

Review of compliance

Trident Reach The People Charity

Manor Park

Region:	West Midlands
Location address:	24 Manor Park Grove Northfield Birmingham B31 5ER
Type of service:	Accommodation for persons who require nursing or personal care
Date the review was completed:	28 June 2011
Overview of the service:	Care home for personal care without nursing to accommodate a maximum of five people, who may have learning difficulties.

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

What we found overall

We found that Manor Park was not meeting one or more essential standards. Improvements are needed.

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 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, carried out a visit on 17 May 2011, observed how people were being cared for, talked to people who use services, talked to staff, checked the provider's records, and looked at records of people who use services.

What people told us

We did not ask for or receive any direct quotes from people using the service. However, we did receive the following information:

During our visit we spoke to a person in her bedroom. She told us that staff provided good standards of care. She explained that if staff were worried about her health they would ask a professional to get involved. She said that she had been unwell lately and people were trying to find out why and that she had recently had some tests. Throughout our discussions with her she did not express any concerns about the way that staff had responded to or were handling her health issues.

What we found about the standards we reviewed and how well Manor Park was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People are involved in making decisions and choices about the support they wish to receive. Care workers treated people with dignity and respect.

- Overall, we found that Manor Park was meeting this essential standard.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Arrangements were in place for obtaining peoples' consent before assisting them with their health and personal care needs.

- Overall, we found that Manor Park was meeting this essential standard.

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

People experience effective, safe and appropriate care, treatment and support that meets' their health and personal care needs.

- Overall, we found that Manor Park was meeting this essential standard.

Outcome 5: Food and drink should meet people's individual dietary needs

Peoples' nutritional and dietary needs were being met. Meals were varied and peoples' preferences were being acted upon.

- Overall, we found that Manor Park was meeting this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services

Staff communicate with health professionals to ensure that assessment, treatment and support for people is coordinated.

- Overall, we found that Manor Park was meeting this essential standard.

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

Procedures were in place to protect people from risks of harm and staff knew how to respond if abuse is suspected.

- Overall, we found that Manor Park was meeting this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

There were effective arrangements in place to ensure that people lived in a clean environment and for the prevention of infections.

- Overall, we found that Manor Park was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

The home ensures that people receive their prescribed medications to promote their health and well-being.

- Overall, we found that Manor Park was meeting this essential standard.

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

People live in a safe, comfortable and well maintained home that had been adapted to suit the needs of the current occupancy.

- Overall, we found that Manor Park was meeting this essential standard.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

Equipment provided meets the assessed needs of the people and was fit for purpose.

- Overall, we found that Manor Park was meeting this essential standard.

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

Recruitment procedures were robust and ensured staff were suitable for their role.

- Overall, we found that Manor Park 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

The management of staffing levels does not ensure that the care and support provided is safe and meets the needs of people using the service. There are occasions when there have been inadequate numbers of staff to support people's preferred lifestyles.

- Overall, we found that improvements are needed for this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The systems in place demonstrated that the home manages the risks to the welfare and safety of people and identifies ongoing improvements for the benefit of the people living there.

- Overall, we found that Manor Park 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

The systems in place demonstrate that the home was making ongoing improvements for the benefit of people living in the home.

- Overall, we found that Manor Park was meeting this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly

Systems are in place to deal with complaints.

- Overall, we found that Manor Park was meeting this essential standard.

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

The home had up to date records and peoples care files were stored securely.

- Overall, we found that Manor Park was meeting this essential standard.

Action 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.

Other information

There are no outstanding improvement, compliance or enforcement actions in respect of this location. This is the first review of the location since transfer of it to another provider and under the Health and Social Care Act 2008.

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 1: 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 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
Throughout our visit we saw that people were spoken to with respect. Staff did not display any impatience when a person asked the same question repeatedly. Care workers involved people in assisting them to carry out some tasks. Two care workers and two people using the service went out to do some food shopping.

Whilst carrying out tasks in communal areas such as preparing lunch staff were observed talking to people and encouraging peoples' interpersonal skills. During lunch we saw people taking their used crockery to the sink unit.

We observed a person becoming upset; staff used appropriate diversionary methods, which resolved the problem. We witnessed staff asking people about when and what type of personal care assistance they preferred and how it should be provided.

The home's telephone rang; person A asked staff if she could answer it. Once she had completed the task and reported what had been said to a member of staff, she displayed much pleasure in having successfully completed the task. Person A asked the registered manager if he would like a hot drink, once he confirmed, she made one for him and herself.

During our visit person A kept us company for part of the visit. She was observed looking at documents, tidying them and putting things away.

We did not request or receive any comments from people who were using the service in respect of this outcome area.

Other evidence

Prior to our visit we were supplied with some written information. Manor Park had one vacancy; staff were working with Birmingham City Council in exploring the compatibility of the current people using the service with perspective people. This ensured that efforts were being made to ensure that a new admission would fit in well with other people.

People who were considering moving into the home would be offered a number of visits, which would include evening, overnight and weekend stays. This would provide opportunity for them to engage with people who were already using the service, also with staff. These measures would assist the person in making a decision about moving into the home and for staff to determine if the person would integrate well with everyone using the service.

The information we received also advised that peoples' objectives were taken into account as part of the pre-admission process. These would be considered as part of the process for the home to determine that it could meet the persons' care needs and preferred lifestyle.

The registered manager showed us the rear garden layout and explained that it had been split into sections so that a person using the service and their key worker made decisions about the type of plants they wanted and carried out the maintenance work. One section had been converted into a vegetable plot, there were differing salads growing. The registered manager told us that people were very proud of their achievements in the garden.

Care files seen included peoples' wishes about their preferred lifestyles. They included details about activities, a number of which, included going out into the community.

Our judgement

People are involved in making decisions and choices about the support they wish to receive. Care workers treated people with dignity and respect.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us
During our visit we talked to a person who told us that she wanted to delay getting out of bed because she had been unwell lately. We observed that staff had assisted her to rise and transfer to the dining area shortly before lunch time. We asked her if she was happy to be up, she confirmed that staff had asked her before assisting with her personal hygiene and dressing.

We observed people being asked about their care needs and staff requesting permission to proceed. The registered manager told us that a person had been refusing to go to the day centre and that following a meeting to explore the reason for the refusals; the placement at the day centre had been terminated.

We did not request or receive any other comments from people who were using the service in respect of this outcome area.

Other evidence

We were advised that the pre-admission assessments and information gathered would be used as working documents and updated when required. Staff would hold one to one meetings with each person on a monthly basis. The meeting would be used to talk through the care package and person would be encouraged to request any changes to it. Where a person lacks capacity to make rational decisions, multi-agency professionals would be requested to participate in the decision making process.

People using the service had a range of communication methods to advise staff about how they want to receive support. Communication methods included picture cards, pictorial graphics and objects of reference. These serve to encourage people to influence the way they are supported with their health and personal care.

Care records sampled included examples of where consent had been sought before information had been shared. Care files included detailed information about individuals' preferred daily living routines, their objectives and preferred activities. One person's file indicated that she enjoyed doing housework and what staff should do to support her in achieving this objective.

Our judgement

Arrangements were in place for obtaining people's consent before assisting them with their health and personal care needs.

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
During our visit we spoke to a person in her bedroom. She told us that staff provided good standards of care. She explained that if staff were worried about her health they would ask a professional to get involved. She said that she had been unwell lately and people were trying to find out why and that she had recently had some tests. Throughout our discussions with her she did not express any concerns about the way that staff had responded to or were handling her health issues.

We did not request or receive any comments from other people who were using the service in respect of this outcome area.

Other evidence
Before we visited the home we asked the provider to send us written information about how compliance was being achieved for this outcome area. We were advised that anyone who may express an interest in moving into the home would undergo an assessment of needs carried out by a senior person in the organisation. The assessment would involve obtaining information from other professionals before a decision would be made. Relatives would also be consulted to gain a full picture of the person's health and personal care needs.

Following admission, care plans would be developed for each of the person's identified needs. These would be regularly scrutinised to ensure that they were tailored for the individual and where appropriate changes would be documented. Within the care files there was a dedicated section relating to health and well-being. This provided an overview of any health issues and how people are supported. They would also be linked to individual care plans where written staff instructions could be found to ensure that all healthcare needs would be met.

Each person had a hospital book that contained important information about their health. They also contained the contact details of professionals with whom the person had received an assessment, care and/or monitoring from. This provided staff with easy access when further assistance was needed to be requested from professionals.

During our visit we reviewed the care files of two people who were using the service, this represented 50% of people living in the home. The files had been indexed to ensure ease of access to appropriate sections. They were noted to be comprehensive.

