

Review of compliance

Care & Support Partnership Community Interest
Company Limited
Fessey House

Region:	South West
Location address:	Brookdene Haydon Wick Swindon Wiltshire SN25 1RY
Type of service:	Care home service without nursing
Date of Publication:	December 2011
Overview of the service:	<p>The service is one of those that transferred from Swindon Borough Council to SEQOL on 1st October 2011. SEQOL is a social enterprise providing care, health and support.</p> <p>Fessey House is one of two homes providing care for older people. It is</p>

	<p>situated on the outskirts of Swindon and offers accommodation over two floors for 39 people. The home was extensively refurbished and was divided into four units, three of which were specifically for people with Dementia.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

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

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

Why we carried out this review

We carried out this review 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 20 October 2011, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We found Fessey House to be well organised with a committed staff team. Staff felt supported and training was available to help them meet people's needs. People looked well cared for and feedback was that it was a good place for people to live.

One person we spoke with said "it's very nice here and better than living on my own". They said "the food is good, there is a choice and plenty of it". They went on to say "the good thing is the staff treat you with respect".

We spoke with relatives who all made favourable comments. One told us that the home had contacted them so that they could speak with their spouse when they were upset. This reassured the person and they were grateful.

Another person's family told us how they felt that Fessey House was their parent's home. They described the staff as "angels" speaking fondly about one staff member who speaks a foreign language to their relative. They said they felt this comforted their parent. They told us that they knew their parent "would die with dignity".

What we found about the standards we reviewed and how well Fessey House 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 who use the service receive care from staff who respect them as individuals. This is because, as far as possible they are consulted and involved in decisions about their care.

Overall, we found that Fessey House was meeting this essential standard.

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

People's needs and choices are met because Fessey House provides a range of facilities, services and activities to enable an active lifestyle.

Overall, we found that Fessey House was meeting this essential standard.

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

As far as possible people are protected from the potential for abuse and other risks by the systems in place. Some staff need refresher training in safeguarding adults which will offer further protection.

Overall, we found that Fessey House was meeting this essential standard.

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

People are safe because they are cared for by staff that are suitably trained and supported.

Overall, we found that Fessey House 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

Systems ensure the protection of people and standards of quality. There are processes to ensure that people and their relatives are consulted.

Overall, we found that Fessey House was meeting this essential standard.

Actions 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.

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

The home used a 'getting to know you' form in order to gather information about people before they were admitted. It helped to gather background information about people's personal and social history.

Staff completed care plans with people and their family. Families were invited to a meeting two weeks after admission and again at the four week stage when the contract was confirmed if the placement was successful.

We met a person's social worker who visited while we were at the home. The person had a deprivation of liberty safeguard in place because they were at risk of going out alone. The social worker was looking at a package of care for the person that included one to one support. They said they had been well received by the home. They also told us that they had been given sufficient time to meet with the manager to discuss the needs of the person.

There was a display board in the main corridor that showed the events that took place during the recent 'Asian Week'. There was music, food and films. Staff dressed in traditional Asian clothes and there were various presentations relating to the culture. We saw that staff had written phrases in Urdu and people's families were invited to

share the experience.

Other evidence

We were told that families were invited to bring photographs, ornaments and small items of furniture. They could decorate their relative's room if they wished.

We saw records recording people's choices.

Our judgement

People who use the service receive care from staff who respect them as individuals. This is because, as far as possible they are consulted and involved in decisions about their care.

Overall, we found that Fessey House 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

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

The manager told us that a dementia care specialist was consulted for the refurbishment of the home. Bold colours were chosen to help people with sensory difficulties identify the area they lived in. The colour scheme was carried on throughout the area for furnishings, decorations and crockery.

All four areas of the home had a dining room with a small kitchen that was equipped for people or their relatives to use. This was in addition to the main dining room where we saw people having lunch. All of the tables were laid with crockery, cutlery and glassware.

The lunch served on the day of our visit was beef hot pot with vegetables or home made cheese flan with salad. The dessert was a choice of jam tart, fruit sponge with custard or fruit sundae.

People were offered a choice of the meal when staff showed them the plated meals. We observed one member of staff explaining to a person what the hot pot consisted of. This enabled them to understand the choices available. Only two people needed assistance to eat and some people chose to have their meal on a tray in their room. We saw one person who was initially reluctant to have a meal, being encouraged to eat and enjoying the food.

The mealtime enabled staff to administer medicines efficiently. There were two staff undertaking this task. They wore tabards indicating that they should not be disturbed.

We saw that medicines were administered directly from the person's monitored dosage cassette. Staff observed people taking the medicines and then recorded they had done so directly afterwards.

We saw there were a variety of facilities for bathing and showering and each unit had ample toilets. There was a designated room for hairdressing and one for use by district nursing staff when they visited. This enabled specialist equipment to be stored appropriately.

