

Review of compliance

Lyndale Health Care Limited Windsor Court Nursing Home	
Region:	South West
Location address:	34 Bordorgan Road Bournemouth BH2 6NJ
Type of service:	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury Diagnostic or screening procedures
Publication date:	June 2011
Overview of the service:	Nursing and personal care home for up to 59 older people in Bournemouth. Accommodation is located on the lower ground, ground, first and second floors of the home with access between floors via a wide staircase, passenger or stair lifts.

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

What we found overall

We found that Windsor Court Nursing Home was not meeting one or more essential standards. Improvements were needed.

The summary below describes why we carried out the 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 1 March 2011, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services. A compliance Inspector and a pharmacist inspector carried out the visit.

What people told us

We spoke with people who were able to communicate with us. As some people who live at the home were not able to communicate with us, we spoke with visitors, visiting professionals and observed the interactions between staff and people.

Overall, people living in the home, visitors and professionals spoke positively about all aspects of the service that they received. They commented on the knowledge, kindness and skills of the staff employed at the home. They said 'the staff are always very kind when I do need help', 'staff are first class, all smiling and relaxed' and 'I like the staff'.

The call bell system sounds in all areas of the home and people told us that the noise makes it difficult to talk to each other or hear what is going on.

Three people in their bedrooms did not have access to their call bell and two of them were calling out for assistance. One person told us 'I cannot get help if I need it'. Other people told us that staff respond quickly if they use the call bell.

People told us that they can choose to spend their time wherever they wish to. Some people stay in their bedrooms due to their complex needs. Not all of these people were observed to have any stimulation or activity input during our visit. Some of the people had the radio or television on.

We observed staff giving people who are not independently mobile a choice as to where they wanted to spend their time.

People told us that they could live their lives as they choose. They told us that they could get up and go to bed whenever they chose to. They said that staff supported them with activities in the communal areas.

People told us and we observed that they are given choices of meals and drinks. People told us that there was plenty of food and drink available and that it was good quality.

Overall, people and relatives were confident in the skills and knowledge of the staff and that they were able to meet their care and support needs.

People and visitors told us that they knew how to make a complaint or raise concerns. They told us that their views are listened to and action taken when necessary.

What we found about the standards we reviewed and how well Windsor Court Nursing Home was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Overall people and/ or their representatives were involved in making decisions and choices about the care and support they need.

Most of the time staff promoted people's privacy, dignity and independence.

The use of the terminology 'feeds', 'heavy and easy people' means that staff are not acknowledging people as individuals.

Not all of the people at the home are provided with appropriate stimulation and occupation.

- Overall, we found that improvements were needed for this essential standard.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Overall, arrangements are in place for acting in accordance with the consent of people in relation to the care and treatment provided for them.

- Overall, we found that Windsor Court Nursing Home was meeting this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

Generally, people's needs are met and they receive care in line with their assessed needs and preferences.

The shortfalls in care plans and care records being kept up to date means that staff may not be aware of people's current needs and potentially people may not be receiving the care and support that they need.

The differing amounts of information recorded about individual's personal life history in the activity records means that staff may not have a full understanding of the individuals that they are supporting.

People not having easy access to a call bell means that they are unable to call for assistance when needed.

The negative impact of the noise of the alarm call system means that people do not live in a calm relaxed atmosphere where they can communicate with others and have quiet times to rest.

- Overall, we found that improvements were needed for this essential standard.

Outcome 5: Food and drink should meet people's individual dietary needs

People are supported to have adequate nutrition.

Staff are not able to consistently make a judgment whether someone is receiving enough fluid. This is because the records do not include a recommended amount and the amounts are not totaled each day.

- Overall, we found that improvements were needed for this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services

People can be confident that appropriate health care professionals will be provided with the information needed to enable their needs and preferences to be met.

- Overall, we found that Windsor Court Nursing Home was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

Procedures are in place to ensure that people are protected from the risk of harm or abuse.

- Overall, we found that Windsor Court Nursing Home was meeting this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

People live in a clean environment and staff have access to appropriate protective equipment and training in infection control procedures.

