staff. However, there is a risk that people's needs may not always be properly understood due to shortfalls in the communication and interpersonal skills of some staff.

Overall, we found that Gotton Manor was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

There are minor concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People told us that overall the staff looked after their needs "I am well cared for" and "the staff are lovely". But there were a few exceptions "most of the staff are really nice and helpful but some are not". The majority of interactions we observed between staff and people living in the home were appropriate and friendly although we noted some examples of staff not engaging well with people on a personal level.

In most cases, staff were relaxed and self confident in carrying out their roles and did not need any supervision. We also observed that the nurse and the senior carers were approachable when staff requested their advice or assistance.

On the day of our inspection there was a registered general nurse and six care assistants on duty in the nursing home and a head of care, senior carer and two care assistants in the residential home. Catering and domestic staff were also on duty. The home's manager had recently left and the role was being covered on a shared part time basis by a visiting manager and a part time deputy manager. A new regional manager had been appointed and visited the home on the day of our inspection.

Other evidence

We had one to one discussions with most of the care staff on duty. They confirmed that they had received training at induction, completed various e-learning modules and attended mandatory training sessions. They told us that most of the time there were sufficient numbers of staff on duty to care for the needs of people in the home. All felt that they were sufficiently competent to do their jobs and were able to go to more senior staff for assistance as needed. However, some of the care assistants commented that they did not like to disturb the nurse as she was very busy with medication rounds and

other nursing duties.

We were told that informal one to one supervision sessions took place every two to three months. However, quarterly team meetings had stopped as a result of the manager's absence. Annual appraisals had not taken place this year for the same reason. Staff said they all helped each other out but felt that they could work more as a team. They also felt that morale had been affected by company redundancies and pay freezes.

We were given a copy of the home's staff training report which indicated that each member of staff had received a range of statutory and mandatory training appropriate to the needs of their jobs.

Our judgement

People's health and welfare needs are being met by competent staff who are adequately trained to perform their jobs. However, the support available to staff has declined over recent months and this is starting to impact on the standard of care they provide to people in the home.

Overall, we found that Gotton Manor was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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 moderate concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

Some people told us that they could discuss any problems with the staff and they were good at resolving them. However, other people expressed dissatisfaction with the approach and manners of particular staff members but felt they were not in a position to do much about this. They were very reluctant to complain as they were concerned this would adversely affect the care they received.

Some people had completed customer satisfaction surveys in the past. We were told that the provider sent out an annual customer survey to obtain views and feedback from people living in the home and their relatives. The results from the current survey had not yet been collated but we were shown the previous year's results instead. The survey had been sent to 67 residents and relatives and 48% of people had responded. The key actions identified were damage to delicate fabrics caused during the laundry process, redecoration of the rooms, lack of manners on the part of some staff and the cleanliness of some bedrooms. These issues largely remained unresolved based on our observations and discussions with people in the nursing side of the home.

Other evidence

The provider operates a company wide quality monitoring process across all of their care homes. This included an internal audit programme covering 18 different aspects of care including care management, medicines, health and safety, catering and cleaning. Audits were carried out on a six monthly basis by the relevant department head and were verified by the home's manager. The provider's regional manager then verified the manager's findings. Based on the audit results a quality score was given and action

plans were prepared to address any short comings. We were also shown a schedule of items that had to be routinely reported by the home to the regional manager for monitoring purposes.

The home also had a range of risk assessment documents covering health and safety and care management issues that had been signed by staff to show they had been read. However, the staff signatures were dated 2009 or earlier and therefore did not include more recently appointed staff. We were shown the provider's computerised incident and accident recording system which we were told automatically sent an email alert to the home's manager and the regional manager when an incident or accident was logged on the system.

Our judgement

People do not benefit from a quality monitoring system that encourages them to raise concerns and therefore lead to an improvement in services. The system is not operating effectively as some of the concerns identified during the previous year are still unresolved.

