

Review of compliance

Southern Cross Healthcare (Focus) Limited Haythorne Place	
Region:	Yorkshire & Humberside
Location address:	77 Shiregreen Lane Shirefield Sheffield South Yorkshire S5 6AB
Type of service:	Care home service with nursing
Date of Publication:	July 2011
Overview of the service:	<p>Haythorne Place is a purpose built care home situated in the Shiregreen area to the north east of Sheffield.</p> <p>The home consists of six separate two-storey houses, personal and nursing care is provided within Haythorne Place.</p> <p>All peoples' rooms are single and ensuite. There is also a small shop on site for people and their visitors to use.</p>

	<p>The home is situated on bus routes and is near to local shops and other amenities.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Haythorne Place was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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 Haythorne Place had made improvements in relation to:

Outcome 01 - Respecting and involving people who use services
Outcome 04 - Care and welfare of people who use services
Outcome 05 - Meeting nutritional needs
Outcome 07 - Safeguarding people who use services from abuse
Outcome 08 - Cleanliness and infection control
Outcome 10 - Safety and suitability of premises
Outcome 13 - Staffing
Outcome 16 - Assessing and monitoring the quality of service provision
Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 28 June 2011, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

People that were able told us that overall they were happy living at the home and satisfied with the level of service provided.

Individual comments included

"I'm happy here, I'm fine"

"The staff are very nice".

Relatives interviewed said that they were pleased with the care provided.

Individual comments included

"The staff are lovely; my husband is well cared for here".

Health and social care professionals told us that they were satisfied with the level of care

and support staff provided to people and that the levels of care and the general environment of Haythorne Place have improved over the last 6 months.

Since our last inspection in January 2011, the services management and staff have worked towards meeting Compliance and Improvement actions that we issued at that time. Our concerns related to the poor environment and some care issues that meant the service was not meeting people's health and welfare needs. The service has provided us with an improvement plan and worked towards meeting the essential standards and achieving/maintaining compliance.

Staff have received privacy and dignity training and further infection control training. This training and other measures put in place by the service has had a positive affect on people's outcomes.

Overall, people's care and welfare was protected by the care planning systems and risk assessments in place.

Overall, we found that people were happy living at Haythorne Place and were supported by adequate numbers of suitably skilled and committed staff.

What we found about the standards we reviewed and how well Haythorne Place 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 evidence available at the time of assessment suggests there is no area of non-compliance with this outcome.

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

The evidence available at the time of assessment suggests there is no area of non-compliance with this outcome.

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

The evidence available at the time of assessment suggests there is no area of non-compliance with this outcome.

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

The evidence available at the time of assessment suggests there is no area of non-compliance with this outcome.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The evidence available at the time of assessment suggests there is no area of non-compliance with this outcome.

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

In the main the home provides a comfortable and pleasant place for people to live. However some areas of the home are not adequately maintained and need further refurbishment and redecoration.

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

The evidence available at the time of assessment suggests there is no area of non-compliance with this outcome.

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 evidence available at the time of assessment suggests there is no area of non-compliance with this outcome.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The evidence available at the time of assessment suggests there is no area of non-compliance with this outcome.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 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

During our visit to Haythorne Place we found that some people who used the service had complex needs and were not able to verbally communicate their views and experiences to us. These individuals were reliant on staff to meet their physical, emotional and social needs. Due to this we observed staff interactions with people to help us understand how people's needs were supported.

We observed that all staff treated people with respect, protected their dignity and had professional, positive relationships with people.

We observed staff to speak to people appropriately and with positive regard. They offered people choices and supported people in a manner which protected their dignity, privacy and rights.

People's Individual comments included

"I'm happy here, I'm fine"

"The staff are very nice"

Some people and /or their representatives said they were aware of care plans and that they were involved in discussions and reviews about their care. This meant that people can have a say in how they received care or support.

Other evidence

At the review and site visit we carried out in January 2011 we found that some people at Haythorne Place were not involved in the planning and evaluation of their care, treatment and support and that practices by some staff meant that some people's privacy and dignity was not always upheld.

Following our visit the provider submitted an Improvement plan detailing what measures they intended to take to meet outcome 1 and become compliant by June 2011.

We checked one care plan in detail during the site visit. We found the care plan was detailed in relation to people's preferences and choices. There was also evidence to show that people had been involved in the decision making about their care and support.

We spoke to staff who were aware of the role of the Dignity champion and staff said they had received additional training with regard to promoting peoples privacy and dignity.

We have spoken with stakeholders who have told us that they have carried out two reviews of Haythorne Place in the last six months. We have received no concerns from stakeholders surrounding this outcome.

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

The evidence available at the time of assessment suggests there is no area of non-compliance with this outcome.

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 that were able told us that overall they were happy living at the home and satisfied with the care and support they were receiving.

Relatives interviewed said that they were pleased with the care provided.

During our visit we saw that people were provided with support when they needed it.

We saw that people were clean and wearing clean clothing and had received a good standard of personal care and support. We saw there was clear and respectful communication between staff and people who used the service and staff treated people in a kind manner.

Other evidence

At the review and site visit we carried out in January 2011 we found that some people at Haythorne Place people did not always experience effective, safe and appropriate care, treatment and support that met their needs and protected their rights. This particularly related to the poor care management of a person's hydration needs and their pressure sore treatment.

Following our visit the provider submitted an Improvement plan detailing what measures they intended to take to meet outcome 1 and become compliant by May 2011.

The measures taken by the service to improve people's care included additional staff training, supervision and developing the specialist nurse link role within Haythorne Place.

Hydration tables were to be housed around the complex.

We saw the tables during our visit and training materials for staff reminding them about the importance of maintaining people's hydration. Staff we spoke to were very clear

about their role and were seen offering people drinks on a regular basis.

The care plan checked contained good information about the person's biography, personality and their medical and nursing needs. The care plan focused on the individual person. Risk assessments were included within the documentation and included moving and handling, skin integrity, nutrition and other risk factors. The care plan identified that a range of health care professionals visited the home to assist in maintaining the person's health care needs.

There was evidence in the care plan that staff had closely monitored the person's baseline observations and weight.

We have spoken with stakeholders who have told us that they have carried out two reviews of Haythorne Place in the last six months. We have received no concerns from stakeholders surrounding this outcome.

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

The evidence available at the time of assessment suggests there is no area of non-compliance with this outcome.

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

People were positive about the quality and choice of food available.

We observed that lunch was now being served between 13:00-13.15. The manager and staff told us that tea was also served one hour later at 17:00. Staff and people we spoke to agreed that these later times for meals was better as the gaps between meals is now more spaced out over the day.

Other evidence

At the review and site visit we carried out in January 2011 we recommended that mealtimes should be reviewed to ensure they are reasonably spaced and at appropriate times so that people's rights and choices are met.

Following our visit the provider submitted an Improvement plan detailing what measures they intended to take by June 2011.

It is positive to see that people have been consulted and staff have embraced the changes in mealtimes which ultimately benefits people's choice and nutritional needs.

We have spoken with stakeholders who have told us that they have carried out two reviews of Haythorne Place in the last six months. We have received no concerns from stakeholders surrounding this outcome.

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

The evidence available at the time of assessment suggests there is no area of non-compliance with this outcome.

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 said they know who to complain to if they were unhappy.

People that were able told us that overall they were happy living at the home and satisfied with the level of service provided.

Other evidence

At the review and site visit we carried out in January 2011 we recommended that consideration should be given as to whether the storage of monies in one, non interest paying, bank account is in the best interest of some people. We also recommended that advice should be sought from people's advocates over their financial interests.

Following our visit the provider submitted an Improvement plan detailing what measures they intended to take by June 2011.

We saw evidence of letters that had been sent out to all advocates advising them of the person's current financial situation and advising them of several options open to them regarding people's financial matters.

Our judgement

The evidence available at the time of assessment suggests there is no area of non-compliance with this outcome.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

We found the general housekeeping and cleanliness of the home to be much improved and generally very good.

Other evidence

At the review and site visit we carried out in January 2011 we raised major concerns that people at Haythorne Place were not protected because standards of cleanliness and hygiene were not maintained.

Following our visit the provider submitted an Improvement plan detailing what measures they intended to take to meet outcome 8 and become compliant by April 2011.

On this visit we found that the physical environment used for the provision of care has improved markedly since we visited Haythorne Place in January 2011.

The inadequacies we found in January 2011 were checked at this visit and had been met.

Measures and systems have been introduced by the providers and manager to prevent a reoccurrence of the poor state we found the environment in at our January 2011 visit.

The updating of the heating and hot water system, refurbishment of bathrooms and installing new windows and doors throughout the complex has now been completed.

Health and safety and infection control training has been provided for staff. A designated person has been appointed for each house to lead on infection control, undertake audits and provide support to other staff. We spoke to one such designated person who was very enthusiastic about their role and felt well supported by the manager of Haythorne Place to carry out this role effectively.