- Overall, we found that Windsor Court Nursing Home was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

On the basis of the evidence provided and our observations we found the service to be compliant with this outcome. The provider has actioned improvements efficiently.

- Overall, we found that Windsor Court Nursing Home 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 comfortable and well maintained home.

The lack of signage or personalisation of bedroom doors means that people with dementia may not be able to orientate themselves to their bedrooms or communal areas.

- Overall, we found that Windsor Court Nursing Home was meeting this essential standard.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

People who use the service have access to a range of specialist equipment to help meet their needs.

The bed rails in use without bumpers potentially place people at risk of entrapment or injury.

- Overall, we found that Windsor Court Nursing Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Overall, there are robust recruitment and induction procedures which reduce the risk of harm or abuse to the people using the service.

The provider had not obtained full information regarding applicants' employment history to make sure that they are suitable to work with vulnerable people.

- Overall, we found that Windsor Court Nursing Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

Overall, the staffing levels are appropriate to meet the personal and health care needs of people currently using the service. Evidence indicates that there are not always sufficient staff to meet everyone's social, emotional and well being needs.

The information about call bell response times is not routinely considered in the ongoing assessment and monitoring of staffing levels.

- Overall, we found that Windsor Court Nursing Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

The staff have the training and support to meet the needs of people using the service.

- Overall, we found that Windsor Court Nursing Home 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

The home has systems in place to assess and monitor the quality of service provision.

- Overall, we found that Windsor Court Nursing Home was meeting this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly

People know how to raise concerns and make a complaint. They can be sure that their comments and complaints are listened to and acted on effectively.

- Overall, we found that Windsor Court Nursing Home was meeting this essential standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

Procedures are in place to make sure that all records are appropriately stored.

- Overall, we found that Windsor Court Nursing Home was meeting this essential standard.

Action we have asked the service to take

We have asked the provider to send us a report within 28 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.

Other information

Please see previous reports for more information.

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 1: 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

There are minor concerns
with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People and visitors told us that they or their relative receives care to meet their needs and in their preferred way.

One person who had moved in recently told us that they had been consulted about their care and support needs. They said 'I know the staff write things down about me and they asked me what help I needed when I moved in'.

Another person told us that they were aware of their care plan and records kept about them. They told us that they did not wish to see their care plans or records as they felt that their needs are being met.

People told us that staff respect their privacy and their choice to spend time in their bedroom. They told us that staff always knock their door before entering.

Some people who are very physically frail and are cared for in their bedrooms had music or a radio playing or had the television on. Some people had no stimulation in their bedrooms.

People told us that they enjoy the activities that are on offer and can choose which sessions to attend. They told us that they had enjoyed the singer who was there the morning of the visit.

One person told us that they can approach the operations director and acting manager at any time and that they are listened to.

Other evidence

There is a new management team at the home and they told us that they have an open door policy and are actively consulting with people at the home. They gave us an example of how they had reviewed the times of breakfast following consultation with people at the home.

We spoke with the activities worker who works during the day Monday to Friday. The activities worker told us that they attempt to spend time with everyone at the home most days. However, they acknowledged that there is not always enough time to spend time with people who are cared for in their bedrooms.

There is a monthly programme of group and individual activities that is displayed around the home. The programme includes regular sessions with a number of different entertainers and someone who does hand and foot massage.

Overall, we observed staff being respectful towards people. However, we saw and heard staff referring to people who need assistance to eat and drink as 'feeds' and people with differing needs as 'heavy or easy people' rather than by their names. The staff notice board also included a reference to 'see Feeds'.

At lunchtime we saw a member of staff just move someone away from the table whilst they were mid meal. They did this so another person could get past to another table but they did not explain or talk to the individual that was moved.

We saw that some people and/ or their relatives had signed elements of their care records. However, we saw that people are not always involved in the development of their care plans.

Our judgement

Overall people and/ or their representatives were involved in making decisions and choices about the care and support they need.

Most of the time staff promoted people's privacy, dignity and independence.

The use of the terminology 'feeds', 'heavy and easy people' means that staff are not

acknowledging people as individuals.