Care file of person A advised that she had no physical health needs. There was significant emphasis on her psychological needs, for instance when she becomes upset, this was usually due to attention seeking. Person A also displayed changing behaviour. The documentation included comprehensive descriptions of the likely triggers and what she says prior to displaying such behaviour, a description of the behaviour and what actions staff should take to diffuse the situation. There was also good information about the type of self-harm that staff needed to be observant for. The file contained a chart for staff to complete when inappropriate behaviour was displayed. There were three recordings for the year 2010, which described the behaviour observed by staff and the action they had taken including the length of time to resolve the situation. There were no recordings for this year.

Care workers had identified that person A was overweight. A dietary programme had been put in place to help her to lose weight. We were advised that she had gradually lost 4.5 stones to ensure that she remained healthy. The records included staff guidance about what types of food to serve and the portion sizes. The file confirmed that person A had been regularly weighed to monitor her progress. We saw a skills assessment that had been completed by Birmingham Community Healthcare in respect of eating and drinking and recommendations made. There were also guidelines on prevention and management of choking.

The file contained a detailed description of person A's sleep pattern, smoking, and alcohol consumption. The file made reference to the skin condition due to her picking at it.

Risk assessments were in place concerning food, behaviour, self-harm, personal hygiene, medications, making hot drinks and her bank account.

The file of person B contained a great deal of information about her health care needs. She had suffered with epilepsy for many years, due to appropriate management with medication, seizures had reduced from major to minor and more recently were quite rare in occurrence. We found recordings about person B being prone to urinary infections and when they had occurred staff appeared to have taken timely and appropriate action in obtaining medical help. There was also a description of her recent problem and what professionals had done to try to identify the cause of the illness. The information recorded ensured that staff were kept up to date with her condition and the action taken. Person B required the assistance of two staff for all personal care needs.

Our judgement

People experience effective, safe and appropriate care, treatment and support that meets' their health and personal care needs.

Outcome 5: 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 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
We did not request or receive any comments from people who were using the service in respect of this outcome area.

Other evidence
The home had a written menu planner, which we reviewed. It indicated that people were offered a varied and healthy diet and suggested a range of meals that could be prepared. The registered manager told us that a dietician had advised that the main meal should be offered at lunch time each day followed later by a light meal. The menu planner indicated that the evening meal consisted of salad or sandwiches and a sweet. Supper consisted of a hot milky drink.

We observed a person helping herself to a piece of cake from the cupboard. She also asked if she could have a packet of crisps. We saw someone having a late breakfast of toast.

A care worker made a shepherds pie and vegetables for the lunchtime meal. The meal had been prepared from fresh ingredients. We observed the meal being served to people and noted that generous portions were plated and a large amount various vegetables. People gathered in the dining area and appeared to be

enjoying the meal.

We saw that nutritional assessments had been carried out and recordings had been made of peoples' likes, dislikes and preferences. People were being weighed regularly to ensure that the meals were adequate for them.

There was evidence that a general practitioner, dietician or a speech and language assessor had been consulted, as required, to ensure that the diet and type of foods provided were consistent with peoples' needs.

Our judgement

Peoples' nutritional and dietary needs were being met. Meals were varied and peoples' preferences were being acted upon.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us
We did not request or receive any comments from people who were using the service in respect of this outcome area.

Other evidence
Prior to the visit we received written information. This told us that the home worked with health professionals and that staff liaise with them, when necessary.

The two care files we reviewed during our visit confirmed that a range of health care professionals had been or were involved with individuals' needs. We saw an eating and drinking assessment, breast screening details, medication reviews, GP input, opticians' reports, chiropodist treatment, hearing tests and visits to dental practices.

One person living at the home had been admitted to hospital a few times. This indicated that staff had taken appropriate action in ensuring the person received timely treatment by health professionals.

There was evidence that people were supported in attending GP surgeries, hospital appointments and other professionals' premises to receive assessment and care to

maintain their health and well-being.

Our judgement

Staff communicate with health professionals to ensure that assessment, treatment and support for people is coordinated.

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 did not request or receive any comments from people who were using the service in respect of this outcome area.

Other evidence
Prior to the visit we were supplied with the following written information about this outcome. This told us that risk assessments were in place for each person using the service and risk elements were discussed with staff. All risk assessments were reviewed regularly and amended, as required. Any near misses of accidents would be investigated and action taken to minimise a recurrence.

