

# Review of compliance

Larc Properties Limited Tancred Hall Nursing Centre	
<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	Brotes Lane Whixley York North Yorkshire YO26 8BA
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	June 2012
<b>Overview of the service:</b>	Tancred Hall Nursing Centre is a care home providing care for up to 49 people who require nursing care. There are two units within the home, one of which specialises in accommodating people with a poor memory. These are called The Hall and The Cottage. The home is situated at Whixley surrounded by countryside. The registered provider is Larc Properties Limited.

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

## Our current overall judgement

**Tancred Hall Nursing Centre was not meeting one or more essential standards. Action is needed.**

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

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 7 June 2012, 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

Many of the people at Tancred Hall Nursing Centre were unable to tell us about their experiences, because they had complex needs which meant that we were not able to communicate with them about this. Instead we spent time observing mealtimes and how people were assisted with their meals and how care was being provided throughout the day. We also used a formal way to observe people in this review, to help us understand how people's needs were supported. We call this the 'Short Observational Framework for Inspection' (SOFI).

We spoke with one relative during our visit who spoke very highly about the home. They told us that they are able to visit the home at anytime and that their relative was 'so much better' since they came to live at the home. They also told us that it had been 'the best decision' they had made. They said "The care here is very good."

We did not have the opportunity to speak with any other relatives or any visiting health professionals. We did speak with staff at the home. Staff we spoke with told us that they were confident that the home was moving in the right direction under the new management team.

### What we found about the standards we reviewed and how well Tancred Hall Nursing Centre 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**

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

**Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The provider was meeting this standard.

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

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

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

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider was meeting this standard.

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

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. The provider was meeting this standard.

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

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider was meeting this 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 provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider was meeting this standard.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

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

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

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

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

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

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

### Our findings

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

We have not been able to speak with people using the service because they had complex needs, which meant they were unable to speak with us. Instead we used a formal way to observe people to help us understand how their needs were supported. We call this the 'Short Observational Framework for Inspection' (SOFI). We saw good interaction between people living at the home and staff. We saw staff taking time with people when they assisted them. However we did speak with one visiting relative who told us that their relative was 'so much better' since they came to live at the home they also told us that it had been 'the best decision' they had made. They also said "It just felt right" when they were first looking round the home for their relative.

#### Other evidence

We carried out observations in the lounge areas which gave us some information about the way staff interacted with people living at the home. Staff were good at asking people what they wanted to do, how they were feeling, whether they wanted assistance and where they wanted to be. Staff chatted with people in a kind, inclusive and friendly way. They spent time with those who needed assistance to ensure they were comfortable. Staff were good at showing they were listening, often getting down to speak with people at eye level which ensured that people had the opportunity to ask questions or make comments as they wished.

We saw staff frequently offering reassurance to people who were anxious and when addressing people staff spoke clearly and at a pace which was appropriate. The atmosphere during the observation was calm and staff were in attendance in the lounge areas continually to offer assistance as required.

We looked at four care plans in detail. Three out of the four care plans we looked at were in the new format recently introduced by the home. These were more detailed than the one care plan that was in the old format. For example they detailed people's routines, what assistance they required and how staff did this. The manager told us that they were in the process of updating everyone's care plan to the new format.

We discussed with the new manager about how she intended to seek people's views about the home when people were unable to verbalise their views about living at Tancred Hall. She informed us that she had arranged to meet with relatives on the 20th June 2012 to seek their views about the service. She also said that surveys had been sent out to all the relatives with their invite to the meeting.

**Our judgement**

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

## Outcome 02: 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 02: Consent to care and treatment

#### Our findings

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

We have not been able to speak with people using the service because they had complex needs, which meant they were unable to speak with us. We observed how staff were supporting people whilst allowing them to make their own choices in their daily lives. Staff were observed approaching people in a friendly manner and spoke with people in a way which showed they understood their care needs.

##### Other evidence

At the previous inspection we had concerns about the decisions being made for people who lacked capacity to understand or give consent to any treatment or care.

Care plans that we saw on our last visit held a mental capacity assessment, but these were brief and lacked information as to what had been agreed, and the reasons for the action and which professionals were involved in that decision making. The organisation had provided an action plan and told us that improvements would be made. When we visited the home on this occasion we found that these improvements had been made.

For those people who lacked capacity to make decisions about their care, systems to protect them have now been put in place by the home. This ensures people's best interests were always met.

We looked at four people's care plans to see how they were involved and how their consent to their care was being obtained. Care plans that we saw held a mental capacity assessment. These had been reviewed and updated with relevant information in how decisions had been reached and who was involved in the decision making process.

**Our judgement**

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The provider was meeting this standard.

## 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

We have not been able to speak with people using the service because they had complex needs, which meant they were unable to speak with us. Instead we observed how people were being cared for. We saw staff assisting people to their rooms to provide personal care which maintains people's dignity. We saw staff talking to people in a respectful and caring manner. We did have the opportunity to speak with one visiting relative who told us "The care here is very good."

##### Other evidence

We previously had concerns about people being put at risk because identified issues of care and welfare were not being acted upon or regularly reviewed by the home. The organisation had provided an action plan and told us that improvements would be made. When we visited the home on this occasion we found that these improvements had been made.

Some people, living at the home, had complex needs and were not able to verbally communicate their views and experiences to us. Due to this we used a formal way to observe people in this review, to help us understand how their needs were supported. We call this the 'Short Observational Framework for Inspection' (SOFI). Throughout the observation we saw staff treated people with kindness and courtesy. We observed staff being warm and accepting of people. Staff approached people in a sensitive and calm manner and in a way which showed they knew the person well and how best to assist them. Staff were responsive to subtle changes in people's demeanour or mood, which

showed a good understanding of each persons needs. Staff clearly had an in depth knowledge of the people they were caring for.

Throughout the visit, people were helped to move around the home as they wished, with as little or as much assistance as they required. We saw many examples of good practice, for example when people were being moved by hoist or wheelchair, and when people were becoming upset. There were arrangements in place to deal with foreseeable emergencies.

During our visit we looked at four peoples care records. These confirmed people were referred to the general practitioner and other health care professionals such as the mental health team when the need arose. The care records included monthly reviews of people's needs, risk assessments and care plans. The risk assessments covered areas such as nutrition and mobility. The manager told us that all care plans are to be updated. When we talked to staff they were fully aware of people's health and support needs. Daily progress notes were completed. This information contributes to monitoring people's care regularly.

Staff told us that there had been an improvement in care delivery following the appointment of the new manager who had focused on care practice and training. They told us that they were confident that improvements would now continue.

### **Our judgement**

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

## 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

We have not been able to speak with people using the service because they had complex needs, which meant they were unable to speak with us. We observed people as they interacted with staff in The Hall during our visit. We saw that people were being spoken with by staff in a supportive manner. We spoke with a visiting relative who told us that if they had any concerns they would speak with the new manager.

##### Other evidence

We previously had concerns about people being put at risk because steps were not taken to protect people from abuse. Relevant background checks for staff had not been carried out before they commenced working at the home.

The organisation had provided an action plan and told us that improvements would be made. When we visited the home on this occasion we found that these improvements had been made.

The home has worked closely with the Local Authority following previous concerns and there was evidence that the home is now appropriately identifying and referring safeguarding issues in line with the policy and procedures in place.

We saw a copy of the training matrix for staff working at the home. This showed what training staff had received and when training needed to be updated. We looked at staff training files and the records confirmed that staff had received training about how to

protect people and that this was ongoing. We were told by the new manager that both she and the deputy are qualified to train staff about this area of practice and would be carrying out further training with staff regarding safeguarding people. This will contribute to making sure that staff are suitably trained in protecting people from abuse.

We looked at three staff files, who had recently been recruited which showed that all relevant background checks had been undertaken before staff began working at the home.

**Our judgement**

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider was meeting this standard.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

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

We have not been able to speak with people using the service because they had complex needs, which meant they were unable to speak with us. During our visit we observed one nurse giving medication to people as prescribed. They appeared competent and capable of undertaking this safely.

##### Other evidence

We looked at this outcome because concerns were raised by a pharmacist employed to support social care services. The pharmacist carried out an audit of medication in April 2012. This audit report highlighted that medication procedures were not being followed by the home in some cases and that there was a lack of regular audits and best practice guidance was not always being followed.

During our visit we were informed that a full medication audit had taken place and monitoring systems had been put in place to ensure that medication procedures were being followed by staff. We were shown how the home now monitors medication whilst we looked at the home's medication system during our visit.

The home has a monitored dosage system in place. We saw that medication was securely stored. We looked at medication for people in The Hall and saw that their medication had been given to them during the morning. We looked at the medication administration record (MAR) which showed us that people had received their medication. There were no gaps or errors in the MAR sheets we looked at. The home's

management team have introduced and carried out regularly audits of the medication system to ensure that people received their medication appropriately.

**Our judgement**

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. The provider was meeting this standard.

## Outcome 14: Supporting staff

### 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 staff

#### Our findings

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

We have not been able to speak with people using the service because they had complex needs, which meant they were unable to speak with us. However we observed when staff approached people they did so in a kind and respectful manner, they ensured when talking to people they were at the same height. When personal care was carried out people were taken to their rooms and their bedroom doors were always closed.

##### Other evidence

We previously had concerns about staff training, supervision and staff meetings not being undertaken in a timely way. The organisation had provided an action plan and told us that improvements would be made. When we visited the home on this occasion we found that these improvements had been made.

We looked at the training records of three staff. Records confirmed that staff had received training in a number of core areas such as food hygiene, medication, fire, safeguarding, health and safety and moving and handling. Staff had also received training in areas such as dementia care, safeguarding adults and bereavement. We looked at care workers supervision records and saw that staff had been receiving individual support from their manager. Staff meetings had recommenced and the last one was held on the 2nd May 2012.

We spoke with staff about the support they receive from their manager. One member of staff said "Things have improved and since the new manager started we feel we are supported and that is because we all want to do a good job."

**Our judgement**

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider was meeting this standard.

## 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 have not been able to speak with people using the service because they had complex needs, which meant they were unable to speak with us. However we spoke with one relative who was visiting who told us that she was so grateful to find somewhere that 'felt right' for her relative.

##### Other evidence

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare. Information showed that the service had a range of quality assurance systems in place to help determine the quality of service the home offered. Audit checks were carried out on the services provided. Records showed that accidents/incidents and complaints were recorded and appropriate action had been taken.

Surveys had recently been sent out to relatives of people living at the home. We looked at some of those returned. Comments made by relatives included: 'the staff are good with the residents - they (residents) always look clean and tidy.'

##### Our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider was meeting this standard.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

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

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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