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 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<p>Why we have concerns: People's safety is protected by effective recruitment procedures and employment checks and their care needs are met by appropriately qualified and experienced staff. However, there is a risk that people's needs may not always be properly understood due to shortfalls in the communication and interpersonal skills of some staff.</p>	
Diagnostic and screening procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<p>Why we have concerns: People's safety is protected by effective recruitment procedures and employment checks and their care needs are met by appropriately qualified and experienced staff. However, there is a risk that people's needs may not always be properly understood due to shortfalls in the communication and interpersonal skills of some staff.</p>	
Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<p>Why we have concerns: People's safety is protected by effective recruitment procedures and employment checks and their care needs are met by appropriately qualified and</p>	

	experienced staff. However, there is a risk that people's needs may not always be properly understood due to shortfalls in the communication and interpersonal skills of some staff.	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>Why we have concerns:</p> <p>People's health and welfare needs are being met by competent staff who are adequately trained to perform their jobs. However, the support available to staff has declined over recent months and this is starting to impact on the standard of care they provide to people in the home.</p>	
Diagnostic and screening procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>Why we have concerns:</p> <p>People's health and welfare needs are being met by competent staff who are adequately trained to perform their jobs. However, the support available to staff has declined over recent months and this is starting to impact on the standard of care they provide to people in the home.</p>	
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>Why we have concerns:</p> <p>People's health and welfare needs are being met by competent staff who are adequately trained to perform their jobs. However, the support available to staff has declined over recent months and this is starting to impact on the standard of care they provide to people in the home.</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 28 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 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>How the regulation is not being met: People living in the home are able to express their views, make choices and understand the care and support available to them. People's dignity, privacy and independence are respected most of the time. However, due to some inconsistencies in staff practices people are sometimes receiving inappropriate care.</p>	
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>How the regulation is not being met: People living in the home are able to express their views, make choices and understand the care and support available to them. People's dignity, privacy and independence are respected most of the time. However, due to some inconsistencies in staff practices people are sometimes receiving inappropriate care.</p>	
Diagnostic and screening procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>How the regulation is not being met: People living in the home are able to express their views, make choices and understand the care and support available to them. People's dignity, privacy and independence are</p>	

	respected most of the time. However, due to some inconsistencies in staff practices people are sometimes receiving inappropriate care.	
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: Care plans are kept up to date and contain a lot of personalised information about people's care needs and preferences. But a lack of appropriate information in some care plans and lack of understanding from staff meant that people with challenging behaviours were at risk of receiving inappropriate care.</p> <p>In the nursing home, the current call bell system and procedure does not ensure people are kept safe and protected from anxiety and distress at all times.</p>	
Diagnostic and screening procedures	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: Care plans are kept up to date and contain a lot of personalised information about people's care needs and preferences. But a lack of appropriate information in some care plans and lack of understanding from staff meant that people with challenging behaviours were at risk of receiving inappropriate care.</p> <p>In the nursing home, the current call bell system and procedure does not ensure people are kept safe and protected from anxiety and distress at all times.</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>How the regulation is not being met: Care plans are kept up to date and contain a lot of personalised information about people's care needs and preferences. But a lack of</p>	

	<p>appropriate information in some care plans and lack of understanding from staff meant that people with challenging behaviours were at risk of receiving inappropriate care.</p> <p>In the nursing home, the current call bell system and procedure does not ensure people are kept safe and protected from anxiety and distress at all times.</p>	
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 08: Cleanliness and infection control</p>
	<p>How the regulation is not being met: There is a breach of criterion 2 of the Code of Practice on the prevention and control of infections and related guidance. People living in the nursing side of the home may be put at risk from infection due to shortfalls in cleanliness and hygiene standards in some areas of the home.</p>	
Diagnostic and screening procedures	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 08: Cleanliness and infection control</p>
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Treatment of disease, disorder or injury	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 08: Cleanliness and infection control</p>
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	risk from infection due to shortfalls in cleanliness and hygiene standards in some areas of the home.	
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
	How the regulation is not being met: People do not benefit from a quality monitoring system that encourages them to raise concerns and therefore lead to an improvement in services. The system is not operating effectively as some of the concerns identified during the previous year are still unresolved.	
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
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	How the regulation is not being met: People do not benefit from a quality monitoring system that encourages them to raise concerns and therefore lead to an improvement in services. The system is not operating effectively as some of the concerns identified during the previous year are still unresolved.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

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

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

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

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

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

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

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

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

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

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

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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