The home also had in place contingency plans for various emergency situations, such as fire, they include staff guidance, to ensure that they would take appropriate action in protecting people using the service. Each care file seen contained fire evacuation instructions that were tailored to the individuals' capabilities and the degree of staff assistance they would need.

There was an on call system whereby staff can contact a senior member of staff at

any time to seek advice if they were unsure about what action to take.

During our visit the registered manager provided a copy of the report that he has to complete each week and forward to senior management. It did not include any areas of concern in respect of abuse. The home has a safe for secure storage of peoples' personal money. Each person had a wallet and accompanying documentation, the information was also transferred to a computer on a monthly basis. We were told that each person's money was checked three times a day and audited weekly to ensure the amounts held at the home tallied with the documentation held. We saw a money check being carried out during the visit.

Staff had received training in prevention of abuse and what action they should take if abuse was suspected. Care workers spoken with were well aware of their responsibilities in this area.

Since transition of the service to the Health and Social Care Act 2008 in October 2010, we have not received any safeguarding alerts about this service.

Our judgement

Procedures were in place to protect people from risks of harm and staff knew how to respond if abuse is suspected.

Outcome 8: 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 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
People who were living in the home did not give us any information about the hygiene standards.

Other evidence
We visited all communal areas, the bathroom and walk-in shower rooms, laundry room and three bedrooms. All areas seen were found to be very clean, tidy and sweet smelling.

We saw that there were hygienic hand washing facilities throughout the home and protective personal equipment was available for staff to use.

We observed lunch being served; staff adopted an appropriate method to prevent the risk of infection from occurring. The fridge and freezer temperatures were being recorded daily. A temperature probe was used for cooked dishes to ensure that the food was cooked through before being served to people.

The laundry room housed commercial washing and drying machines. There was a separate, secure space outside the home for the storage and removal of domestic and clinical waste.

Our judgement

There were effective arrangements in place to ensure that people lived in a clean environment and for the prevention of infections.

Outcome 9: 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 9: Management of medicines

Our findings

What people who use the service experienced and told us
We did not request or receive any comments from people who were using the service in respect of this outcome area.

Other evidence
The registered manager told us that the assistant service manager had a lead responsibility for medications. We were shown records to evidence that weekly audits were being carried out of medications to ensure the correct levels of them were in stock at that time. The audits included the standards of storage and hygiene of the cupboards.

One person was receiving a controlled drug. We checked the storage system, the number of tablets and documentation of the medication and all were found to be accurate.

We reviewed the MAR (medication administration records) charts and audited the medications of the two people whose care files we had reviewed. The number of medications and the recordings were found to be correct.

The registered manager showed us the staff training planner, it indicated that all staff had received training in the safe use and administration of medications.

Our judgement

The home ensures that people receive their prescribed medications to promote their health and well-being.

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

The provider is compliant with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
We did not receive any comments from people using the service about this outcome area.

Other evidence
Prior to the visit we received written information about the service. It stated that risk assessments were developed in respect of the building and fire.

Accommodation was provided on two floors. Four of the five of the bedrooms were located on the first floor; the fifth one was on the ground floor. Person A showed us how the shaft lift worked so that people with restricted mobility could access their rooms.

The comfortable lounge included enough seating for staff to sit with people. It contained a television and a large stock of DVD's. The pleasant conservatory looked onto the rear garden and we were told that people use the room when they want some quiet time. The kitchen/diner included all necessary equipment for food storage and preparation of meals. There were ample cupboards for storage of dried foods. Work surfaces were clean and uncluttered.

There were two bathrooms, one containing an assisted bath with a tracking (ceiling) hoist, the other, was a walk-in shower. There was a small utility room where the laundry equipment was housed.

All bedrooms offered single occupancy; two of them had double beds for safety reasons. Another bedroom had a riser bed installed to help the occupant in getting out of bed each morning without needing to ask for help. This ensures that the person's independence was being maintained. The three bedrooms seen were individualised to suit the persons' preferences and tastefully decorated and furnished. One bedroom included a large collection of photographs. The ground floor bedroom had been adapted to suit the person's personal care needs.

All fixtures and fittings were suitable for the intended purpose of the home and were well maintained.

Our judgement

People live in a safe, comfortable and well maintained home that had been adapted to suit the needs of the current occupancy.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

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

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us
People using the service did not give us any information about the equipment provided at the home.

Other evidence
We saw that equipment was available to assist staff in delivering personal care and transfers in a safe manner. This included assisted bathing facilities and moving and handling equipment. Assisted bathing facilities included an assisted bath and a walk-in shower. The home also had two mobile hoists, one of which; had an integral weighing machine so that all people could be weighed regardless of their physical capabilities.

One person had a hospital bed and another had a rise and fall bed. This indicated that equipment had been obtained to meet the needs of the current client.

A person had been supplied with a specially adapted chair so that she had appropriate support and comfort. The shaft lift was noted to be large enough to

accommodate a wheelchair and a care worker.

The ground floor bedroom included a hospital bed and tracking hoist to enable staff to get the person in and out of bed effectively and safely. The occupant also had a specially made wheelchair to suit her needs.

The specialist equipment had been regularly serviced to ensure that it was safe to use.

The training planner that was shown to us during the visit indicated staff had received training and had attended refresher courses in safe moving and handling.

Our judgement

Equipment provided meets the assessed needs of the people and was fit for purpose.

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

The provider is compliant with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
People who use the service did not give us any information about staff recruitment procedures.

Other evidence
We reviewed four staff files, two work experience students and two permanent care workers. The files of the work experience persons were noted to be comprehensive and included full inductions and training that permanent staff would be expected to undertake. The files of the two permanent staff contained all documentation and checks to provide employers with enough in they had applied for.

The registered manager told us that CRB (criminal records bureau) checks were repeated every three years to advise the organisation of the care workers' continued suitability to be employed.

Our judgement
Recruitment procedures were robust and ensured staff were suitable for their role.

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

There are moderate concerns with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
We did not receive any comments from people using the service, about staff.

Other evidence
Before we carried out the visit the provider sent us written details telling us how sufficient staffing levels were being maintained. It stated that staffing hours had been allocated following assessments by Birmingham City Council and the number of hours it had purchased. The provider did not provide information about how the organisation calculated required staffing levels to ensure that safe and coordinated care is provided and that people’s lifestyles were not being compromised.

The registered manager told us during our visit that Birmingham City Council funded 444 staff hours per week to care for the four people who were living at the home. He also advised that he worked two days per week as a care worker. He commented, “Staff have been here a long time, no problems, they are hard working and trustworthy”. He also advised that staffing shortages were covered either in-house or by bank staff, agency staff were not being used.

We interviewed two care workers and asked them about staffing levels. One told us

that one person required two staff for all personal care, the times when care was needed were unpredictable because the person had been vomiting lately. She reported, although it did not happen often, only one care worker was left in the home. She commented that the staffing restrictions had impacted on peoples' ability to access the community for activity purposes. She expressed concerns that people were not able to enjoy external recreations as much as they had done previously.

The second care worker we interviewed expressed similar concerns. She confirmed that one person required two staff for personal care and another person for behavioural reasons. The care worker also commented that people were not going into the community as they had done previously, she said, "Service users are not getting out as much as they used to".

We requested and were supplied with copies of the latest three weeks of staffing rota. It confirmed that the work experience persons' were being rostered as extra to, and not counted in as permanent members of staff during their two allocated days. It was observed that for most shifts three staff were on duty and on some occasions only two. Also, the registered manager appeared to be working more than two days per week as a care worker, this reduces his available time to carry out his role of manager. The rotas confirmed that there were limitations placed on peoples' ability to go out when they wanted to, that the organisation was working within the number of staff hours purchased by Birmingham City Council rather than peoples' needs and previously enjoyed lifestyles. During shifts when only two staff were on duty, there were no staff available at all, to accompany them out into the community. This means, peoples rights to access the community were being prevented on some occasions and restricted on others.

During those times when only one staff member was left in the home, this could pose a health and safety risk if there was a need to evacuate the home in an emergency situation such as fire.

The registered manager talked to us about his planned proposal, in that he suggested that one of the two waking night staff hours should be transferred to sleep-in hours. This would release funding to provide some of the necessary extra daytime staffing hours. The registered manager advised that the document was nearing completion and would then be submitted to senior management for a decision to be made.

At the time of this review we were not able to evidence compliance with this outcome area.

Our judgement

The management of staffing levels does not ensure that the care and support provided is safe and meets the needs of people using the service. There were occasions when there have been inadequate numbers of staff to support people's preferred lifestyles.

Outcome 14: Supporting 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 competent staff.

What we found

Our judgement

The provider is compliant with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
People who use the services did not provide any information about this outcome area.

