



Review of compliance

Care UK Community Partnerships Limited Manor Lodge

Region:	East
Location address:	Manor Road Chelmsford Essex CM2 0EP
Type of service:	Care home service with nursing
Date of Publication:	November 2011
Overview of the service:	Manor Lodge provides accommodation and care including nursing care for a total of 120 older people some of whom may be living with dementia.

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

Our current overall judgement

Manor Lodge was meeting all the essential standards of quality and safety.

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 25 October 2011, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

People with whom we spoke confirmed that they felt respected and involved by staff. They confirmed that they were happy in the home and if they required any assistance staff would respond promptly. They were generally satisfied with the level of care and attention provided by staff and were able to approach staff if they had any concerns and felt confident that these would be addressed appropriately.

Visitors with whom we spoke confirmed that they were consulted about and involved with the care that their relative were receiving and felt able to talk to senior staff if they had any concerns.

What we found about the standards we reviewed and how well Manor Lodge 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 receiving care and accommodation in this home are treated respectfully and wherever possible are encouraged to be involved in the care that they receive.

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

People's care and welfare needs are detailed in an individual plan of care. This means that people using this service are suitably supported and their personal preferences are met.

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

People using the service are protected from abuse because staff have access to guidance about safeguarding people, and receive training that enables them to remain current and up to date.

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

People receiving care and accommodation in this home benefit from a qualified and trained staff group.

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

Quality checking systems to assess and monitor the quality of care provided are in place to ensure that the care needs of people using this service are being met.

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 with whom we spoke confirmed that they were respected and involved by staff. People also confirmed that they felt happy in the home and if they required any assistance staff would respond promptly.

Relatives of people with whom we spoke told us that they were consulted with about the care that their relative were receiving and felt able to talk to senior staff if they had any concerns.

Other evidence

We saw that staff respected and involved people who were receiving care and accommodation in this home. For example staff were seen to be respecting the privacy and dignity of the person receiving care and accommodation.

Minutes were seen of the weekly coffee mornings held in different units within the home and examples of matters discussed included developments within the home and activity provision. These meetings were noted to also involve relatives and care staff. It was confirmed that flexible visiting arrangements are in place.

We examined the care plans of ten people receiving care in different units in the home, these showed us that where possible people and their relatives were supported to be involved in the care that they received. Each room visited showed signs of individual choice and personal touches such as photos.

During our visit a non-denominational Christian service was being held in the home and attended by approximately 40 people receiving care and accommodation and some of their relatives. Staff confirmed that arrangements would be made to meet other spiritual needs should people request this.

Staff with whom we spoke recognised that this is each individual's home and reported that every effort is made to maintain a homely and supportive atmosphere.

Our judgement

People receiving care and accommodation in this home are treated respectfully and wherever possible are encouraged to be involved in the care that they receive.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

People with whom we spoke confirmed that they were satisfied with the care and attention provided by staff. They felt able to approach staff if they had any concerns and were confident that these would be addressed appropriately.

Visitors with whom we spoke told us that they felt involved with the care that their relative were receiving and that they were generally satisfied with the levels of care and welfare provided to their family member.

Other evidence

Each person had an individual care record including assessments of individual need and how these should be met by staff in the form of individual care plans to help to support health and personal care needs. Assessments were in place with regard to health care needs, such as diabetes, skin care and risk of falls. Staff confirmed that access to specialised support services was by referral by the person's general practitioner.

We reviewed ten care records at random and people's care and welfare needs were recorded in detail and their care plans showed that they were being met in line with people's assessed needs.

Risk assessments and care plans were reviewed monthly or more often if necessary by trained nurses or senior carers dependent upon their assessed need and care given to people was recorded three times a day by staff.

We observed staff supporting people in a positive way. Examples of this included staff explaining to people what they were going to do prior to providing any help and we saw staff caring for people who were confused and anxious. The staff did this in a respectful

and kind way.

