

# Review of compliance

## Southern Cross Care Homes Limited Romford Grange Nursing Home

<b>Region:</b>	London
<b>Location address:</b>	144 Collier Row Lane Romford Essex RM5 3DU
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	November 2011
<b>Overview of the service:</b>	Romford Grange Nursing Home is situated in the London Borough of Havering and is registered to provide accommodation and nursing to adults. The home provides services to people who have a physical disability, people with dementia care needs, older persons who are physically frail and those in need of nursing care. The building is purpose built and is registered to accommodate 41 people

	over two floors. All bedrooms are single occupancy.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Romford Grange Nursing 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 as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 15 August 2011, observed how people were being cared for, talked to staff and talked to people who use services.

### What people told us

People told us they looked forward to having visits from family and friends as there was nothing to do all day. People said "we just sit around", "we have breakfast, lunch and supper and it's back to bed again".

We saw that several people sat for over four hours in a wheelchair. We asked if this was usual and whether they were comfortable. We were told that they were uncomfortable but the alternative was to sit on an unclean lounge chair.

We spent most of the afternoon talking with people who seemed eager to talk. During the afternoon bingo and a games sessions was arranged by the care workers, which people seemed to enjoy.

Visitors told us that they thought their relatives were well cared for and were treated with respect. They said, the staff were very good but people would benefit from more stimulation.

People said they did not get a choice about what time they got up or went to bed.

People told us the lighting in the home was very dull, particularly in the lounge of an evening when they were trying to knit or read.

The manager had brought a dog into the home which people seemed to take pleasure in.

## **What we found about the standards we reviewed and how well Romford Grange Nursing 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 who use services are not always given choices and treated with respect.

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

People do not always receive safe and appropriate care. Care plans reflect care from a health prospective and are not fully holistic or person centred. People do not feel in control of their own care.

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

The provider has appropriate policies and procedures in place but people are not always protected from the risk of abuse or have their human rights upheld.

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

People are supported by staff that are given the support, information and training they need to do their job.

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

The provider has an adequate quality monitoring and assurance system in place.

## **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

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

We were told by people that the food varied from OK to not very nice. Some people said it never really tasted of anything and was often too soft. We were told that the salt and pepper often ran out and people had resorted to buying their own. People said it would be nice to be offered sauce with their meal or have something different, something really tasty for a change.

We heard one care worker suggest to a group of people that she cook spaghetti Bolognese for everyone. People responded enthusiastically and were later heard reminding the care worker before they went home.

People told us about their interests but said "the staff are always too busy gossiping to do any of them with us". We were told that staff were "only being nice and paying them attention today because we were around". We were also told "as soon as you are gone, it will all stop again".

People said they did not get a choice about what time they got up or went to bed. We saw that several people sat for over four hours in a wheelchair. We asked if this was usual and whether they were comfortable. We were told that they were uncomfortable but the alternative was to sit on an unclean lounge chair.

Visitors told us that they thought their relatives were well cared for and were treated with respect. They said, the staff were very good but people would benefit from more stimulation.

The manager had brought a dog into the home which people seemed to take pleasure in.

### **Other evidence**

During our visit we saw that people who use services were supported to the front of the building by staff, to pay their respects to a former service user whose funeral was passing by.

We were told that staff received training from the Palliative Care Team in Death and Dying. The manager said they also made time to talk with staff following a death. We saw a remembrance wall had been set up in one of the ground floor corridors.

We observed the lunch time medication round on one unit, which took place as most people were finishing their meal. We saw people were offered drinks with their medication as expected. One person was interrupted whilst eating their dessert which resulted in them having to take their medication between mouthfuls of food. This appeared to confuse the individual and was neither a good medication administration practice or supportive of an unrushed relaxed mealtime.

Care files contained a "my life story", an autobiography section. This only contained basic information and did not fully reflect who the individual was and what their interests had been.

The care worker 'daily reports' demonstrated that support given reflected needs identified in the care plan.

We observed lunch on one of the units which was a variation of the actual menu on display. For example, the menu offered fruit cocktail with a choice of custard, natural yoghurt or ice cream, but people were given trifle. This could cause more confusion for someone who was already prone to confusion or someone with dementia care needs.

Bedrooms were personalised but some had an unpleasant odour and were in need of a deep clean.

### **Our judgement**

People who use services are not always given choices and treated with respect.

## 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

People who use services told us that they felt the staff met their needs. Others said they were "satisfied with the care" and some said "they never have time for us".

People said they did not feel in control of their care, they said they "got bored and wished there was more to do during the day".

People told us that they would welcome a game of chess or a visit to a local park to watch a game of cricket.

We were told that other than going into the garden on a dry day, there was very little opportunity to get out into the community. People said they sometimes went out with family members.

Visitors to the home said they felt the care was good and people had their needs met. However more activities and a cleaner environment would make things better.

We saw two care workers hoist a very elderly frail lady from a wheelchair to a lounge chair. The individual cried out with fright as they rocked in midair as they were wheeled backwards towards the lounge chair. Appropriate reassurance was not offered to the individual and when we raised this with the manager, they said they witnessed this transfer but had not seen anything wrong.

We were told about a near accident that had taken place that morning, when we looked

at the daily record for that individual we found no record had been made about this. We brought this to the attention of the manager who said they would look into it.

**Other evidence**

We were told about a "nurse" call bell which was not working. When it was checked, we found the connector had come away from the wall. Care plans must detail when and by whom checks should be made throughout the day, to ensure people are not left isolated.

