

# Review of compliance

Parkcare Homes (No 2) Limited Georgina House	
<b>Region:</b>	East
<b>Location address:</b>	20 Malzeard Road Luton Bedfordshire LU3 1BD
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	April 2012
<b>Overview of the service:</b>	Georgina House is registered with the Care Quality Commission as a care home without nursing .The service provides accommodation for up to three adults with Learning Disabilities.

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

## Our current overall judgement

**Georgina House was meeting all the essential standards of quality and safety inspected.**

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 Georgina House had taken action in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 09 - Management of medicines
- Outcome 13 - Staffing
- Outcome 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 4 April 2012, observed how people were being cared for, talked to staff and talked to people who use services.

### What people told us

We spent time with all three people who lived at Georgina House when we visited on 04 April 2012. They all had very limited verbal communication, however when we spoke with them, they were able to demonstrate through facial expressions and gestures that they were happy living there and that they felt safe. People looked clean and well cared for, and where they needed support or assistance with personal care this was done in private to protect their dignity.

We observed that the staff interacted with them in a caring and respectful way. They used verbal communication supported by sign language to offer people choices. Where people were able, they had signed their care plans to indicate that they understood and agreed with them. People had Health Action Plans in place which indicated that appointments with other health professionals such as opticians, dentists and chiropractors were made for them at regular intervals or when required.

### What we found about the standards we reviewed and how well Georgina House 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**

The Provider was compliant in this regulation.

People's privacy, dignity and independence were respected, and their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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

The provider was compliant in this regulation.

People experienced care, treatment and support that met their needs and protected their rights.

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

The provider was compliant in this regulation.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider responded appropriately to any allegation of abuse.

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

The provider was compliant in this regulation.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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

The provider was compliant in this regulation.

There were enough qualified, skilled and experienced staff to meet people's needs.

**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 was compliant in this regulation.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

## **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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

When we visited Georgina House on 04 April 2012, we used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not all able to tell us their experiences.

We observed that staff interacted with people in a caring and respectful way, and consistently used sign language and visual aids to offer them choices. We also observed two people responding very positively to a member of staff who spoke with them in their first language, which was more familiar to them than English.

During our visit we noted that people were actively involved in choosing and preparing their meals, and all three people who lived in the home made the decision to visit the local town centre.

People looked clean and well cared for, and where they needed support or assistance with personal care this was carried out in private to protect their dignity.

##### Other evidence

Our inspection of 05 October 2011 found that there was a lack of training for staff in communicating with people who had very limited verbal communication skills. This meant that people did not always receive information consistently in a way that they understood.

The provider wrote to us in October 2011 and told us that they would source training on Makaton sign language, and also introduce informal training sessions in the home by the manager.

We spoke with all three staff that were on duty when we visited on 04 April 2012. One had attended formal training in November 2011, and the other two were able to communicate using basic makaton, which they had learnt through sessions provided in the home.

We observed that staff used sign language to effectively communicate with people in this home. People understood this method of communication and responded positively.

The manager told us that regular meetings were held so that people could share their views about how the home was run and how it could be improved. This included identifying specific activities that people would like to be involved in, or different meals that people would like to have on the menus.

We noted that there was information relating to the home displayed on notice boards in the communal areas. This was produced in picture format so that people could understand it. This included information about people's rights and how to make a complaint, how to access Advocacy Services and contact information for the local authority safeguarding team.

### **Our judgement**

The Provider was compliant in this regulation.

People's privacy, dignity and independence were respected, and their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

When we visited Georgina House on 04 April 2012 we found that people's needs were assessed, and care and treatment was planned and delivered in line with their individual care plan. Due to the varying levels of communication that people in Georgina House had, it was difficult to discuss their care with them in any depth. Therefore we used a number of different methods, including observations, to help us understand the experiences of people using the service.

One person that we spoke with demonstrated an awareness of the care and support they needed, and told us they were happy with the staff and the way that they helped them.

We observed that where people were able, they had signed their care plans to indicate that they agreed with them.

People had Health Action Plans in place which showed that appointments with other health professionals such as opticians, dentists and chiropodists were made for them at regular intervals or more frequently if required.

##### Other evidence

Our inspection of 05 October 2011 found that the care plans were not all up to date and the staff on duty were not all familiar with their content. This meant that people had been put at unnecessary risk due to inappropriate care delivery. The provider wrote to us in October 2011 and told us that the importance of accurate care plans would be discussed with all staff, through meetings and supervision. They told us that they would

be compliant with this outcome by the end of November 2011.

When we visited the home on 04 April 2012, we looked at the care plans for all three people who lived there. We found that they had all been reviewed monthly and amended to reflect people's needs as they changed. Each person had care and support plans and linked risk assessments in place. These had been clearly written in a personalised way and referred to the individual's personal choices and preferences, and their personal goals. They provided staff with guidance to promote continuity of care, and demonstrated that there were arrangements in place to deal with foreseeable emergencies.