Not all of the people at the home are provided with appropriate stimulation and occupation.

Outcome 2: 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 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us
People who were able to told us that they are involved in making decisions about the care and support provided at the home.

Other evidence
The management team have identified that they need to provide further information and training for both managers and staff on the Mental Capacity Act and Deprivation of Liberties Safeguards.

The acting manager was able to describe a circumstance whereby a multidisciplinary ‘best interest’ decision was made for an individual who did not wish to be regularly repositioned and how they documented this decision making.

One person we pathway tracked, who is accommodated in the ‘residential’ part of the home, has very discoloured and oedematous legs. They have routinely refused to see the District Nurse or the General Practitioner to receive treatment. The

person has the capacity to make this decision. They told us and staff that their legs have 'always been like this'.

From discussion with staff they follow the care plan that specifies that they must routinely observe the condition of the individual's legs and if staff note any deterioration they refer the individual to the District Nurses or GP. The care plan in place or the monthly reviews do not accurately reflect the situation that the individual then refuses medical intervention.

The plan of care in place has not been agreed with the individual nor does it reflect their choice not to receive treatment. The acting manager agreed to develop a plan of care with the individual that reflects their wishes and how they will keep this under review with them.

Our judgement

Overall, arrangements are in place for acting in accordance with the consent of people in relation to the care and treatment provided for them.

Outcome 4: 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 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
People told us that staff were caring and looked after them well.

One person said ‘they come in and check me at night as I don’t sleep well, it is very reassuring’. Another person said ‘I don’t need any help with personal care but the staff are always very kind when I do need help’.

We visited people who were being cared for in their bedrooms. Three people we visited did not have access to the call bell and two of the people were calling out for staff help. One person who was lying on their bed and unable to move independently told us ‘I cannot get help if I need it’.

Two people told us that staff do respond quickly to the call bell when they ring.

Other evidence
During the visit we pathway tracked the care of four people. This involved meeting the person, talking to staff, observing staff interactions and looking at the individual’s plan of care.

Each person had an individual plan of care and support. These included the individual's assessed needs, risk assessments for nutrition, pressure areas, moving and handling and a plan of care and support. In the main, these had been reviewed monthly or as and when peoples' needs changed.

One of the people we pathway tracked had been admitted as an emergency the previous day. The placing care manager and hospital had provided a detailed assessment. The nursing staff at the home had completed a comprehensive assessment and care plan on the individual's admission to the home.

We saw that body maps were completed for people on admission to the home and when any new marks or injuries were noted. However, as there were multiple entries on the same body map it was difficult to assess and cross reference with care plans or records.

We saw evidence in care plans that people had been referred to health specialists as appropriate. For example, one person had been referred to the tissue viability team following deterioration in their pressure areas.

For the person who had been referred to the tissue viability team there were up to date photographs and weekly assessments completed for each of their wounds. However, their skin integrity care plan had not been reviewed or updated since 12 January 2011. There were also gaps in the individual's turn charts for two nights the week prior to our visit. This means that we cannot be sure that the individual was turned two hourly as specified in their care plan.

In three of the four care records for people that we pathway tracked there was a brief personal profile. These profiles did not include sufficient information about their life history so that staff could understand them as individuals and meet their needs in a person centred way.

Throughout the visit call bell alarms were sounding. The call bell alarms are situated in communal areas and in corridors and are audible throughout the home.

We noted that overall individual call balls were answered within a reasonable time. However, the volume and number of people that call for assistance means that the alarms are sounding for most of the time. This made it difficult for people to have conversations with each other and us.

The alarm bells could also be heard by all of the people who were very frail and being cared for in bed. In some cases the alarm call point was directly outside people's bedrooms

Our judgement

Generally, people's needs are met and they receive care in line with their assessed

needs and preferences.

The shortfalls in care plans and care records being kept up to date means that staff may not be aware of people's current needs and potentially people may not be receiving the care and support that they need.

The differing amounts of information recorded about individual's personal life history in the activity records means that staff may not have a full understanding of the individuals that they are supporting.

People not having easy access to a call bell means that they are unable to call for assistance when needed.

The negative impact of the noise of the alarm call system means that people do not live in a calm relaxed atmosphere where they can communicate with others and have quiet times to rest.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

There are minor concerns
with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
We observed the lunchtime period in the main dining room. Staff sat with people who needed support with eating and drinking. They explained to people what they were eating and supported them at a relaxed pace.

There was music playing in the background. This was disturbed by the almost constant sounding of the call bell system throughout the meal time.

People we spoke with told us that overall they enjoy the food and that they are given a choice. They said 'food is very good, 'it's a wee bit samey', 'mixture of dinner' and 'the food is better than at the other home'.

Other evidence
A nutritional screening, risk assessment and plan were completed for each of the people we tracked. This was included in their care plan, it described the support needed from staff, the texture of foods and thickness of any fluids and specified any nutritional supplements prescribed.

However, one person's plan referred to them going to the dining room for their

meals. The person was very physically frail and was being cared for in bed and the care plan had not been updated to reflect this.

Each person had been weighed on admission to the home. Their nutrition plan then specified how often the individual was to be weighed. We saw that people had been weighed in line with their nutrition plan.

Two of the four people we pathway tracked were assessed as being nutritionally at risk and needed to have their fluid intake monitored. We looked at the fluid and food records for these two people. The fluid records for one person, who was also at high risk due to their wounds and pressure areas, had not been totalled on three days to see whether they had received enough hydration.

Our judgement

People are supported to have adequate nutrition.

Staff are not able to consistently make a judgment whether someone is receiving enough fluid. This is because the records do not include a recommended amount and the amounts are not totalled each day.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant
with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us
People told us that they received care from a range of healthcare professionals including district nurses, chiropodists/podiatrists, opticians, and dentists. They also said that they attended hospital outpatient specialist clinics when necessary.

Other evidence
Care plans seen contained pre-admission assessments and details about peoples' medical history. Contact details of peoples' medical practitioners and care managers had also been recorded.

We saw for one person that we pathway tracked, a clear referral to the tissue viability team and other health professionals involved with the individual.

A visiting social care professional told us that the acting manager and senior staff were readily available, they knew the individual's well and the home co-ordinated people's care well. They said that staff were friendly and welcoming.

Our judgement

People can be confident that appropriate health care professionals will be provided with the information needed to enable their needs and preferences to be met.

Outcome 7: 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 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People told us that they feel safe at the home and that they have confidence in the staff who are kind and caring. One person said 'I feel safe here, I only have to mention anything and they sort it out'.

Other evidence
Staff told us that they had received training in adult protection. This was confirmed by staff records seen and the information we requested from the operations manager.

The acting manager and provider have co-operated fully with the local authority during adult protection safeguarding investigations. The local authority has confirmed with us that the manager and providers have been proactive in taking action when required.

The operations director told us the following in the information that we requested.

'The policy in Windsor Court gives clear procedures to be followed when identifying,

reporting and responding to suspected or actual abuse. This policy is reviewed whenever a change of guidelines is received from the Local Authority or from the Safeguarding officers as signs of good practice’.

‘Safeguarding training is mandatory for all staff working within the home, which promotes awareness of potential abuse and the possible differing diversity of people's beliefs and values. The training provides clear guidance on the reporting and referral process, and other disciplines who may be involved in the National and Local Teams of Adult Protection Issues’.

‘There is a safe available within Windsor Court, to enable residents to store their valuables safely and securely. Written receipts are issued at each transaction. All transactions are clearly logged on the Home computer, and an itemised copy is made available on request.

Residents may also make use of a lockable drawer in their own rooms’

Our judgement

Procedures are in place to ensure that people are protected from the risk of harm or abuse.

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

The provider is compliant
with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
People told us that the home is always clean and that their bedrooms and ensuite facilities are kept clean.

Other evidence
We toured the premises and found the standard of cleanliness to be good. There is a team of domestic staff who work at the home.

We observed staff using protective equipment as necessary. Staff told us that they receive training in infection control. This was seen in individual staff training records and the information given to us by the operations manager.

