

Review of compliance

Esteem Care Ltd
Waldernheath Care Centre

Region:	Yorkshire & Humberside
Location address:	60 Cornwall Road Harrogate North Yorkshire HG1 2NE
Type of service:	Care home services without nursing
Date the review was completed:	2 nd February 2011.
Overview of the service:	<p>Waldernheath is a care home providing personal care and accommodation for up to 85 older people. The home is owned by Esteem Care Ltd and was first registered with CQC's predecessor organisation (CSCI) on 25/01/2010.</p> <p>The home is located about half a mile from Harrogate town centre. The main building is a large Victorian detached property, with a further three extensions added on.</p> <p>The accommodation is arranged over three</p>

	<p>floors and there are three, 3-person vertical passenger lifts providing level access to the upper floors. Ramped access is also available to all areas. There is a garden area to the front of the home and some car parking available at the rear of the building.</p>
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Waldernheath Care Centre was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we have suggested that some improvements are made.

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 an early review because of concerns identified in the report of 7th July 2010 to check that improvements had been made.

How we carried out this review

We reviewed all the information we hold about this provider, asked the provider to provide us with information about how the home meets the care and welfare of people, how infection control is managed and what staffing arrangements are in place. We carried out a visit on 18th January 2011, observed how people were being cared for, talked to people who use services, talked to staff, checked the provider's records, and looked at records of people who use services. We talked to the Local Authority and to the District Nurse.

What people told us

People told us that they were well looked after, that the home was kept clean and that the food continued to be very good.

People told us that staff are kind to them. People's general comments about their care were, 'We are looked after very well, I think it is a good home, all the staff are kind and there is a nice view outside' 'We are well cared for all the staff are very good, the home is very good.'

Everyone spoken to said that the food was very good and suitable for their needs. One person said. 'the food continues to be very good' Another said, 'the food is very good here.'

We spoke to people about the environment of the home. People told us that although the home was kept clean parts of the home was shabby and in need of re-decoration. People made comments such as, 'Areas of the home are shabby and could be improved' 'Things have improved although the décor could be better.'

When we spoke to staff they made comments such as, 'There is a team of domestics who try to keep the home clean, although many areas are 'shabby' and need re-decorating like the work that has been done on the library wing'. 'The home needs to be refurbished it looks shabby, old and worn although it is kept clean'. 'Things have improved although the home needs re-decorating'

People were confident that staff understood what medication they needed to take and were content to allow staff to take responsibility for this. Although some people were able to look after their own medication.

People told us that the home had improved under the new manager. Some areas had been re-decorated and that there is always plenty of staff now.

What we found about the standards we reviewed and how well Waldernheath Care Centre 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.

People are supported and respected by staff and their privacy and dignity is maintained. People's views are now being taken into account by new systems introduced by the new manager. Overall, we found that Waldernheath Care Centre was meeting this essential standard.

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

There was no evidence during this review to suggest that people using the service do not consent to the care and treatment they receive from the home. Overall, we found that Waldernheath Care Centre was meeting this essential standard.

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

People living at the home receive safe and appropriate care. Individual care plans have improved since our last visit. However further improvements need to be made, such as making sure records are dated. This makes sure that staff are following up to

date information. Overall, we found that Waldernheath Care Centre was meeting this essential standard.

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

People are provided with choices of food and drink and staff support people where necessary. Nutritional assessments are carried out although records were not always accurate and held up to date information as they should be. Overall, we found that Waldernheath Care Centre was meeting this essential standard.

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

People live in a home that works closely with other agencies so that they receive the care, support and treatment they need. Overall, we found that Waldernheath Care Centre was meeting this essential standard.

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

People are protected from the risk of abuse because the home now has good systems in place to prevent this from happening. Overall, we found that Waldernheath Care Centre 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 home which is kept clean and free from any unpleasant odours. Overall, we found that Waldernheath Care Centre was meeting this essential standard.

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

People receive their medication at the right time and in a safe way. Overall, we found that Waldernheath Care Centre 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 warm and clean home, although some areas are in need of re-decorating and new floor covering. Overall, we found that Waldernheath was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

People living at the home have access to suitable equipment that does not put them at risk. Overall, we found that Waldernheath Care Centre was meeting this essential standard.

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

People are supported and cared for by staff that are appropriately recruited and fit to do their job. Overall, we found that Waldernheath Care Centre was meeting this essential standard.

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

People's care needs are met by sufficient numbers of staff at the home. Overall, we found that Waldernheath Care Centre 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 living at the home are supported by a competent and dedicated staff team. Overall, we found that Waldernheath Care Centre 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.

People now benefit from a safe and good quality service, because appropriate quality monitoring takes place. The overall management structure and monitoring systems that have been put in place at the home now protects people. Overall, we found that Waldernheath Care Centre was meeting this essential standard.

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

People living at the home and their relatives are listened to and complaints are acted upon. Overall, we found that Waldernheath Care Centre was meeting this essential standard.

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

The evidence available suggests that personal records are well maintained and held securely. Overall, we found that Waldernheath Care Centre 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

There are no outstanding improvement, compliance or enforcement actions in respect of this provider.

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

The provider is compliant with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
During our visit to the home people told us they were offered choices about the care they receive and how this is done. They also said that staff were very good and treated them with respect.

Other evidence
During a visit to the service, we observed staff knocking on bedroom doors we heard staff asking people about their care. One member of staff was talking to people about their preference for tea that day. Other staff were seen assisting people to walk with patience, kindness and encouragement.

The manager told us that surveys had recently been sent out to people living at the home and their relatives. Responses to the surveys were just being returned. A sample of these were seen. They were all positive and people commented on how improvements were being made in the home. The manager said that the organisation would analyse them and act on them to further improve the service for people.

The new manager is also to re-commence residents meetings so that this gives people the opportunity to have their say about how the home is run. The home now sends out a bi-monthly newsletter to people living at the home and their relatives informing them about what is happening in the home.

The manager provided written information to us and said that staff, service users and/or their families were encouraged in care planning. Any changes to care were discussed with the person and family if appropriate and were reviewed on the care plan. Care plans we saw detailed how people were involved with their care. People told us that they felt they were involved with their care.

Our judgement

People are supported and respected by staff and their privacy and dignity is maintained. People's views are now being taken into account by new systems introduced by the new manager.

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 we spoke to told us that their care was always explained to them by staff or the manager.

Other evidence
The administrator said that contracts are signed by people who are moving into the home or by their relatives. A copy is held in the office and the original contract is then sent to the organisations head office.

Our judgement
There was no evidence during this review to suggest that people using the service do not consent to the care and treatment they receive from the home.

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

The provider is compliant with outcome 4: Care and welfare of people who use services.

Our findings

What people who use the service experienced and told us
During our visit we talked to people about the care they receive. People we spoke to were happy with the care they received. People made comments such as ‘We are looked after very well, I think it is a good home, all the staff are kind ‘ ‘We are well cared for, all the staff are very good, the home is very good.’

Other evidence
During our visit we looked at a number of people’s assessments and care plans. We looked at people’s care plans to make sure that people’s care needs were being met by the home. Records seen were clear and easy to follow and detailed well. All the necessary care assessments and ongoing monitoring of people’s care was being done. The records we looked at all had the appropriate risk assessments completed. However on one persons care plan the bed rail risk assessment was not dated. This was fed back to the manager who said she would address this matter.

The manager provided us with further information in this outcome area. She stated that people’s care plan documentation is reviewed on a monthly basis and that people are given choices to decide about the care they receive. The manager also said that other health care professionals are involved in making sure people’s health care needs are met and is recorded in individuals care plans.

Such information was seen during the visit to the home when care plans were looked at. The manager told us that the home now employs an activities organiser. Events for the coming weeks were on display on the residents notice board. People confirmed that there were activities available for them.

Staff spoken to gave examples of how they maintain people's privacy and dignity. We observed staff knocking on doors at all times. Staff also said that they follow care plans and have regular handovers to ensure that there is a continuity of care. Staff were seen attending to people in a kind and respectful manner.

Our judgement

People living at the home receive safe and appropriate care. Individual care plans have improved since our last visit. However, because not all records are dated an improvement action is required to ensure compliance continues.

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

The provider is compliant with outcome 5: Meeting nutritional needs.

Our findings

What people who use the service experienced and told us
During our visit we spoke to people about the food. People made comments such as 'the food continues to be very good' and 'the food is very good here'

Other evidence
During a visit to the home we toured the premises and saw plenty of drinks such as orange and blackcurrant juice available for people to drink. These were placed in the main lounge and people who were sat there were drinking them. We observed a drinks trolley going round and offering people warm drinks mid morning. There was also a water dispenser in the main hallway. A notice board in the main dining room displayed what was for lunch that day. On the residents notice board a notice was displayed about daily alternatives to the menu being available and what people could have to eat if they did not want /like what was on the menu that day. People told us that they only have to ask and the chef made sure they got what they wanted to eat.

Staff told us that people are offered food and drinks between meals such milkshakes and that daily food intake and fluid charts are in place for those people who need this level of care. Staff also said that there were completed nutritional assessments in each persons care plan. When we looked at people's care plans a nutritional assessment had been done.

On one care plan there was reference in the nutritional assessment of someone being underweight and a need to monitor daily food and fluid intake. There was no record of this being done in the care plan. This was discussed with a senior carer, who said that they had instruction from the dietician to monitor this for three days only and to fax the records through to the dietician which was done. However there was no record in the care plan to verify this taking place. This was fed back to the manager who said that she would address this matter.

At lunch time we observed three staff in the dining room. We were told that this happens each day to make sure that those people who needed assistance with eating get it. Staff also told us that people are given choices at each mealtime. This was also verified, as on the menu for tea it was egg on toast. We heard some people ask the member of staff that they would prefer to have bacon and egg. This information was observed being passed onto the chef who said that this would be done. People we spoke to said that they only have to ask for something and the chef would always try to accommodate.

The manager provided us with further information in this outcome area. She stated that people were assisted with meals where necessary and that staff had received training in nutrition in the elderly. She said that people are able to have their meals in either the dining room or in their own rooms. During our visit we saw people eating their lunch in their own rooms or in the dining room.

Our judgement

People are provided with choices of food and drink and staff support people where necessary. Nutritional assessments are carried out although records were not always accurate and did not hold up to date information. An improvement action is required to ensure compliance continues.

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 the home had improved from the last visit we carried out.

Other evidence
We spoke with other agencies such as the local authority. They informed us that the provider has been working with them to improve the service. They also told us that the home has made improvements to people's care plans, although there had been some gaps and that the manager was addressing this.
We spoke to the district nurse who said they had no concerns about people living at the home and that they continue to visit people regularly when necessary.

Our judgement
People live in a home that works closely with other agencies so that they receive the care, support and treatment they need.

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 living at the home told us that they always felt safe and that staff were kind and helpful.

Other evidence
There had been several safeguarding referrals made as a result from the inspection carried out on the 7th July 2010. There had been concerns that people’s care needs were not being met by the home. As a result several people were moved to other homes which provide nursing care.
We spoke to the Local Authority Safeguarding Officer who informed us that the home had improved. They said that safeguarding training had been held at the home with good attendance from staff. During this visit we looked at staff records which confirmed that staff had received safeguarding training. When we spoke to staff they understood what they needed to do when someone made an allegation of abuse.

Our judgement
People are protected from the risk of abuse because the home now has good systems in place to prevent this from happening.

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
During our visit we spoke to people about the cleanliness of the environment. People made comments such as 'I think it is good here, everywhere is clean' 'Areas of the home are shabby and could be improved' 'Things have improved although the décor could be better'

Other evidence
We looked around the home and we found the home to be clean and free from any offensive odours, both in people's bedrooms that we were invited in to and in communal areas. We observed domestic staff cleaning bedrooms and communal areas during our visit. We spoke to them about the job they were doing. They said, 'there is a team of domestics who try to keep the home clean, although many areas are 'shabby' and need re-decorating like the work done on the library wing'. They told us that they take pride in the work that they do and that is 'nice' when people comment what a good job they were doing in keeping the home clean. Staff said that they had plenty of equipment and cleaning products to keep the home clean and free from odours. They also told us that they had received infection control training. During this visit we looked at staff records which confirmed that staff had received training in infection control.

We spoke with other agencies such as the Local Authority. They told us that when they last visited there had been an odour in some areas of the home. The district nurse commented that the environment in the home had improved.

The manager provided us with further information in this outcome area. She told us that staff have attended training in infection control and that the home had robust systems in place in keeping all areas clean. She told us that the housekeeping team maintain high standards of cleanliness through routine shampooing of carpets and that they use cleaning products that destroy germs and combat any unpleasant smells.

Our judgement

People live in a home which is kept clean and free from any unpleasant odours.

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

During our visit when people were asked about their medication they made the following comments. 'There are no problems with medicines' and ' I always get my medication'

Other evidence

During our visit medication was checked on one floor. Medication was securely kept in a medication trolley in the medication room which was locked. Keys are held by team leaders. Medication had just being delivered by the chemist and had commenced that day for the following month. All medication received from the chemist is checked and booked in. The morning medication which had been administered was checked and had been signed for by the staff who had administered the medication. Medication that was checked all balanced. Records were also checked for medication that was being returned back to the chemist. Records are signed by the chemist when any medication is returned back to them. Records seen in care plans confirmed that risk assessments had been carried out for those people who are able to self medicate.

We spoke to staff about medication procedures in the home. They told us that the team leaders had responsibility for giving out medication. The team leader on duty

said that they had medication training. This was confirmed by their training records that were seen.

The manager provided us with further information in this outcome area. She told us that only members of staff who have had the medication training administer medicines. She told us that risk assessments for those people who self medicate are held in individuals care plans and that regular medication audits take place.

Our judgement

People receive their medication at the right time and in a safe way.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

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

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

There are minor concerns with outcome 10: Safety and suitability of premises.

Our findings

What people who use the service experienced and told us
During our visit we spoke to people about the condition of the environment. People made comments such as, 'Areas of the home are shabby and could be improved' 'Things have improved although the décor could be better'

Other evidence
During our visit although the home was clean, we did find that most of the home apart from the library wing and top floor were in need of being redecorated. This was because the wallpaper was either stained/damaged or faded. The carpets also in those communal areas were faded. The areas that have been refurbished have been done well. When we spoke to staff they made comments such as. 'The home needs to be refurbished it looks shabby, old and worn although it is kept clean'. 'Things have improved although the home needs re-decorating'. We had discussions with the manager who informed us that there is a programme of refurbishment in place for the maintenance man to complete. The manager said that she had discussed the environment with the owners as the maintenance man could do with some help. The manager told us that two new boilers had been installed on the 4th January 2011.

We had been told by other agencies that some of the home's environment had improved although there were still areas that were in need of attention.

We received further written information following our visit, from the homes manager informing us that a redecoration programme had commenced on the 31st January 2011. The reception area, hallway and stairs of the main house and corridor on the ground floor were being painted and decorated.

Our judgement

People live in a warm and clean home, although some areas are in need of re-decorating and new floor covering to ensure compliance continues.

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
The provider is compliant with outcome 11: Safety, availability and suitability of equipment.

Our findings
<p>What people who use the service experienced and told us</p> <p>People told us that they are able to get out as staff assist them to do this. Whilst other people have their own motorised wheelchairs, which gives them their independence.</p> <p>Other evidence</p> <p>During our visit we saw equipment such as hoists were situated in bathrooms. Wheelchairs were available and used appropriately by staff. People living at the home also had their own motorised wheelchairs so that they could come and go as they wished. There are passenger lifts for people to access other areas of the home. There is level access outside.</p> <p>During our tour of the home we observed a childgate fastened to the outside of one persons bedroom door. We discussed this with the manager. She said this did not effect or stop the doorguard which is fitted to the door from operating when the fire alarms are activated. The person whose room it was had this installed to keep their pet in. The manager was asked to contact the local fire safety officer for their advice. We received further information from the manager following our visit about this. She informs us that the fire sfatey officer had been contacted and was said that if the childgate did not stop the door from closing, then it was not a problem. However</p>

they would check this on their next fire inspection of the home.

Our judgement

People living at the home have access to suitable equipment that does not put them at risk.

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

The provider is compliant with outcome 12: Requirements relating to workers.

Our findings

What people who use the service experienced and told us
People told us that the staff are kind and helpful.

Other evidence
During the Health and Social Care Act (HSCA) 2008 transitional registration process the provider declared compliance with this regulation and no further evidence of non-compliance was identified. We have not been made aware of any concerns or complaints regarding this regulation and outcome since the service's registration under the HSCA.

In discussions with the manager during our visit she told us that the home follows the organisations recruitment procedures. For example that all staff go through the same recruitment process, they obtain a criminal records bureau check and two written references. This was seen in the staff files we looked at.

Our judgement
People are supported and cared for by staff that are appropriately recruited and fit to do their job.

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

The provider is compliant with outcome 13: Staffing.

Our findings

What people who use the service experienced and told us
People said 'we are well looked after, all the staff are kind' They also told us that staffing levels were better.

Other evidence
During a visit to the home we spoke to the new manager in post. We were informed that the organisation has forwarded to the Care Quality Commission, an application to register the manager.
We observed that there were a number of staff at the time we were there. In the morning there were five carers seeing to people's care needs. Staff spoken to on the day told us that there were usually six staff on duty each morning, five staff each afternoon and three staff at night. One of which is a team leader. We looked at two weeks rotas which confirmed what we had been told. Most mornings there were six carers. There were days when there were five carers. The rota confirmed there were three carers on duty each night. The rota did not include the managers hours. We also looked at the rotas for ancillary staff which showed sufficient staff covering the kitchen, cleaning and maintenance of the home. The home also employs an administrator and an activities co-ordinator.
During this visit we looked at staff records which confirmed that staff had received various training such as lifting and handling, medication, fire, safeguarding and some staff had obtained National Vocational Qualification (NVQ) Level 2.

A health professional we spoke to told us that there are occasions when it is difficult to locate staff when they are busy. This was discussed with the manager who said that there are times when staff are busy and that there is nobody in the carers office. The manager said that they would look at this as the home does employ an administrator. This person could be based in the carers office who could then locate care staff as and when needed by health professionals or any visitors to the home.

The manager provided us with further information in this outcome area. She informed us that 50% of staff have completed NVQ training. There are team leaders on duty for each shift and that the home's staffing incorporates a qualified chef and experienced and qualified housekeeper. Rota's are in place which reflects adequate staffing levels per shift. She also told us that the home follows the policies and procedures in line with Employment Laws with regard to all human resource issues.'

Our judgement

People's care needs are met by sufficient numbers of staff at the home.

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 said that staff were confident in their job and knew what they were doing and that they were always helpful.

Other evidence
The manager provided us with further information in this outcome area.
During a visit to the home we observed staff assisting people where needed. Staff did not appear to be rushed and spent time talking to people who live at the home. Staff spoken to on the day told us that they had the training necessary to make sure that people are well cared for. Staff told us that they were well supported by the new manager as she had an 'open door policy' and listened to what staff had to say.

We looked at the training records of the staff we had spoken to. Records confirmed that staff had received various training in areas such as medication, fire, safeguarding and nutrition. Records showed that staff had induction training.

Staff confirmed in conversations held with them that they had regular staff meetings. We looked at records of staff meetings which showed that these take place on a monthly basis.