**Our judgement**

The provider was compliant in this regulation.

People experienced care, treatment and support that met their needs and protected their rights.

## 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

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People indicated to us through gestures and facial expressions that they felt safe in this home. We also observed that people looked comfortable and at ease in the company of staff.

##### Other evidence

Our inspection of 05 October 2011 found that there were inconsistencies in the level of knowledge that staff had with regards to raising safeguarding alerts directly with the appropriate authorities. The provider wrote to us and told us that all staff would receive additional training about safeguarding processes and protocols by the end of October 2011.

When we revisited Georgina House on 04 April 2012, we spoke with three of the six staff who worked there. They all knew where the safeguarding policy was located, and said that they had completed safeguarding training in the last three months. We confirmed this by looking at staff training records which recorded the date staff had attended this training.

The staff we spoke with were able to demonstrate a clear understanding of what issues should be reported as safeguarding alerts, and how they would recognise them. They told us they would report concerns in the first instant via the management of the home. They were familiar with the whistle blowing policy, and knew that they could also raise

any safeguarding concerns directly with social services or the CQC if they needed to. We were also aware from information held by the CQC that the home had reported safeguarding alerts to the appropriate organisations in a timely way.

**Our judgement**

The provider was compliant in this regulation.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider responded appropriately to any allegation of abuse.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

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

We spoke with people using the services but their feedback did not relate to this standard.

##### Other evidence

When we visited Georgina House on 04 April 2012, we found that medicines were prescribed and given to people appropriately. Two of the three people who lived at this home were prescribed regular medication. We saw from health action plans that medication was reviewed regularly by the doctor.

We looked at the Medication Administration Record (MAR) sheets for both of these people, and checked them against the stock in the home. We found that medication was safely stored, and the MAR sheets were appropriately completed with staff signatures, or omission codes if for any reason it had not been given. We carried out a stock check against the MAR sheets, and found that these all corresponded accurately.

##### Our judgement

The provider was compliant in this regulation.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

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

People that we spoke with indicated to us that they liked the staff that cared for them. We observed that staff interacted confidently with people, and encouraged them to be independent. They were friendly and professional in their approach to people.

##### Other evidence

Our inspection of 05 October 2011 found that there were not always sufficient staff on duty to meet the needs of everyone in the home safely. The provider wrote and told us that all daily activities would be fully risk assessed to ensure there was sufficient staff on duty to deliver care safely. They told us that they were in the process of recruiting new staff in order to provide an additional thirty hours care each week.

During this review, we found that there were enough qualified, skilled and experienced staff to meet people's needs. We spoke with two members of staff who had been appointed since our last review. They were enthusiastic and knowledgeable about the people that they cared for, and were able to discuss in depth the care each person required. They were familiar with the care related risk assessments, and knew how to manage peoples care safely.

The staff spoke to us about the training that was available to them, and some staff told us they were studying for NVQ qualifications. Training for staff at this service was provided either through e- learning on the computer, which was monitored by the manager monthly, or by face to face training which was provided either, "In house" or by external trainers such as the Local Authority. This provided the staff with mandatory subjects that had to be attended routinely, and other more specialist subjects such as

epilepsy, autism and positive behaviour support.

**Our judgement**

The provider was compliant in this regulation.

There were enough qualified, skilled and experienced staff to meet people's needs.

## 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 spoke with people using the services but their feedback did not relate to this standard.

##### Other evidence

Our inspection of 05 October 2011, found that the some of the providers quality monitoring systems were insufficient, and had failed to identify certain areas of non compliance. This was specifically related to care documentation. The provider wrote and told us that a new quality monitoring tool had been introduced in October 2011. This included a compliance monitoring tool and compliance assessments that were completed monthly by the provider's compliance team and unannounced senior manager visits to the locations.

When we visited the service on 04 April 2011, we saw copies of audit reports that had been completed since our last review. These audits involved a review of care documentation, and identified where further improvements were needed. The care documentation that we looked at corroborated that the identified issues had been addressed.

The manager confirmed that weekly and monthly audits were carried out in relation to all aspects of health and safety in the home. Some of the audits were carried out by the area manager, and others were done by the home manager or other designated staff who worked in the home. These included, fire safety checks, water temperature checks, Portable Appliance Testing, medication and care records. We reviewed some of the

audit records that were available and they confirmed these were being carried out regularly, and where anomalies were identified these were addressed immediately.

The manager told us that satisfaction questionnaires for 2012 were due to be sent out to people who use the service, their representatives and staff. This was work in progress at the time of our visit.

**Our judgement**

The provider was compliant in this regulation.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

# 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA