

Review of compliance

Southern Cross BC OPCO Limited Prince's Court	
Region:	North East
Location address:	Hedley Road North Shields Tyne and Wear NE29 6XP
Type of service:	Care home service with nursing
Date of Publication:	September 2011
Overview of the service:	Princes Court Nursing Home is a three storey, purpose built facility situated in the Royal Quays area of North Shields. The home has a car park to the front and a ramped access to the main entrance. There is a pleasant garden and grassed sitting areas, which are accessible to people who use the services. The home is registered to provide care to fifty five persons requiring personal or nursing care.

	<p>There is also a twenty bedded unit providing Continuing Care, which is care, funded by the NHS.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Prince's Court 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 and carried out a visit on 16 August 2011.

What people told us

The people who we spoke with said staff always respected their privacy and dignity. They felt the staff were caring and helpful. They said they enjoyed the food served to them and they were always given a choice. The people living in the home and their visitors said the manager was very approachable and they felt confident any concerns or complaints would be taken seriously.

What we found about the standards we reviewed and how well Prince's Court 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 people who lived in the home were involved in decisions regarding their care as far as possible and their privacy and dignity was respected.

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

The people living in the home were well cared for and new activities were being introduced for them to enjoy. However the information in the care plans regarding social history needed to be expanded to ensure they received care and support to meet their individual needs and preferences.

Outcome 05: Food and drink should meet people's individual dietary needs

The nutritional needs of the people living in the home were being met and people were given a choice of food. However people may not be aware of other alternatives available as these were not advertised.

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

We found there were appropriate systems in place to help protect people from abuse but some staff needed to have their training updated.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

The home was comfortable, clean and pleasantly decorated. However some areas required attention to meet the needs of the people who lived there.

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

There were sufficient staff employed in the home to meet the needs of the people who lived there. However some staff training was out of date which could mean that staff were not fully informed.

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

Systems were in place to monitor the quality of service and ensure standards were maintained to provide people with the care and support they require.

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. Any regulatory decision that CQC takes 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

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

The people we spoke with said the staff always respected their privacy and dignity. They said they always knocked on their bedroom doors before entering. One person said they could lock their bedroom door if they wished but preferred to leave it open.

One person said they had visited the home with their daughter before deciding to move in.

Other evidence

We visited the home and looked at the service user guide which clearly stated that staff would help people maintain their independence and individuality, they would have freedom of choice and their privacy and dignity would be respected.

We looked at the care plans for six people who lived in the home. There was evidence to show that assessments had been carried out before they were admitted to the home. Where possible a senior member of staff visited people at home or in hospital to complete these assessments to help ensure that people's needs could be met by the home. There was evidence to show that other interested parties had been involved, for example relatives, care managers and health care professionals.

We saw staff knocking on doors before entering and respecting people's dignity when attending to their care needs. The staff were also seen offering people choice, for example what to eat, where to spend their time.

There were two members of staff who had been appointed as dignity champions and were responsible for cascading information to help support people's dignity.

Our judgement

The people who lived in the home were involved in decisions regarding their care as far as possible and their privacy and dignity was respected.

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

Our findings

What people who use the service experienced and told us

The people we spoke to said they were well cared for and the staff were caring and helpful.

Comments included:-

"The staff are great, every single one of them".

"We see a lot of the new manager, she asks if we are okay".

"If there was anything wrong I would definitely complain".

"I have never had to complain about any of the staff".

"I enjoy the entertainers who visit".

"I love the cat, it comes to my room".

One person said they would like to out to the shops more regularly. They felt staff encouraged them to stay in when it was raining but they said they did not mind going out in the rain.

Two visitors said they had no problems with their relative's care but would speak to the manager if they had concerns.

Other evidence

We viewed the care plans for six people living in the home. These contained information about how each person's care should be provided. Five of the care plans had been evaluated on a monthly basis to ensure changes in people's needs were met.

One had not been evaluated in July which meant this person's needs may not have been met if they had changed.

The care plans looked at did not have much information about people's social history and the type of activities they enjoyed. For example one person's care plan said they enjoyed family visits and liked to talk to others. The manager told us that the Family Liaison Facilitator has been given the task of updating the social care records.

