Review of compliance

Charnat Care Partnership Agnes House	
Region:	West Midlands
Location address:	77-79 Newbury Lane Oldbury West Midlands B69 1HE
Type of service:	Care home service without nursing
Date of Publication:	December 2011
Overview of the service:	Care home service providing personal care to a maximum of 5 people who have a learning disability.

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

Our current overall judgement

Agnes House was meeting all the essential standards of quality and safety.

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

Why we carried out this review

We carried out this review to check whether Agnes House had made improvements in relation to:

Outcome 07 - Safeguarding people who use services from abuse
Outcome 10 - Safety and suitability of premises
Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 1 December 2011, looked at records of people who use services and reviewed information from stakeholders.

What people told us

In June 2011 we inspected this location and found that there was non compliance with two of essential outcome areas. We carried out this December 2011 inspection to see whether the provider had made improvements in respect of these outcome areas.

When we inspected this location in June 2011 we met and spoke with all of the people living there. We arrived at the location at a busy time in December 2011 so although we saw some of the people living at the location we did not get to speak with them. We saw that staff were engaged with people and did not want to disturb them.

The manager told us that people living at the location were all quite well and that there were no concerns at the present time.

As part of this inspection we spoke with one external agency who confirmed that they are not aware of any concerns regarding people living at this location.

We identified that the provider was now compliant with the two outcomes areas where there had been previous non compliance. We also found that improvements had been made to a third outcome area where we had previously considered that improvement was needed.

What we found about the standards we reviewed and how well Agnes House was meeting them

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

Processes and systems in place will give people greater assurance that they will be protected and any risk of harm is reduced.

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

Action has been taken which should give people greater assurance that the premises are safe and more pleasant to live in.

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

Improvements made to the monitoring of service provision will give people more assurance that their views are being taken into account and that they will benefit from the service provided.

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 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 did not speak to people living at the location regarding safeguarding.

The manager told us that people were settled at the present time.

Other evidence
We inspected this location on 14 June 2011. During our inspection we found that improvement was needed to make sure that people were being properly protected.

We found that there had been two aggressive incidents between people who live at the location that had not been reported as they should have been. We also found that not all people were being reviewed by their funding agencies. This process aims to give people better protection as it identifies any concerns.

During our December 2011 inspection the manager provided us with evidence to confirm that the two incidents of aggression had been reported.

We have recently received a safeguarding alert from the manager concerning a person living at the location. This incident does not concern the location or staff as it occurred externally. However, it does demonstrate that reporting of concerns is being undertaken by the manager.

We looked at care records for two of the five people living at the location at the time of our inspection. We saw evidence to confirm that both had been reviewed by external

professionals. The manager showed a letter that they had sent to another funding authority requesting reviews for other people.

Our judgement
Processes and systems in place will give people greater assurance that they will be protected and any risk of harm is reduced.

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
During our June 2011 inspection people told us that they liked their bedrooms. We found that generally the premises were fit for purpose in terms of size and general maintenance.

We did not speak to people during our December 2011 about the safety and suitability of the premises.

We spoke with the manager who confirmed that all work that we had identified that needed to be undertaken had been completed.

Other evidence
We inspected this location on 14 June 2011 and found non compliance concerning this outcome area. We saw that the bathroom had some loose tiles, that there were small amounts of mould on the ceiling and the enamel was chipped on the bath. We also saw an engineers report for the fire alarm system dated 6 April 2011 which stated 'batteries in both panels now need replacing urgently'. The manager confirmed that this work had been not been carried out.

When we inspected the location in December 2011 we looked at official documentation from the engineer regarding the fire alarm system. This confirmed that the batteries in the fire alarm system had been replaced on 22 June 2011. The report confirmed; 'Replaced batteries in both fire panels as found faulty on service check. Now all ok'.

We looked at the bathroom and saw that all of the work had been completed. The

bathroom looked bright and clean. There was no mould on the ceiling, the bath enemal was no longer chipped and the tiles were fixed.

The manager also told us that internal decoration is being undertaken at the present time and that work had been undertaken in the garden. These actions will make the premises a pleasant place to live in.

Our judgement
Action has been taken which should give people greater assurance that the premises are safe and more pleasant to live in.

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 speak to people about the quality monitoring of service provision.

We spoke with the manager who told us that senior managers were carrying out audits of the location more regularly and with greater diligence.

Other evidence
When we inspected the location in June 2011 we found that although there was evidence of good practice regarding the quality monitoring of service provision senior manager audits were not of a good standard. We made an improvement action for this to be addressed.

When we inspected the location in December 2011 we had a look at recent senior management audit reports and found that these had improved. We saw that audits were undertaken more frequently and that they were far more robust. The reports confirmed what had been looked, which people and staff had been spoken with and recommendations were highlighted where action was needed.

Our judgement
Improvements made to the monitoring of service provision will give people more assurance that their views are being taken into account and that they will benefit from the service provided.

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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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