Review of compliance

Woodland Healthcare Limited Sunnymede	
Region:	South West
Location address:	4 Vandyck Avenue Keynsham Bristol BS31 2UH
Type of service:	Care home service with nursing
Date of Publication:	December 2011
Overview of the service:	Sunnymede nursing home provides nursing care for up to 41 people. People who currently use the service are aged 65 and over.

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

Our current overall judgement

Sunnymede was not meeting one or more essential standards. Improvements are needed.

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

Why we carried out this review

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

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 10 November 2011, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People looked relaxed and comfortable in the company of the staff. People were being supported by the staff team with their range of needs. The staff were polite and respectful when helping people with their care. We found that there were not consistently enough staff on duty to support people so that all of their needs were met. One person who uses the service told us, "you feel like you are in a queue, there are not enough staff these days".

The newly introduced care plan format was comprehensive in the areas of a person's life that it looked at. We saw that the care plan format included people's physical, psychological and spiritual needs, as areas staff should consider when planning what care they required.

People were cared for by staff who knew what to do to protect them from abuse. There was guidance information for staff to follow if an allegation of abuse was made.

The environment was mostly adequately maintained. There was a strong offensive odour in the main lounge. There was a window that was marked as dangerous in an occupied bedroom. The window was loose in the frame and could have been a risk to people. We contacted the providers during our inspection .They have taken action to make the window safe.

We saw a system that the providers were in process of using for monitoring and checking the overall care and services for people at the home. People would benefit if the quality monitoring process included an action plan, with realistic timescales to show how the

service will be improved and developed at Sunnymede.

What we found about the standards we reviewed and how well Sunnymede 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 are treated in a polite way and with respect by the staff who care for them. People are supported to make, and are offered choices in their dally lives.

Overall, we found that Sunnymede was meeting this essential standard .

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

Peoples health and welfare needs are being met by the staff who support them. The needs of some people who have dementia are not always consistently being met.

Overall, we found that Sunnymede was meeting this essential standard but, to maintain this, we suggested that some improvements are made.

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

People are helped to stay safe at Sunnymede. The staff are guided in their work by procedures to follow, as well as training on the subject of abuse.

Overall, we found that Sunnymede 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 home where most areas are kept safe. The homes maintenance programme does not always protect people from identifiable risks. Most parts of the home are clean and suitable for people to live in comfortably. The main lounge has a strong offensive odour which suggests that suitably clean enough.

Overall, we found that Sunnymede was meeting this essential standard but, to maintain this, we suggested that some improvements are made.

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

People have their health and welfare needs met by a sufficient number of staff. There are no arrangements in place to review staffing levels and to adjust according to changing need.

Overall, we found that Sunnymede was meeting this essential standard but, to maintain this, we suggested that some improvements are made.

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

People benefit because there is quality monitoring of the service being carried out. The quality monitoring process does not yet include what will be done to address areas that need improvement or timescales for completion of action required.

Overall, we found that Sunnymede was meeting this essential standard but, to maintain this, we suggested that some improvements are made

Actions we have asked the service to take

We have asked the provider to send us a report within 7 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. When we propose to take enforcement action, our decision 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
We saw staff on duty supported people with their needs with a respectful and warm approach. We observed staff responded promptly when people needed help. We saw people choose what time they got up during the morning. We heard staff call people by their preferred title. This practise by staff, conveyed they were being respectful. We saw staff knocked on bedroom doors before they went into them to maintain people's privacy. We saw staff gave people a hug, or a kiss on the cheek. We noticed that people seemed to have close relationships with the staff caring for them.

We heard staff talking to people and asking them what time suited them to be helped to get up. This showed people were offered choices in the dally lives. We saw people being offered another choice of meal when they did not like the lunchtime meal option.

People told us they were asked what sort of food they liked on a regular basis. This was a good way to give people choices in their daily lives.

People told us there was an open visiting policy and they could visit people who live at the home when they wanted to. We saw people receiving visitors at the home.
This benefited people as it helped them keep in contact with people who mattered to

them.

Other evidence
We did not use any other evidence for this outcome area.

Our judgement
People are treated in a polite way and with respect by the staff who care for them. People are supported to make, and are offered choices in their dally lives.

Overall, we found that Sunnymede was meeting this essential 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

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

Our findings

What people who use the service experienced and told us
We observed the staff on duty working hard to try and meet peoples needs. The staff told us they were busy. We saw staff were meeting peoples care needs. We saw the nurse on duty helping people to have the medicines they needed. The nurse was calm, and respectful in approach to each person she gave medicines too.

We had a discussion with staff about the needs of the people who use the service. Staff had a good understanding of what sort of care and support the people who they cared for needed. This helped show people were cared for by staff who understood their needs.

We saw photos of people who use the service when they were out on trips to pubs, coffee shops and places in the community. We were told there is a hairdresser who does peoples hair while at the home.

We looked at the numbers of staff on duty to meet people's needs. We have written in detail about this in Outcome 13 of our report. The staff told us there had been a reduction in the numbers of staff on duty each shift. We saw that there was at least one shift every week since September, when there had been two less staff on duty than planned. We asked staff what impact this had had on people's care. The staff said it had meant that they had to sometimes rush care duties. They said it had meant times when people could not be helped to have a bath. They also said there were times when they had been too busy to give the full psychological support and reassurance to people with dementia who needed it.

Other evidence
We read two care plans to find out how people were supported to meet their care needs. We found that there was information about the care and support people need in each care plan. The new providers were in the process of introducing a new care plan format for every person at the home. The care plans looked comprehensive in detail as they addressed people's range of physical psychological social and spiritual needs. We also read information in the care plans that demonstrated registered nurses had identified people's nursing care needs and written what actions nurses needed to take. We saw that care plans had been reviewed and updated regularly. This showed people's needs were being checked so staff knew how to continue to support them effectively.

We looked at records being kept of how much food and fluid people cared for in bed, had drunk and eaten. The records had been kept up to date and showed staff checked people were having their nutritional and hydration needs met.

Our judgement
Peoples health and welfare needs are being met by the staff who support them. The needs of some people who have dementia are not always consistently being met.

Overall, we found that Sunnymede was meeting this essential standard but, to maintain this, we suggested that some improvements are made.

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 saw staff talked with people in a polite manner. The people who we met told us that staff treated them properly. We were told that on occasions staff seemed a little rushed when helping them, but people said that staff were still polite to them.

Other evidence
We saw a copy of the procedure to help staff to know what to do to keep people safe from abuse. The safeguarding procedure was kept in the office for staff to read. The procedure was up to date; it included clear guidance for staff to know what to do if an allegation of abuse was made.

We saw training records that confirmed staff had training about understanding how to safeguard people from abuse.

We had spoken to staff on 25 July 2011, when we did our last planned review of the service. The staff had been able to tell us about their responsibilities to keep people safe from abuse. The staff had also shown a good understanding of what 'whistle blowing' meant. The staff had known this meant to report any legitimate concerns that they had about the service.

Our judgement
People are helped to stay safe at Sunnymede. The staff are guided in their work by procedures to follow, as well as training on the subject of abuse.

Overall, we found that Sunnymede was meeting this essential standard.

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
Sunnymede is situated among private houses in the town of Keynsham. The home is near to local shops and other community facilities including a pub and restaurant.This means people have nearby services and facilities they can use.

There is a lounge and a dining room. We saw people sitting in these rooms looking settled in their surroundings. We did small a strong odour in the lounge that conveyed that the room was not totally clean.

We looked at a number of bedrooms. The bedrooms we saw looked clean and mostly safely maintained. We saw a window that had been marked with a notice saying it was 'dangerous' in an occupied bedroom. We noticed that the window was loose in the frame, had a crack in it and it could have been a risk to people. We contacted the providers during our inspection. They have taken action to make the window safe. We saw that rooms had been decorated with light, pastel wallpaper. We saw people's possessions in their bedrooms this meant rooms looked homely and personalised.

We saw a number of mobility aids and moving and handling equipment were in place to support people with mobility and promote independence. We saw people had a hoist and/or stand aid in their rooms, so they could be helped with mobility.
There were bedrooms on each floor of the home. There was lift and stair access to each floor. We saw that the building was wheelchair accessible.
We saw that bathrooms had special baths which were designed to help people who had reduced mobility to be able to use.

Other evidence
We did not use any other evidence for this outcome area.

Our judgement
People live in a home where most areas are kept safe. The homes maintenance programme does not always protect people from identifiable risks. Most parts of the home are clean and suitable for people to live in comfortably. The main lounge has a strong offensive odour which suggests that suitably clean enough.

Overall, we found that Sunnymede was meeting this essential standard but, to maintain this, we suggested that some improvements are made.

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 checked the staff duty record for the last two months to find out the numbers of staff on duty to support people with their needs. When we carried out our inspection there were 29 people at the home. We saw that there was always one trained nurse on duty.There were a maximum of five care staff on duty on a morning shift and four care staff for an afternoon shift. At night there was one registered nurse and three care staff on duty. We saw that for at least one shift every week for the last two months, there had been a shortfall of two members of staff. We asked the staff what impact this had on how they cared for people. The staff said that many people who used the service had a range of complex needs. Staff said that this had a direct and negative impact, on their ability to met peoples full range of needs. We also saw that there was a shortfall in the hours allocated for domestic staff working at the home.

Other evidence
We did not use any other evidence for this outcome area.

Our judgement
People have their health and welfare needs met by a sufficient number of staff. There are no arrangements in place to review staffing levels and to adjust according to changing need.

Overall, we found that Sunnymede was meeting this essential standard but, to maintain this, we suggested that some improvements are made.

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

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
We saw a survey form that we were told will be used to seek the views of the people who, their relatives and significant others. We were told people will be asked about the care and support that they received. The manager will have to write an action plan to address matters that may be raised by people as part of the survey. The manager also has to report back to the clinical manager about the findings and what is going to be done to address any concerns. This process of surveying people who use the service had not yet commenced.

We looked at a system that was being used for monitoring quality in the home. We saw that a nurse consultant employed by the providers, had been carrying out an audit of the home and looked at care planning particularly. We also read information that showed that the senior clinical manager had started the process of checking and monitoring other aspects of the service. Shortfalls and areas that needed improvement had been identified. Although there was no clear action plan, or timescales setting out how and when the areas to be improved would be addressed.

We discussed with staff what system there was for recording and reviewing any adverse incidents that had impacted on people who used the service. We spoke to one of the trained nurses, who told us they had specific responsibility for the monitoring and reviewing of all adverse incidents and accidents in the home. They told us they worked with other staff to share learning that had arisen from reviewing adverse incidents and accidents.

Other evidence
We did not use any other evidence for this outcome area.

Our judgement
People benefit because there is quality monitoring of the service being carried out. The quality monitoring process does not yet include what will be done to address areas that need improvement or timescales for completion of action required.

Overall, we found that Sunnymede was meeting this essential standard but, to maintain this, we suggested that some improvements are made

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 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: The needs of some people who have Dementia are not always consistently being met.	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	Why we have concerns: The main lounge has a strong offensive odour in it that suggests it is not clean enough.	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	Why we have concerns: The quality monitoring process does not yet include what will be done to address areas that need improvement or timescales for completion of action required.	

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 to us within 7 days of the date that the final review of

compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: There are not consistently enough staff on duty to meet peoples needs. This has a negative impact on the outcomes for people who use the service.	

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 7 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

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

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

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

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

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

Information for the reader

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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA