

# Review of compliance

Parkcare Homes (No 2) Limited Fernhill Lodge	
<b>Region:</b>	South East
<b>Location address:</b>	5 Fernhill Road New Milton Hampshire BH25 5JZ
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	May 2012
<b>Overview of the service:</b>	Fernhill Lodge is a care home without nursing accommodating up to 13 people who are mostly older people with learning disabilities or autistic spectrum disorder who may also have mental health problems. It is registered to provide the regulated activity accommodation for persons who require nursing or personal care

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

## Our current overall judgement

**Fernhill 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 to check whether Fernhill Lodge had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services  
Outcome 13 - Staffing

### How we carried out this review

We reviewed all the information we hold about this provider, checked the provider's records, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

People told they received the support they needed. There had been an increase in the numbers of staff on duty and this meant that they could go out more. They could choose where to go and who they wished to accompany them. At the home they were receiving support with personal care and the things they like doing.

### What we found about the standards we reviewed and how well Fernhill Lodge was meeting them

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

The system to identify people's needs and wishes had been reviewed and redeveloped. Arrangements were in place for care plans to be reviewed and updated, taking risks into account. On the basis of the evidence provided and the views of the people living in the service, we found the service to be compliant with this outcome.

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

Improvements had been made to the staffing levels and sufficient members of staff were

provided to meet the needs of people living in the home. Work was in progress to recruit more staff to improve the continuity of care. On the basis of the evidence provided and the views of the people living in the service we found the service to be compliant with this outcome.

## **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 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 told us they received support to do the things they wanted to do in and out of the home. There had been a general increase in the number of staff working at the home and this meant they went out more often. They spoke about going to the market, having car rides, going to the new forest, visiting other places of interest, eating out and going to the pub. They told us they had more choices about their lives and gave examples of action taken by staff to support them, for example, with health needs, provision of equipment and buying personal items. People said the staff were helpful and gave them the support they needed.

While talking separately with two people we also looked at their care plans. Both people confirmed they were aware of their personal files and had received the support documented in the care plans.

Some people were less able to verbally communicate their views. However, we observed caring and supportive communication and approaches from staff throughout our visit. We also found that people had been going out on various trips into the local areas during our visit, and people spoke positively about their experiences.

##### Other evidence

Following our previous review of the service we reported that we were concerned that people's needs were not met, and sent a warning notice to the provider and manager.

During this visit staff told us they were able to provide the support needed by people living in the home. They gave examples of activities they had supported people with in

recent weeks. They said they had time to listen and act on individual requests. Staff also told us they thought people living in the home were becoming more vocal and willing to voice their views.

We looked at five care plans and talked about two of them with individuals, staff and the manager. We found they had been re-organised to make the information more accessible and easier to follow and they had also been updated. New risk assessments had been included and action plans developed to guide staff to minimise risks to people. There was evidence that people had been involved with some care plans signed, but staff told us this varied according to people's understanding. We also found evidence of monthly reviews of care plans involving people in discussions, and records of an increased number of activities that people were involved in.

The manager told us that the new assessment and care planning system was to be developed further but the current system provided key information to staff to inform how they worked with people. Staff confirmed that the information was accessible and discussed with people living in the home.

We found the home had a system for documenting tasks allocated to staff for each shift, taking account of individual needs. This enabled the manager to monitor the delivery of the service. We also looked at records of monitoring and the manager explained the system in place to ensure that support is provided by staff.

### **Our judgement**

The system to identify people's needs and wishes had been reviewed and redeveloped. Arrangements were in place for care plans to be reviewed and updated, taking risks into account. On the basis of the evidence provided and the views of the people living in the service, we found the service to be compliant with this outcome.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

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

People told us there were enough staff to support them to do the things they liked doing. They were able to be supported individually or in groups depending on their wishes and needs.

##### Other evidence

When we previously visited the home we had concerns about the staffing levels and sent a warning notice to the provider and to the manager.

On this occasion the manager told us staffing levels had been increased to provide four staff on duty from 8am until 8pm each day. This was reflected in the duty roster. One or two relief and agency staff were used on each shift and they worked alongside established staff. The manager told us that new members of staff were being recruited and that fewer agency staff were needed. This meant that people were being increasingly supported by more members of staff who had been able to get to know them better and provide more effective care.

Three members of staff told us that changes in the staffing levels were beneficial to the people living there. They told us they could go out with people more often and they spent more time with people individually in a more relaxed way. Activities could be planned and followed through taking needs into account. People could also decide to do things such as short shopping trips or walks, spontaneously and be supported to do so. All members of staff working confirmed there were four staff per shift during the day and continuous one to one support was being provided for one person. We observed



this during the visit. One member of staff told us that at times there were more than four staff per shift. They also told us that staffing levels were flexible to ensure that day trips were supported such as a recent visit to a safari park.

From a review of the duty roster and conversations with the staff, we found that changes had also been made to the staffing levels at the beginning and end of the day. Two members of staff were on shift from 7am until 8am and from 8pm until 9.30 pm. This meant that the one to one care could be continued for one person and other people were also supported as needed. Staff told us that they could meet people's needs with the revised staffing levels.

Staff told us that an induction programme was provided to new staff. They also told us of recent support and guidance they had received about how to meet the needs of people with autism and epilepsy. This has helped to ensure that staff have the right knowledge and skills to support people.

The impact of improved staffing levels was found in people's individual records which demonstrated that people had received more support and were involved in more activities. We have elaborated upon this in section 4 above.

### **Our judgement**

Improvements had been made to the staffing levels and sufficient members of staff were provided to meet the needs of people living in the home. Work was in progress to recruit more staff to improve the continuity of care. On the basis of the evidence provided and the views of the people living in the service we found the service to be compliant with this outcome.

# What is a review of compliance?

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

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

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

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

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

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

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

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

## Information for the reader

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