

# Review of compliance

## Southern Cross Care Homes No 2 Ltd Kingsthorpe View

<b>Region:</b>	East Midlands
<b>Location address:</b>	Kildare Road Off the Wells Road St Ann's Nottingham NG3 3AF
<b>Type of service:</b>	Care home with nursing
<b>Publication date:</b>	July 2011
<b>Overview of the service:</b>	<p>Kingsthorpe View provides nursing and personal care for up to 45 adults under the following regulated activities:-</p> <ul style="list-style-type: none"> <li>Accommodation for persons who require nursing or personal care</li> <li>Treatment of disease, disorder, or injury</li> <li>Diagnostic and screening procedures</li> </ul> <p>The service caters for older people.</p>

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

## What we found overall

**We found that Kingsthorpe View was meeting all the essential standards of quality and safety we reviewed.**

The summary below describes why we carried out the review, what we found and any action required.

### Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Care and welfare of people who use services
- Staffing
- 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 24 June 2011, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services.

### What people told us

When we visited people told us they liked living at Kingsthorpe View. One said, "I think it's very nice here. I get up at any time I want and I go to bed when I want." We observed that relationships between staff and the people who use the service were good, and the home had a warm, friendly atmosphere.

We looked round the home and saw photographs and artwork displayed showing activities and events that had taken place. In one of the lounges people were playing skittles with staff and the activities organiser. As it was a warm day some people

were sitting outside in the sunshine. There were trays of soft drinks available in every lounge.

We visited the dining rooms at lunchtime. We saw that people had a choice of dishes for their main course and dessert and staff were going round asking them what they would like. One person told us, "The food is lovely." A visitor said, "I can't fault the food. I visit often and it always looks good."

The people who use the service and relatives we talked to told us the home was well-staffed. One person said, "There always seems to be plenty of staff around." And a relative commented "As far as I'm aware there's enough staff to look after everyone properly."

Everyone we talked to praised the staff who worked at the home. One person told us, "I like all the staff here, I've never had a problem with any of them." And a relative said, "The staff here are lovely. They nursed my relative with such love. They never left him alone when he was ill, they sat with him all the time."

People told us they had a say in how the home was run. One person said they wanted a larger bed in their room and this had been provided for them. A relative told us, "The staff are approachable. They are always willing to listen if I've got something to say about my relative's care and they listen to my suggestions." Another relative said, "There's a form you can fill in if you've got something you want to say about the home."

## **What we found about the standards we reviewed and how well Kingsthorpe View was meeting them**

### **Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

The people who use the service receive the care they need and this is documented in their care plans which are regularly reviewed.

- Overall, we found that Kingsthorpe View was meeting this essential standard.

### **Outcome 7: People should be protected from abuse and staff should respect their human rights**

Trained staff and good policies and procedures help to ensure the people who use the service are safeguarded.

- Overall, we found that Kingsthorpe View was meeting this essential standard.

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

People's care and nursing needs are met by sufficient numbers of trained and experienced staff.

- Overall, we found that Kingsthorpe View was meeting this essential standard.

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

There are opportunities for people to make their views known about the service and their satisfaction with it.

- Overall, we found that Kingsthorpe View was meeting this essential standard.

**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 4: 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 4: Care and welfare of people who use services

### Our findings

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

When we visited people told us they liked living at Kingsthorpe View. One said, “I think it’s very nice here. I get up at any time I want and I go to bed when I want.” We observed that relationships between staff and the people who use the service were good, and the home had a warm, friendly atmosphere.

We looked round the home and saw photographs and artwork displayed showing activities and events that had taken place. In one of the lounges people were playing skittles with staff and the activities organiser. As it was a warm day some people were sitting outside in the sunshine. There were trays of soft drinks available in every lounge.

We visited the dining rooms at lunchtime. We saw that people had a choice of dishes for their main course and dessert and staff were going round asking them what they would like. One person told us, “The food is lovely.” A visitor said, “I can’t fault the food. I visit often and it always looks good.”

**Other evidence**

We looked in detail at the care provided to three people who use the service – one receiving residential care and two receiving nursing care. All had detailed care plans which included risk assessments. Fluid and nutrition plans were in place and weight charts kept where necessary. Records showed that people were involved in their care plans, where possible, and that both they and their families/representatives had input when care plans were reviewed.

We spent time in both the residential and nursing sections of the home. We observed staff providing care and saw this was done discreetly and respectfully. We saw staff assisting people to move about the home, using hoists and other equipment, and saw this was done safely with instructions in care plans being followed.

There have been two medication errors at the home this year. We discussed this with the acting manager and checked the home's medication supplies and storage facilities. We also looked at staff training records. We saw that appropriate action had been taken to help prevent future errors and that the provider is carrying out monthly audits to help ensure that medication is now being administered safely.

**Our judgement**

The people who use the service receive the care they need and this is documented in their care plans which are regularly reviewed.

# Outcome 7: 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 7: Safeguarding people who use services from abuse

### Our findings

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

We talked to staff about safeguarding (protecting vulnerable people from abuse) and they knew what to do if they were concerned about a person’s welfare. All were aware of the procedures to be followed and who to go to if a safeguarding incident occurred.

We witnessed one incident of challenging behaviour and saw that staff dealt with this calmly and respectfully using distraction techniques. Restraint was not used and staff told us this was only employed as a last resort and when indicated in a person’s care plan.

The local authority safeguarding team were in the home on the day we visited. They liaise with staff about safeguarding and work closely with them to protect the people who use the service. They were following up a recent safeguarding referral and told us the home had acted promptly and effectively in response to an incident in the home.

## **Other evidence**

The acting manager and her staff told us that any suspicion of abuse was reported to the local authority safeguarding team, CQC, social workers, police (where relevant), relatives, and other representatives. The home's training matrix showed that staff safeguarding training is ongoing, as is training in the Deprivation of Liberty Safeguards/Mental Capacity Act. Good safeguarding policies and procedures are in place for staff to follow.

The provider told us that if it was felt necessary to deprive someone of their liberty (for their own or others safety) a referral to the Deprivation of Liberty Team would be undertaken in line with the Mental Capacity Act. The provider said restraint would only be used as a last resort when all other options had been tried.

The providers have an anonymous helpline that staff can call if they have any concerns about how people are being treated and this is displayed in the reception area of the home. General information on safeguarding is also displayed there to make the people who use the service and their relatives/representatives aware of how to protect vulnerable people from abuse.

Monthly body mapping is undertaken with all the people who use the service unless consent is not given. Body mapping takes place at times such as when bathing. Individual evaluations are carried out on a monthly basis or when admitted to the home, and any marks recorded and, where necessary, investigated and reported to the local authority safeguarding team. This helps to ensure that any unexplained bruising is followed-up.

When we visited we saw the complaints procedure was displayed in home but needed updating. We told the acting manager about this and by the time the visit was completed this had been done. This meant that the people who use the service and their representatives had the information they needed to raise any concerns they might have with staff in the home or the local authority.

We looked at how staff help the people who use the service to manage their money. We saw that different arrangements were in place for people depending on their capacity. Some look after their own money, others have relatives/representatives look after it, or the home looks after it for them. Records showed that when the home looks after a person's money receipts are kept, and staff double sign to witness all transactions.

## **Our judgement**

Trained staff and good policies and procedures help to ensure the people who use the service are safeguarded.

# 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**

The people who use the service and relatives we talked to told us the home was well-staffed. One person said, "There always seems to be plenty of staff around." And a relative commented "As far as I'm aware there's enough staff to look after everyone properly."

Everyone we talked to praised the staff who worked at the home. One person told us, "I like all the staff here, I've never had a problem with any of them." And a relative said, "The staff here are lovely. They nursed my relative with such love. They never left him alone when he was ill, they sat with him all the time."

**Other evidence**

We discussed staffing levels with the acting manager and looked at staffing records. We saw that during the day there were always two nurses on duty and at least six carers. At night there was one nurse and at least two carers. The home also employs two activity co-ordinators and a range of ancillary staff.

The provider told us that Kingsthorpe View has a low level of staff turnover and that many staff have worked in the home for a number of years. This helps to ensure that people have continuity of care given by staff who know them well and are quick to notice any changes in their needs.

All staff who work at Kingsthorpe Lodge undergo 12 weeks skills for care induction course, and regular mandatory in-house training in addition to training provided by external bodies. A staff member told us, "I've had a lot of training since I started work here. I've done my NVQ (National Vocational Qualification) Level 2 and other training including a course to help you work with people with dementia. It has helped me in my job here."

The provider told us that staff supervisions have been sporadic due to changes at management level in the home. However a new permanent manager has been appointed and as a result supervisions will be formalised and held more regularly.

### **Our judgement**

People's care and nursing needs are met by sufficient numbers of trained and experienced staff.

# 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 told us they had a say in how the home was run. One person said they wanted a larger bed in their room and this had been provided for them. A relative told us, "The staff are approachable. They are always willing to listen if I've got something to say about my relative's care and they listen to my suggestions." Another relative said, "There's a form you can fill in if you've got something you want to say about the home."

**Other evidence**

The providers send out quality survey questionnaires annually to the people who use the service, their relatives/representatives, and professionals. The provider told us that when feedback is received an action plan is drawn up, if appropriate, to address any issues. In the home a 'Questions, Suggestions and Comments' board was on display. People can use this to have their say about Kingsthorpe View using the forms provided. This helps to ensure that the people who use the service and

other stakeholders can make comments about how the home is run.

The provider told us they have a Service Quality team which includes a Service Quality Inspector who visits each of their homes and completes an audit on outcomes of care service provision. The provider said this is in place to look at the quality of the care being delivered and to help ensure the home is continually improving it's service.

Some areas of the home are in need of refurbishment and improvement. Bathroom 4 is currently out of use as the bath is cracked in places. The carpet in the upstairs lounge, although cleaned regularly, has an odour to it. We discussed the premises with the acting manager who told us she has obtained quotations for a new bath and carpet and these have been submitted to the provider for consideration.

### **Our judgement**

There are opportunities for people to make their views known about the service and their satisfaction with it.

# 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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