The acting manager has linked in with the Primary Care Trust's infection control team. There are regular infection control and cleaning audits in place and there are three staff members who have received training from the infection control team.

Our judgement
People live in a clean environment and staff have access to appropriate protective equipment and training in infection control procedures.

Outcome 9: 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 9: Management of medicines

Our findings
What people who use the service experienced and told us We saw medicines being given to people in a safe and individual manner, with records made of the administration at the time. People are supported to manage their own medicines if they choose to and are assessed as able to so.
Other evidence We saw evidence of the recommendations that the local Primary Care Trust pharmacist had made after visiting the home and discussed these with nurses and senior care staff. These included changes to storage and recording processes. The home had acted on all the recommendations made and staff were keen to improve their practice. Nurses and senior careworkers who administer medicines told us of the training that they all do before being given the responsibility. Some medicines were prescribed 'as required'. There was no consistent use of protocols to support staff with the use of these medicines. Some people had clear, individual plans, but there were no plans for other people in the home. The manager had identified this as a weakness and plans to implement a new procedure by the end of March 2011, which was confirmed by the provider compliance assessment. We saw one person who needed their medicines in a liquid form. These medicines were prescribed as

tablets and the home had been told to crush them. The nurses had not taken advice from a pharmacist about the suitability of crushing these medicines which is necessary, as crushing some tablets can alter their effectiveness. We discussed this with the manager during the inspection and action was taken to clarify this. We looked at the medicines given to people which needed careful monitoring and saw care plans that supported their care. When people are first admitted to the home, their medicines are checked with the prescriber to make sure they are correct. The staff had had concerns about the medicines for someone who had been admitted as an emergency and they showed us how they had contacted the healthcare professionals before giving out the medicines.

Our judgement

On the basis of the evidence provided and our observations we found the service to be compliant with this outcome. The provider has actioned improvements efficiently.

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
People told us that the home was comfortable and well furnished. People told us that they are able to choose where they spend their time

Other evidence
We toured all areas of the home. Bedrooms are on the lower ground, ground, first and second floors. There are communal lounges on the lower ground, ground and first floors. The main dining room is on the ground floor. There are passenger lifts between each floor.

People’s bedroom doors are not personalised and do not include their names. There is no clear signage for people with dementia to orientate themselves to the location of their bedrooms and lounges.

As a number of people are very frail they are cared for in their bedrooms in bed. People’s bedrooms were personalised and suitably decorated.

Our judgement
People live in a comfortable and well maintained home.

The lack of signage or personalisation of bedroom doors means that people with

dementia may not be able to orientate themselves to their bedrooms or communal areas.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

There are minor concerns
with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us
People told us that they had all of the equipment, specialist beds and chairs that they required. They told us that the staff knew how to use the equipment safely.

We observed staff safely transferring people and using hoists. They explained to the individuals what they were doing and chatted to them throughout the transfers.

Other evidence
Staff and the training records told us that staff are trained in moving and handling.

There was a range of hoists, slings, belts and slide sheets to assist people with moving safely.

The home has a contract in place to ensure that all equipment used for moving and handling of people is regularly serviced.

We saw that people had profiling beds, specialist armchairs and that where there was an assessed need pressure relieving equipment was in place.

There were moving and handling risk assessment and plans in place for the equipment that people use.

Risk assessments and safety checks were in place for the bedrails in use for the people that we tracked. However, we saw that bed rail bumpers were not in place in all of the people's bedrooms that we visited. We raised this with the acting manager who was not aware of any reason why they were not in place. The acting manager and operations director gave a commitment to arrange for bed rail bumpers immediately following the visit.

We saw that for people who had specialist mattresses the pressure was checked daily to make sure that it was set at the correct pressure for their weight.

Our judgement

People who use the service have access to a range of specialist equipment to help meet their needs.

The bed rails in use without bumpers potentially place people at risk of entrapment or injury.

Outcome 12: Requirements relating to workers

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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

There are minor concerns
with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
People spoke positively about the qualities of staff working at the home. They said 'staff are first class, all smiling and relaxed' and 'I like the staff'.