We have spoken with stakeholders who have told us that they have carried out two reviews of Haythorne Place in the last six months. We have received no concerns from

stakeholders surrounding this outcome.

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

The evidence available at the time of assessment suggests there is no area of non-compliance with this outcome.

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

Whilst touring the complex we observed that the houses were clean and felt homely. People's rooms had been nicely decorated and personalised to their tastes. People said they were comfortable in the home and the home was always kept clean.

Other evidence

At the review and site visit we carried out in January 2011 we found that people who use services were not protected because areas of the premises were not safe and adequately maintained.

Following our visit the provider submitted an Improvement plan detailing what measures they intended to take to meet outcome 10 and become compliant by August 2011. Significant progress has been made to meet this compliance action. Because of the cooperation and resources put forward by the provider to achieve this outcome we have moved the action required to an Improvement action.

It was confirmed by the manager on this visit that major refurbishment work commenced at Haythorne Place earlier this year.

The updating of the heating and hot water system, refurbishment of bathrooms and installing new windows and doors throughout the complex had now been completed.

The manager also provided us with an internal redecoration/refurbishment plan that would be completed within the next six months.

Some areas of the complex, particularly the corridors and communal rooms on House 1 are still in need of redecoration and recarpeting.

We observed that fire doors were closed and rooms that provided a risk to people were

locked when we visited.

We have spoken with stakeholders who have told us that they have carried out two reviews of Haythorne Place in the last six months. We have received no concerns from stakeholders surrounding this outcome.

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

In the main the home provides a comfortable and pleasant place for people to live. However some areas of the home are not adequately maintained and need further refurbishment and redecoration.

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

One person said "Oh yes the staff come if I want them".

A relative said "staff are around all the time".

During our visit we saw that staff were available to attend to people's needs when needed.

Other evidence

At the review and site visit we carried out in January 2011 we recommended that due to previous concerns and people's continually changing needs the monitoring of staffing levels and skill mix should be reviewed on a frequent basis.

Following our visit the provider submitted an Improvement plan detailing what measures they intended to take by March 2011.

We saw evidence that people's dependency levels are being assessed monthly and staffing is being analysed and monitored alongside these dependency levels.

Staff we spoke to said they were "o.k." with current staffing levels.

We have spoken with stakeholders who have told us that they have carried out two reviews of Haythorne Place in the last six months. We have received no concerns from stakeholders surrounding this outcome.

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

The evidence available at the time of assessment suggests there is no area of non-compliance with this outcome.

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 direct comments from people about this outcome area.

Other evidence

At the review and site visit we carried out in January 2011 we found that people who use the service were not fully protected because identified health and safety problems had not been acted upon to improve the quality of the service provided.

Following our visit the provider submitted an Improvement plan detailing what measures they intended to take to meet outcome 16 and become compliant by May 2011.

There was evidence that the registered home and the provider's area managers visit all the houses at Haythorne Place on a very regular basis and reports, which identified actions to be taken to improve the service, are written. There was also evidence of internal auditing of the homes environment, services and records.

We found, and this is commented on throughout this review, that effective action is now being taken by the provider and/or staff to address and failings highlighted following internal audits.

We have spoken with stakeholders who have told us that they have carried out two reviews of Haythorne Place in the last six months. We have received no concerns from stakeholders surrounding this outcome.

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

The evidence available at the time of assessment suggests there is no area of non-compliance with this outcome.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We did not receive any direct comments from people about this outcome.

Other evidence

At the review and site visit we carried out in January 2011 we found some people's records were not held securely to ensure confidentiality.

Following our visit the provider submitted an Improvement plan detailing what measures they intended to take to meet outcome 21 and become compliant by April 2011.

During our visit we saw some people's records were securely stored either in a locked room or in a locked cupboard/filing cabinet within the room. This secure storage of records will help uphold people's confidentiality.

We have spoken with stakeholders who have told us that they have carried out two reviews of Haythorne Place in the last six months. We have received no concerns from stakeholders surrounding this outcome.

We have not received any other information to suggest that this service is not compliant with this outcome.

Our judgement

The evidence available at the time of assessment suggests there is no area of non-compliance with this outcome.

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 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p>Why we have concerns:</p> <p>In the main the home provides a comfortable and pleasant place for people to live. However some areas of the home are not adequately maintained and need further refurbishment and redecoration.</p>	

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 28 days of this report being received.

CQC should be informed in writing when these improvement 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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