Care files and daily records did not always contain the same information as that which was given verbally to us on the day of our visit. For example we were told by people that use services that they did not have much to occupy them. One person told us that they liked chess and cricket, but this was not found to be recorded in their care plan.

We noted that some people were in need of having their finger and/or toe nails cut.

We did not see any evidence that staff had received any training in equality and diversity, or deprivation of liberty in the last 12 months.

Risk Assessments were seen to be in place which had been regularly reviewed.

**Our judgement**

People do not always receive safe and appropriate care. Care plans reflect care from a health prospective and are not fully holistic or person centred. People do not feel in control of their own care.

## 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 moderate concerns with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

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

People who use services told us that they had never been mistreated and felt safe.

We were told "If you do ask for something, you have to wait ages, which is no good if you want to go to toilet". One person told us that they had been told by a care worker that they "would have to go to toilet in their incontinence pad as the staff did not have time to take them to the toilet".

One person who was reliant on a wheelchair told us that they had purchased their own electric wheelchair. This was in need of repair and they felt it was being withheld from them as it had had been stored out of their reach in another part of the home. We told the manager about this who said it had been risk assessed as unsafe but would instruct staff to review the situation.

Visitors told us that they thought their relatives were well cared for and they had never been concerned about anyone's safety.

##### Other evidence

The provider has appropriate restraint, safeguarding and whistleblowing policies and procedures in place.

We have not been made aware of any safeguarding issues relating to the service.

Training records evidenced that most staff had attended training in adult protection. In-house training on the Mental Capacity Act 2005 and Deprivation of Liberty had been

scheduled for the week following our visit. We saw a notice displaying the five principles of the Mental Health Act on display in the manager's office.

Care files included appropriate risk assessments.

**Our judgement**

The provider has appropriate policies and procedures in place but people are not always protected from the risk of abuse or have their human rights upheld.

## 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

On this occasion we did not speak to people about this outcome area.

##### Other evidence

There was a clear accessible record of training undertaken and planned training available for inspection. Courses available included infection control, moving & handling, dementia awareness challenging behaviour, health & safety and medication.

We were told that all staff receive 1 to 1 supervision approximately every 2 months, with the exception of the Registered Manager who receives formal supervision every three months.

The manager said they were responsible for the clinical supervision of the qualified nurses.

In addition, all staff receive an annual appraisal.

We were told that in the absence of the registered manager the deputy manager takes on the responsibilities of the day to day running of the home. The deputy manager is currently on long term sick leave so the registered general nurses had taken on this role, with support from a senior regional manager and the registered manager of a sister home.

Appropriate corporate policies and procedures were in place to support staff in their day to day work.

We were told that staff receive training in death and dying from the local palliative care team. Other information is given by the home's deputy manager and debrief sessions

are offered by the manager following a death.

**Our judgement**

People are supported by staff that are given the support, information and training they need to do their job.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

#### Our findings

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

People said "there is no point in complaining, nothing ever changes", others said it changes for a little while, then goes back".

Visitors to the home expressed their concern regarding the future of the home and said they hoped it would not be closed.

##### Other evidence

The manager told us that they walked around the home, spoke with people who use services, and received updates from staff on all people's care, everyday as part of their monitoring processes.

We are told that internal 'inspectors' undertake service quality monitoring every three months and it is the responsibility of the maintenance person to undertake weekly health and safety checks.

The manager said they were responsible for completing formal monthly audits of records and medicines and undertook weekend and night time spot checks every four months.

Additional inspections and audits were undertaken by the Environmental Health and Fire Safety Officers, local Pharmacist and representatives from the Regional Management Team.

The provider has a formal annual quality monitoring process, which includes formal questionnaires for people who use services, relatives and other professionals. We saw some questionnaires which had been completed by relatives, offering both positive and negative feedback.

Some areas of the home were in need of a deep clean, redecoration and refurbishment.

We looked at the complaints log. The last recorded complaint was in June 2011. Those seen on file had been addressed appropriately.

**Our judgement**

The provider has an adequate quality monitoring and assurance system in place.

## Action we have asked the provider to take

### 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
	<b>How the regulation is not being met:</b> People who use services are not always given choices and treated with respect.	
Diagnostic and screening procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<b>How the regulation is not being met:</b> People who use services are not always given choices and treated with respect.	
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<b>How the regulation is not being met:</b> People who use services are not always given choices and treated with respect.	
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
	<b>How the regulation is not being met:</b> People do not always receive safe and	

	appropriate care. Care plans reflect care from a health prospective and are not fully holistic or person centred. People do not feel in control of their own care.	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<b>How the regulation is not being met:</b> People do not always receive safe and appropriate care. Care plans reflect care from a health prospective and are not fully holistic or person centred. People do not feel in control of their own care.	
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
	<b>How the regulation is not being met:</b> The provider has appropriate policies and procedures in place but people are not always protected from the risk of abuse or have their human rights upheld.	
Diagnostic and screening procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<b>How the regulation is not being met:</b> The provider has appropriate policies and procedures in place but people are not always protected from the risk of abuse or have their human rights upheld.	
Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<b>How the regulation is not being met:</b> The provider has appropriate policies and procedures in place but people are not always protected from the risk of abuse or	

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

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

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

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

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

# What is a review of compliance?

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

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

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

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

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

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

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

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

## Information for the reader

<b>Document purpose</b>	Review of compliance report
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