Other evidence
We looked at the staff files for the last four recruited members of staff.

We saw in that employees did not start employment until all required information had been received. This included two written references, a criminal record check and checks with Independent Safeguarding Authority (ISA).

One member of staff had indicated on their application that there were gaps in the employment. However, there was no written explanation of those gaps and it had not been followed up on the interview record.

The recruitment files were recently audited by the Home Office. The staff files were well organised and easy to follow.

The provider has recently appointed a HR consultant to review the staff recruitment.

Our judgement

Overall, there are robust recruitment and induction procedures which reduce the risk of harm or abuse to the people using the service.

The provider had not obtained full information regarding applicants' employment history to make sure that they are suitable to work with vulnerable people.

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 minor concerns
with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
Overall, people spoke positively about staff and staffing levels.

We observed staff interacting and communicating with people both in the communal areas and in people's bedrooms. The interactions were friendly and professional.

We saw throughout the day that staff were very busy and in the main they did not have the opportunity to sit and chat with people. However, they did not rush people when assisting them with personal care and support.

Other evidence
The manager provided us with the staff rotas. The staffing levels for 55 people (current occupancy) were two registered nurses and eight or nine care staff throughout the day. In addition to this there was an activity worker 9am to 5pm Monday to Friday. At night there was a registered nurse plus five care workers.

The acting manager told us that they do use agency staff and that they are recruiting more staff in attempt to reduce this. They said they only use three named

registered nurses who know the people and the home well. They try, where possible, to use the same agency care workers so that there is some consistency for people who live at the home.

Our judgement

Overall, the staffing levels are appropriate to meet the personal and health care needs of people currently using the service. Evidence indicates that there are not always sufficient staff to meet everyone's social, emotional and well being needs.

The information about call bell response times is not routinely considered in the ongoing assessment and monitoring of staffing levels.

Outcome 14: Supporting workers

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 workers

Our findings

What people who use the service experienced and told us
People we spoke with were not able to give us any information or views on how well staff are supported.

Other evidence
Newly appointed staff undertake a period of induction when they complete their mandatory training. We saw records of this in staff files.

Staff told us that they have supervision with their line manager. Staff said that they felt well supported by managers at the home and that they are very approachable.

The operations director sent us the following in the information:

‘Staff have evidence of their qualifications recorded with the NMC in their staff files. There is also certificated evidence to show courses attended and skills experience, to evidence their knowledge and skills for the roles in which they perform.’

‘Staff are inducted using the skills for care induction programme, and NVQ training

is available for staff. Continuous professional development is promoted within the home, and staff attend local and national events to gain knowledge and experience related to their role.'

'There is a training matrix to evidence the teaching programme offered within the home, and a DVD Teaching programme has recently been sourced via Mulberry House training resources, to supplement the courses scheduled. Workbooks are given to check for the staff's understanding.'

'Person centred care is being highlighted as an area to be improved upon within the home, therefore we will ensure this subject is delivered as priority'.

Our judgement

The staff have the training and support to meet the needs of people using the service.

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
One person who has lived at the home for a number of years told us, 'The management is much improved. XXX and XXX (operations director and acting manager) are very approachable the best we've ever had...I am confident that they will always sort things out'.

Other evidence
The operations director provided us with the following information about this essential standard:

'Information is collected from residents and their families about the service provision through annual auditing by questionnaires.'

'The new management structure within the home has lended itself to a new open door approach, whereby managers are available to discuss concerns or issues on an on call basis outside of office hours. This has proved to be an effective way of managing the home, as problems can be shared and dealt with immediately,

thereby lessening and reducing stress levels of all concerned.'

'Audits are methodically planned by the manager, and the Operations director performs audits of systems occurring, with a view to improving the service delivery in a more person centred approach.'

'All staffing issues are reviewed and appraised with the HR consultant, and changes are made accordingly to the policies or procedures of the home.'

'There is a clear record of complaints received within the home, and the actions and outcomes achieved'.

'Independent consultants work independently within the home to review and audit the service delivery, and provide written and verbal feedback to the staff in order to enhance the quality of the service delivery. Reports from consultants are available from the operations director and provider.'

Throughout the information that the operations director has sent us they have identified any shortfalls and given us action plans as to how they will improve and meet the essential standards.

Our judgement

The home has systems in place to assess and monitor the quality of service provision.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement
The provider is compliant with outcome 17: Complaints

Our findings
<p>What people who use the service experienced and told us No concerns were raised with us during our visit. People spoken with were confident with whom they could raise concerns with and that their concerns would be addressed.</p> <p>Other evidence There were clear procedures in place to make sure that people can raise concerns or complaints.</p> <p>We asked the operations director to send us details of the complaints received in the last 12 months. They sent us a detailed breakdown of the complaints, the investigation, whether it was upheld or not, the outcome and if any changes were made to practice as a result.</p> <p>We saw from the information that was sent to us that the managers take complaints seriously and change practice and procedures to reduce the risks of any reoccurrences.</p>

Our judgement

People know how to raise concerns and make a complaint. They can be sure that their comments and complaints are listened to and acted on effectively.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant
with outcome 21: Records

Our findings

What people who use the service experienced and told us
People told us that they were aware that records are kept about them.

Other evidence
During our visit we saw that records relating to people who use the service were appropriately stored.

In the main, records looked at during the visit were accurate and up to date. There were shortfalls in some care plans and turning and fluid records needed to be reviewed and updated.

Our judgement
Procedures are in place to make sure that all records are appropriately stored.

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
Treatment of disease, disorder or injury, Accommodation for persons who require nursing or personal care, Diagnostic or screening procedures	17	Outcome 1: Respecting and involving people who use services
	<p>Why we have concerns:</p> <p>The use of the terminology ‘feeds’, ‘heavy and easy people’ means that staff are not acknowledging people as individuals.</p> <p>Not all of the people at the home are provided with appropriate stimulation and occupation.</p>	
Treatment of disease, disorder or injury, Accommodation for persons who require nursing or personal care, Diagnostic or screening procedures	14	Outcome 5: Meeting nutritional needs
	<p>Why we have concerns:</p> <p>Staff are not able to consistently make a judgment as to whether someone is receiving enough fluid. This is because the records do not include a recommended amount and the amounts are not totaled each day.</p>	
Treatment of disease,	16	Outcome 11:

disorder or injury, Accommodation for persons who require nursing or personal care, Diagnostic or screening procedures		Safety, availability and suitability of equipment
	Why we have concerns: The bed rails in use without bumpers potentially place people at risk of entrapment or injury.	
Treatment of disease, disorder or injury, Accommodation for persons who require nursing or personal care, Diagnostic or screening procedures	21	Outcome 12: Requirements relating to workers
	Why we have concerns: The provider had not obtained full information regarding applicants' employment history to make sure that they are suitable to work with vulnerable people.	
Treatment of disease, disorder or injury, Accommodation for persons who require nursing or personal care, Diagnostic or screening procedures	22	Outcome 13: Staffing
	Why we have concerns: Evidence indicates that there are not always sufficient staff to meet everyone's social, emotional and well being needs. The information about call bell response times is not routinely considered in the ongoing assessment and monitoring of staffing levels.	

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 within 28 days of this report being received.

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
Treatment of disease, disorder or injury, Accommodation for persons who require nursing or personal care, Diagnostic or screening procedures	9	Outcome 4: Care and welfare of people who use services
	<p>How the regulation is not being met:</p> <p>The shortfalls in care plans and care records being kept up to date means that staff may not be aware of people’s current needs and potentially people may not be receiving the care and support that they need.</p> <p>The differing amounts of information recorded about individual’s personal life history in the activity records means that staff may not have a full understanding of the individuals that they are supporting.</p> <p>People not having easy access to a call bell means that they are unable to call for assistance when needed.</p> <p>The negative impact of the noise of the alarm call system means that people do not live in a calm relaxed atmosphere where they can communicate with others and have quiet times to rest.</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 28 days of this report being received.

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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