Staff also told us that they received regular supervision from the manager. Records seen in staff files confirmed that staff received regular supervision. This makes sure that there is a continuity of care for people living at the home.

The manager provided us with further information in this outcome area. She told us that all new staff receive induction training on the aims, objectives and purpose of the service. She also told us that staff receive clinical supervision bi-monthly where learning needs are identified.

Our judgement

People living at the home are supported by a competent and dedicated staff team.

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
People told us that the home had improved since our last visit by the work done to some parts of the environment. They also said that staffing levels had improved.

Other evidence
During our visit to the home we looked at the last quality monitoring report dated the 29th October 2010, which had been undertaken by the operations manager for the organisation. The report covered areas that the operations manager looked at and what the outcomes were for people living at the home.
Regular staff meetings are held and minutes of these were seen. Staff are now given the opportunity to contribute towards making further improvements.
We saw that surveys had recently been sent out to people living at the home and their relatives. Responses to the surveys were just being returned. The manager said that the organisation would analyse them and act on them to improve the service for people. The new manager is also to recommence residents meetings so that this gives people the opportunity to have their say about how the home is run.
The manager provided us with further information in this outcome area. She told us that quality questionnaires had been sent out to residents and their families. This

makes sure that people are satisfied with the service they receive from the home. She also told us that regular audits of complaints, incidents, falls or errors are completed. This makes sure that the home is continuing to be run in the best interests of residents and staff. Other information the manager provided is how the home now works in close partnership with other regulatory authorities by reporting, sharing and seeking advice where there are incidents or concerns.

In discussions we have had with the Local Authority they inform us that the home has worked well with them to ensure improvements have been made to the quality of care at the home.

Our judgement

People now benefit from a safe and good quality service, because appropriate quality monitoring takes place. The overall management structure and monitoring systems that have been put in place at the home now protects people.

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

What people who use the service experienced and told us
People told us that they had 'no complaints' and that 'the home has improved' They also told us that if they did have any concerns or complaints that they would speak to the staff or manager.

Other evidence
During our visit to the home we did not on this occasion look at the home's complaints log. We did discuss with the manager how complaints are dealt with. She informed us that she follows the organisations procedure and all complaints are logged and responded to within a time period.
We were also informed by the Local Authority that recently the home had dealt with two complaints appropriately and effectively.

Our judgement
People living at the home and their relatives are listened to and complaints are acted upon.

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 have access to their records and encouraged to participate when drawing up their plans of care.

Other evidence
During the Health and Social Care Act (HSCA) 2008 transitional registration process the provider declared compliance with this regulation and no further evidence of non-compliance was identified. We have not been made aware of any concerns or complaints regarding this regulation and outcome since the service's registration under the HSCA.

During our visit we looked at a selection of the home's records. These were all well organised and any information we requested was provided promptly. Records that contained confidential information about people and staff were stored in locked filing cabinets in the office.

We saw care staff in the carer's office writing in people's care plans and up dating them with relevant information.

People's care plans seen apart from one were up to date. Other records such as risk assessments were regularly reviewed. There was one record which was not dated as mentioned earlier in the report. Records looked at on the day were well organised, detailed and were all held securely in either the managers office or the carers office.

Our judgement

The evidence available suggests that personal records are well maintained and held securely.

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.	9	4. Care and welfare of people using services.
	Why we have concerns: People living at the home receive safe and appropriate care. Individual care plans have improved since our last visit. However, because not all records are dated an improvement action is required to ensure compliance continues.	

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care.	14	5. Meeting nutritional needs.
	Why we have concerns: People are provided with choices of food and drink and staff support people where necessary. Nutritional assessments are carried out although records were not always accurate and did not hold up to date information. An improvement action is required to ensure compliance continues.	
Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or	15	10. Safety and suitability of

personal care.		premises.
<p>Why we have concerns: People live in a warm and clean home, although some areas are in need of re-decorating and new floor covering to ensure compliance continues.</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 within 28 days of this report being received.

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 Adult 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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