A new activities organiser had been appointed but was on holiday during our visit. However we saw records of the activities provided which included gardening, arts and crafts, bingo, reminiscence and quizzes. The home did not have a mini bus but the manager has arranged for a mini bus from a local company to take some people on a trip to the beach on 25 August 2011. She said this is something she intends to do more often in the future. She was also keen to arrange social events in the home to encourage contact with the local community. Various entertainers visited the home every month.

There were good relationships between the staff and the people who lived on the dementia unit. However the environment did not provide enough stimulation to meet their needs.

The people living in the home looked well groomed and appropriately dressed.

Our judgement

The people living in the home were well cared for and new activities were being introduced for them to enjoy. However the information in the care plans regarding social history needed to be expanded to ensure they received care and support to meet their individual needs and preferences.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

The people we spoke with said they enjoyed the food and were always given a choice.

One person living in the home and a visitor said the menus had recently been changed and they felt they were much better. Another person said the breakfasts were nicer as they were able to have bacon sandwiches instead of cereal and toast.

Comments included:-

"Thanks to the kitchen for solving Dad's eating habits".

"The menus were discussed in the meeting and they are much better".

"The sandwiches are more tasty".

"I enjoy everything they give me, you get more than enough".

Other evidence

Weight charts were available and up to date. The majority of people were maintaining a stable weight and if they were not the manager said they had been referred to an appropriate health care professional.

The weekly menus were displayed in the entrance of the home and the daily menus were displayed in the dining rooms.

We observed lunch being served in two dining rooms. There was a choice of main course and dessert. The staff told us that people are asked to make their choice before the meal was served but there was always enough food available if people changed

their minds. The staff were aware of the individual likes and dislikes and the food was plated up to suit each person's appetite. The staff were assisting people in a discreet and caring manner.

When the tea time meal was served we observed the staff asking if people wanted sandwiches or a hot meal.

Although alternatives to the main choices were available these were not displayed so some people may not be aware of these.

Our judgement

The nutritional needs of the people living in the home were being met and people were given a choice of food. However people may not be aware of other alternatives available as these were not advertised.

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

Our findings

What people who use the service experienced and told us

The people who were spoken with said they felt safe living in the home and they would feel confident to make a complaint if necessary.

Other evidence

There were policies and procedures in place to help safeguard people from abuse. The staff on duty told us that they had received training with regard to safeguarding vulnerable people and were aware of the procedure to follow if they observed bad practice. They were aware of the different forms of abuse and said they felt confident to report any issues or concerns to the manager. However the records showed that some staff were due to have their safeguarding vulnerable adults training updated. The manager confirmed that this training had been booked.

Our judgement

We found there were appropriate systems in place to help protect people from abuse but some staff needed to have their training updated.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

There are minor concerns with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

The people who were spoken with said the home was always clean and comfortable.

A visitor had written in the comments book that they felt the grassed areas were not very well maintained.

Other evidence

The home employed a full time maintenance person who was responsible for maintaining the premises and the grassed areas around the home. A gardener was employed to maintain the garden in the centre of the home.

The manager said that the grassed areas around the home had not been cut because the lawn mower had been sent for repair and had not been returned.

We looked around the premises and at a sample of bedrooms. All areas were clean, comfortable and hygienic. The reception area was attractive and various seating areas were available.

However the carpets in the corridors were stained and shabby.

The paintwork on the outside of the building was flaking and looked shabby.

There was a pleasant garden which was accessible through the dementia wing. There was a mini crazy golf, statues of animals, a fountain and the unit had a rabbit and a cat. Some people living in the home enjoyed looking after these.

Although the dementia area was pleasantly decorated work needed to be done to make the environment interesting and suitable to meet the needs of the people who lived there. The new manager said she was aware of this and would be addressing this in the near future.

Our judgement

The home was comfortable, clean and pleasantly decorated. However some areas required attention to meet the needs of the people who lived there.

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 moderate concerns with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

The people we spoke with said they felt the staff were caring and helpful.

Comments included:-

"They are great, every single one of them".

"They are always there to help".

"I like all of them".