A variety of activities were arranged including trips to the theatre and to a wildlife park. The team leader told us about the plans to celebrate Halloween and for a firework party. We saw the record of activities included a trip to the seaside and celebrations of the various festivals. The record included the names of those who participated.

There were in-house activities organised each day. These varied and included sing a long, bingo, board games and quizzes. We saw books, games and jigsaw puzzles and we noticed a colouring book suitable for adults. There was a snooker table in the main dining room.

On the day of our visit there was a representative from Swindon Town Football Club visiting a group of people. The Club had obtained funding for sport for older people and was using some of the money to entertain people at Fessey House. We saw people were engaging in therapeutic games and reminiscence.

Other evidence

We looked at the care files for four people. We saw that they were kept in an orderly way with sections for the easy storage and retrieval of information. We saw general information about people, including the initial assessment and personal information. There were care plans that referred to people's communication, religion, interests, activities and routines. They recorded people's preferences and a daily living plan.

We saw in one person's plan that they enjoyed smoking cigarettes and were to be supported to go into the garden for this. We saw this happen during our visit. Another person had diabetes and the cook told us how they met this person's dietary needs.

Risk assessments were completed according to people's needs and lifestyles. We saw that they were in place for those people who could put themselves at risk by leaving the building. Others related to people's behaviour, diet and medicines.

Our judgement

People's needs and choices are met because Fessey House provides a range of facilities, services and activities to enable an active lifestyle.

Overall, we found that Fessey House was meeting this essential 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

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We asked staff about the procedures for responding to suspected abuse. They described the process for reporting indicating they knew what to do. One person told us they would not tolerate any practice they considered inappropriate.

The manager told us that staff had been involved in ongoing refresher training related to safeguarding and the Mental Capacity Act.

The home had made appropriate referrals for deprivation of liberty safeguards for three people.

Other evidence

We saw that all staff and visitors to the home were required to sign in and out of the building as a means of protecting people.

The manager told us that members of the local safeguarding team had attended staff meetings in the past.

Our judgement

As far as possible people are protected from the potential for abuse and other risks by the systems in place. Some staff need refresher training in safeguarding adults which will offer further protection.

Overall, we found that Fessey House was meeting this essential 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 met a visiting GP who told us they felt that staff had gained more knowledge about working with people dementia. A relative told us they felt that the staff had the skills to meet their parent's needs.

We saw staff training records that showed staff had attended a wide variety of training. In addition, the manager gave us a list of subjects that had been covered in the home, such as use of a nutritional screening tool, infection control and principles of care. Some of the training was provided by visiting professionals.

Staff told us about the training they had received. The administrator had attended customer services training. Care staff told us about their training in first aid, moving and handling and deprivation of liberty (Mental Capacity Act).

Other evidence

Fifteen of the staff had National Vocational Qualification (NVQ) at level 2. There were five with NVQ Level 3 and the manager had completed NVQ at Level 4.

We met with five staff, in addition to the manager and team leader. They all told us they enjoyed working in the home and felt supported. Some staff referred to the support they received from the management. Others spoke about the support they received from other members of the team.

Staff meetings were held. We saw the notes of the meeting held on 25 September. There was good attendance from staff and there was a varied agenda. This included a

presentation given by the Operations Manager, providing further information about the 'new' organisation.

Our judgement

People are safe because they are cared for by staff that are suitably trained and supported.

Overall, we found that Fessey House was meeting this essential 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 saw that the home conducted surveys. These were for people and their relatives. We saw that the survey asked questions about the staffing and environment, in addition to health and personal care. People were also asked to comment on choice, equality and diversity within the home.

We saw responses from relatives that included "Mum is happier now more than she has been for many years, she has settled well and is far less anxious". One relative commented about the process for raising concerns or complaints, stating "matters are investigated, but investigation is a bit long winded". Others stated that they knew how to raise concerns.

A theme we found emerging when speaking to visitors and looking at the survey results was that visitors did not like disturbing staff when they have to leave the building. This was because there was a closed door policy and visitors had to be let in and out by staff. The manager was aware of the issue and had raised it within the organisation.

Other evidence

A representative of the provider visited the home each month. The person talked with staff and people who use the service, in addition to checking care files and other documentation. The last visit report identified that one person's care plan had not been reviewed and there were errors in medicines recording. The manager told us that this had been corrected but we did not look at medicines records. They also told us that there was a system where people were retrained if they made mistakes in connection

with medicines.

Our judgement

Systems ensure the protection of people and standards of quality. There are processes to ensure that people and their relatives are consulted.

Overall, we found that Fessey House was meeting this essential standard.

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 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p>Why we have concerns: As far as possible people are protected from the potential for abuse and other risks by the systems in place. Some staff need refresher training in safeguarding adults which will offer further protection.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 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.

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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