

# Review of compliance

Sirona Care & Health CIC  
Midsomer Norton Community Resource Centre

<b>Region:</b>	South West
<b>Location address:</b>	Combe Lea Residential Care Home Greenacres, Midsomer Norton Radstock, Bath Somerset BA3 2RD
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	March 2012
<b>Overview of the service:</b>	Midsomer Norton Community Resource Centre accommodates 30 people over two floors. Fifteen people whose primary care need relates to dementia are based on the first floor (Gardners Row) and 15 people whose care needs are around personal care are based on the second floor (Willow View).

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

## Our current overall judgement

**Midsomer Norton Community Resource Centre 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 to check whether Midsomer Norton Community Resource Centre had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services

### How we carried out this review

We reviewed all the information we hold about this provider, observed how people were being cared for, talked to staff and talked to people who use services.

### What people told us

In October 2011 we carried out a review of Midsomer Norton Community Resource Centre and identified some areas where the service needed to make improvements. Following the review, the registered providers Sirona Care & Health CIC told us about the changes they intended to make. The purpose of this review was to visit the service to check on the improvements. The areas we were concerned about were: Care and welfare of people who use services.

We spoke to people living in the home when we carried out our previous review in October 2011, but we did not involve people during this review. We spoke to the home manager and looked at care records to ensure that the changes that were needed had been implemented. We saw that the care staff had reviewed people's care plans to ensure they contained up to date information and that any changes were included in these plans. We saw that the care staff had ensured people's life histories were on their care files.

We saw that information in the care files was inconsistent and would not always equip staff with enough knowledge to care for people safely. Some people's care files contained limited information about manual handling assessments, falls screening tool and risk assessments.

### What we found about the standards we reviewed and how well Midsomer Norton Community Resource Centre was meeting them

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

## **and supports their rights**

Most people who use the service receive care and support that is person centred with their needs being regularly reviewed. People's safety may be at risk because some manual handling, fall and risk assessments are not always undertaken routinely.

Overall we found that improvements were needed for 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 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 moderate 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 did not involve people living in the home when we visited.

Senior support worker told us "we had an exercise class this morning that everyone enjoyed".

A member of staff told us "after our last CQC inspection we reviewed all the care files. We started compiling people's personal histories and updated the manual handling assessments". Also that they had gone through the care plans with people to make sure that they were up to date, making any changes that were needed.

The manager told us "I intend to make sure all the assessments are done".

##### Other evidence

We looked at four people's care files in order to check how the service assessed the care needs of people living in the home, and then planned the delivery of that care. We saw that the care files had been reviewed since our last visit and amended where needed to reflect any changes. The plans provided a clear picture of each person's needs, were person centred and individually prepared for the person. We saw that the care staff had ensured people's life histories were on their care files.

We saw some falls and manual handling risk assessments were in place in the care files. We read minutes of a recent staff meeting that confirmed that, since the last inspection, the manager had met with the senior staff to address the compliance action.

We looked at the care files of four people who had most recently been admitted to the home to see if the information about risk assessments and manual handling had improved since the last inspection. In two files we read information that stated the manual handling tool, the assessment tool and the falls screening tool had been completed. We saw that this information was not in the files and had not been completed. In the other three files we saw some assessments had been completed. There were manual handling assessments to ensure people's safety and individualised risk assessments. As noted at the last inspection we saw minutes of the staff meeting in October 2011 which stated that falls and manual handling assessments should be done within 24 hours of admission.

We asked the manager about the inconsistencies we saw in the care files. The manager told us that she thought that the senior staff had gone through all the care files, to ensure that all the assessments had been completed and was disappointed that this was not the case. She told us it was her intention to complete all the assessments with all the seniors as a training exercise. It was then her intention to provide in house training for all the staff team. We explained that the service had in part met the compliance action set at the last inspection, but there was still outstanding work to be done before it was fully met.

### **Our judgement**

Most people who use the service receive care and support that is person centred with their needs being regularly reviewed. People's safety may be at risk because some manual handling, fall and risk assessments are not always undertaken routinely.

Overall we found that improvements were needed for this essential standard

## 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	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>How the regulation is not being met:</b>            Most people who use the service receive care and support that is person centred with their needs being regularly reviewed. People's safety may be at risk because some manual handling, fall and risk assessments are not always undertaken routinely.</p>	

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 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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