We saw that staff provided care in a safe way. For example, staff used appropriate aids to assist people who were not able to move independently. They made sure that people were comfortable during the process and afterwards. The home employed their own physiotherapist to act as a resource to staff and to support people receiving care. Staff assisted people to maintain a good standard of personal hygiene. Everyone we saw looked well groomed and were dressed well, with appropriate footwear.

Staff were able to outline how they monitored people's care needs and were able to describe the steps they would take if they were concerned about someone's physical or mental health.

We were told that the home employs three dedicated full time activity co-ordinators and evidence was seen of the range of activities provided and of staff spending time with people. Examples of recent activities included preparation for Halloween festivities, a weekly non-denominational Christian service and listening to music.

One to one time was also spent with people who were unable to participate in group activities. Individual care records made reference to the activities involvement of each person.

Our judgement

People's care and welfare needs are detailed in an individual plan of care. This means that people using this service are suitably supported and their personal preferences are met.

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

We did not receive any comments from people using the service in relation to this outcome.

Two visitors with whom we spoke confirmed that if they had any concerns about the care being provided they felt able to approach staff and were confident that these issues would be addressed appropriately.

Other evidence

Policies and procedures were in place to ensure that people receiving care and treatment were protected from abuse and adequate safeguards were in place to promote their human rights. Examples of these included a safeguarding policy (reviewed May 2011) and other associated policies and procedures. Those care records we reviewed identified clear assessments of risk and care plans were in place that outlined how staff would manage and minimise these for each person.

Training records seen demonstrated that staff had received regular safeguarding of vulnerable adults training as part of the Essex training consortia. Those staff with whom we spoke had a good understanding of their responsibilities around ensuring people were safeguarded and told us that they were confident that they would recognise and know what action to take if they observed an abusive situation. We were not aware of any safeguarding concerns in relation to this service at the time of this unannounced visit.

An open door policy was reported and seen to be implemented for example when visitors came to the home to spend time with their relatives after breakfast.

Our judgement

People using the service are protected from abuse because staff have access to guidance about safeguarding people, and receive training that enables them to remain current and up to date.

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 receive any comments from people using the service in relation to this outcome.

Other evidence

We looked at the home's training programme and noted that staff had completed their individual induction programme and had attended refresher training.

A wide range of training was provided for staff and recent recorded examples included person centred care planning, falls prevention and dignity in care.

We reviewed three Individual staff files and these included individual annual appraisals and records of ongoing supervision every two months. This supervision included task based supervision assessment and listed any actions taken to promote learning as needed. This meant that people can be assured that the care given to them is being assessed in line with best practice.

Staff with whom we spoke said that there were well supported by senior staff and that they had good training opportunities provided. Care staff were able to detail the actions they would take in an emergency and how to contact managers should further support be needed.

Our judgement

People receiving care and accommodation in this home benefit from a qualified and trained staff group.

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 receive any comments from people using the service in relation to this outcome.

Other evidence

The home employs two supernumerary managers to supervise and monitor the care provided in both the nursing and non-nursing units respectively.

Records were seen of weekly unit based audits having been carried out for example relating to care plans medicines and incidents. Other audits were in place and these included infection control and pressure care and ulcer management. Records were seen of the out of hour's unannounced monitoring visits undertaken by the registered manager as part of the home's internal quality monitoring systems.

Staff were able to outline how they supervised and monitored the care being given to people who live in this home. We examined ten care records and these included daily evaluations of care and identified the actions taken when concerns about for example physical health needs or poor nutritional status were identified by staff.

Care staff from different units in the home are identified to act as champions of care in specific areas including dignity in care and pressure area care. Some records were seen of meetings of these groups and these showed ongoing discussions around improvement in care areas.

The staff files reviewed during our visit included evidence of task based supervision assessment and annual appraisals with learning or other needs identified as necessary. The home's customer satisfaction survey dated June 2011 showed that 88% of responses were either "good" or "excellent" and this matched previous results achieved

by the home.

Our judgement

Quality checking systems to assess and monitor the quality of care provided are in place to ensure that the care needs of people using this service are being met.

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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