Other evidence

On the day of the inspection the manager, deputy manager, four qualified nurses, one senior care worker and eleven care workers were on duty. In addition there were four domestic assistants, one laundry assistant, three kitchen staff, two administrative staff and one maintenance person on duty. A full time activities organiser and part time gardener were also employed in the home.

The manager told us that there was a vacancy for a unit manager for the dementia unit and interviews were taking place to recruit the following day.

We looked at the recruitment files for two care workers employed in the home. They confirmed that criminal record bureau checks and two written references were received prior to workers being employed. They were also asked to provide documentation to confirm their identity, such as driving licence, passport, birth certificate. The files were well organised and in line with the organisation's policy.

The staff on duty told us they felt they had received appropriate training to carry out their roles. However the training records showed that some staff needed to have their training updated. This included food hygiene, fire safety, infection control, deprivation of liberty and the Mental Capacity Act. The manager confirmed that the staff had been booked to attend courses over the next few months.

Our judgement

There were sufficient staff employed in the home to meet the needs of the people who lived there. However some staff training was out of date which could mean that staff were not fully informed.

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

Two visitors said both felt confident that if they made a complaint it would be taken seriously.

One person who lived in the home and a visitor said they had attended meetings where activities and menus were discussed.

One person said the new manager was always available to talk to and was very approachable.

Other evidence

Since the manager started working in the home she had held regular meetings with the staff to discuss any issues, concerns or ideas. She had also arranged two meetings with residents and relatives. It had been decided that these will be held quarterly in future. Minutes of these meetings were available in the home.

We saw copies of internal audits which had been carried out on medications, care plans and infection control.

There was evidence that quality inspectors from the organisation visited the home on a monthly basis to monitor the standards. They produced a report of their findings and an action plan when improvements were necessary. The home manager told us that she cascaded the action plan to the relevant departments within the home. The manager then checked whether the actions had been taken. We saw copies of the quality

inspector's report carried out in June, July and August 2011.

A comments book was available in reception for people to record any comments, concerns or suggestions. Numerous thank you cards had been received and were displayed around the home.

The staff told us that the new manager was supportive, they could approach her with any problems or new ideas and they felt they would be listened to.

Our judgement

Systems were in place to monitor the quality of service and ensure standards were maintained to provide people with the care and support they require.

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 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	Why we have concerns: Alternatives to the daily menus should be displayed so people are aware of the choices available.	
Diagnostic and screening procedures	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	Why we have concerns: Alternatives to the daily menus should be displayed so people are aware of the choices available.	
Treatment of disease, disorder or injury	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	Why we have concerns: Alternatives to the daily menus should be displayed so people are aware of the choices available.	

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 within 14 days of this report being received.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: The care plans should include details of social history and be updated monthly to ensure people's needs are fully met.	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: The care plans should include details of social history and be updated monthly to ensure people's needs are fully met.	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: The care plans should include details of social history and be updated monthly to ensure people's needs are fully met.	
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
	How the regulation is not being met: Staff should receive up to date training on safeguarding vulnerable adults.	
Diagnostic and screening procedures	Regulation 11 HSCA 2008	Outcome 07: Safeguarding people

	(Regulated Activities) Regulations 2010	who use services from abuse
	How the regulation is not being met: Staff should receive up to date training on safeguarding vulnerable adults.	
Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	How the regulation is not being met: Staff should receive up to date training on safeguarding vulnerable adults.	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	How the regulation is not being met: Work should be carried out to improve the environment to meet the needs of the people who live in the home.	
Diagnostic and screening procedures	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	How the regulation is not being met: Work should be carried out to improve the environment to meet the needs of the people who live in the home.	
Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	How the regulation is not being met: Work should be carried out to improve the environment to meet the needs of the people who live in the home.	

Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	How the regulation is not being met: Staff should receive up to date training to include food hygiene, fire safety, infection control, deprivation of liberty and the Mental Capacity Act so ensure people's needs are met.	
Diagnostic and screening procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	How the regulation is not being met: Staff should receive up to date training to include food hygiene, fire safety, infection control, deprivation of liberty and the Mental Capacity Act so ensure people's needs are met.	
Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	How the regulation is not being met: Staff should receive up to date training to include food hygiene, fire safety, infection control, deprivation of liberty and the Mental Capacity Act so ensure people's needs are met.	

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 this report being received.

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

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