Other evidence
Prior to the visit we asked for and received written information from the provider on how this outcome was being complied with. This told us that all newly appointed staff attend a corporate induction day that is run by senior staff. The topics covered include the business plan, performance, health and safety and safeguarding of people using the service. Following this the appointed staff are given a workbook to use to familiarise themselves with the working practices within their allocated service. This process is facilitated by regular meetings with the manager until completed. All staff have a probationary period of six months before their employment is made permanent.

We were also informed that monthly staff meetings take place to discuss operational matters and suggested changes that would benefit people using the service. Staff were given opportunities to put forward their suggestions about the service provided.

From discussions with staff and from reviewing training documentation we identified that staff had undertaken all mandatory and relevant training to provide them with the knowledge and skills to carry out their roles effectively. For example moving and handling, medications, food hygiene, safeguarding, health and safety, infection control, fire safety and first aid.

All staff working at the home had been employed for a significant number of years. They had all completed NVQ level two training and some had completed level three. The registered manager showed us details of the training that staff were currently undertaking in dementia care. This would ensure that they know how to care for people who have lived in a care home setting for a long time who may develop mental health problems.

Regular formal one to one supervisory meetings were being held with staff, recordings were being made of the meetings. This allows time for areas of staff knowledge and skills to be determined and for any training needs to be identified.

Our judgement

The systems in place demonstrated that the home manages the risks to the welfare and safety of people and identifies ongoing improvements for the benefit of the people living there.

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 ask or receive any comments from people who use the services about this outcome area.

Other evidence
During the visit we evidenced that monthly meetings were held between the person using the service, the key worker and co-worker. The purpose of the meeting was to talk through the contents of the care file and for any changes to be made. The person using the service would be encouraged to request changes or request different recreational activities. Staff would record the requests and then work to find a way of fulfilling them. This process ensures that the care files are kept up to date and that the person's wishes and expectations about their care and lifestyle are acted upon.

The registered manager told us about the weekly reports that are developed and forwarded to senior management. We were given a copy of the latest report. It was evident from it that the registered manager had carried out audits of peoples' care

files. For example, one action indicated that disclaimers signed by third parties, held in all care plans needed to be up dated. From an operational perspective the action plan advised that staff should be made more aware of safety alerts and where to access such information. This would ensure that in the absence of senior staff, appropriate action would be taken to ensure that the equipment being used was safe.

A further planned action suggested was the production of the complaints procedure in an understandable format for people using the service. A further suggested development was for staff awareness of the available advocacy services that are available to people who use the service.

Our judgement

The systems in place demonstrate that the home was making ongoing improvements for the benefit of people living in the home.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us
We did not ask or receive any comments from people who use the services about this outcome area.

Other evidence
Before we visited the home we received written information from the provider that demonstrated how compliance is achieved with this outcome area. It stated that all complaints received would be acknowledged within 48 hours and that efforts would be made to complete the investigation within 10 working days. Where necessary, people would be supported in making complaints by management, a family member or an advocacy.

It also stated that the complaints procedure was available in pictorial format at the entrance to the home. When we visited the service we did not see a pictorial complaints procedure.

During the visit we evidenced that only one complaint had been made in the last twelve months. We had received the complaint, we asked the provider to investigate using it's own internal procedure. It concerned the use of work

experience persons being used as permanent members of staff and that the necessary checks had not been carried out. The report we received stated that the complaint could not be upheld. The staffing rotas and personnel files seen by us during the visit also confirmed that the complaint was unfounded. The complainant wished to remain anonymous. The report we received from the provider advised that they had requested the complainant to identify themselves. This is contrary to the whistle blowing policy and the complainant's right to remain anonymous.

Our judgement

Systems are in place to deal with complaints.

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 ask or receive any comments from people who use the services about this outcome area.

Other evidence
The care files reviewed during the visit were found to be comprehensive and up to date. There was evidence of monthly reviews having been carried out to ensure that staff guidance was current.

Care files and documentation relating to peoples' personal finances were securely stored. During the visit it was evident that people had access to their care files whenever they wished to see them.

Policies and procedures were also available to all people using the service and all staff.

Our judgement

The home had up to date records and peoples care files were stored securely.

Action we have asked the provider to take

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	22	13 Staffing
	The management of staffing levels does not ensure that the care and support provided is safe and meets the needs of people using the service. There were occasions when there have been inadequate numbers of staff to support people's preferred lifestyles.	

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 Adult 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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