

Review of compliance

Esteem Care Brandon House

Region:	Yorkshire and Humberside
Location address:	Tongue Lane, Meanwood, Leeds, LS6 4QD
Type of service:	Care home with nursing
Date the review was completed:	25/03/2011
Overview of the service:	<p>Brandon House is registered to provide nursing care for up to 42 older people with places for up to eight people with dementia. There are 40 bedrooms, the majority of which are for single occupancy with en-suite facilities. There are two shared rooms available.</p> <p>Communal lounge and dining facilities are on the ground floor and there are a number of communal bathrooms and toilets throughout the building.</p> <p>The home is situated in the Meanwood area of Leeds There are public transport links nearby and a range of local amenities.</p> <p>The home is set in an acre of land with parking,</p>

	<p>accessible gardens and patio areas.</p> <p>Brandon House is owned by Esteem Care who also own homes in Harrogate, North Yorkshire and in Preston, Lancashire.</p>
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Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Brandon House 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 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 8th February 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 also asked the provider to make its own assessment of compliance by completing our Provider Compliance Assessments (PCA) for some outcome areas.

What people told us

We observed staff interaction with people and saw people treated with respect. Staff crouched down to talk to people and spoke quietly with them.

People seemed confident in the way they related to the staff.

Not many people were able to tell us directly about their experience but those who were said that they had been asked about their care and staff, overall, looked after them in the way they wanted.

People using the service and one relative told us that they had been involved in what was called a review of their care plans.

People told us that they thought things had improved at the service and these are some of their comments:

“better for the change”

“more chance of getting attention”

“very happy”

(staff) “very kind”

People told us about care reviews and their involvement in them.

People told us that they felt things were improving at the home.

People told us that they were involved in their care although sometimes staff ‘would not be told’ when people wanted things done in a particular way.

Relatives of people living at the service told us that they had been asked about the care of their relatives and asked to sign a form saying so. This was the first time they had been asked about care plans and the first time they had been made aware of named nurses and key workers.

We saw evidence of one relative’s involvement in the plan of care, where it was documented that ‘currently no concerns about mum’s care’

Comments about mealtimes:

“if you don’t like something they will find you something else”

People told us that they are kept informed of changes. We found evidence that people had been informed of the transfer to hospital of their relative.

Another person told us about the involvement in their care of a specialist nurse from one of the local hospitals.

People told us that they felt safe at the service and able to speak to the manager and staff if they had any concerns.

People unable to express views about their care looked confident and comfortable in their surroundings.

We could see evidence of re-decoration and refurbishment at the service. There were no odours and all the areas we visited were clean.

We spoke with five people who lived in the home about their medicines and observed some medicines being given. One person said that the nurses looked after them really well and always made sure they took their medicines properly. Another person said care workers were kind and always made sure their creams were applied every day and this was done in a caring and sensitive way.

One person said staff always gave them their medicines on time and they always asked them if they had any pain. We observed a nurse asking several people if they were in pain and saw painkillers being given properly when people said they had any pain.

We observed parts of two medicines rounds and both were carried out in an unhurried and organised way. Medicines that needed to be given before food were usually given correctly apart from one recent course of antibiotics that was given wrongly after food so there was a risk that it would not work properly.

The manager showed us a recent report from the Primary Care Trust that said the home had made some good improvements in the way it handled medicines but some concerns remained that these improved standards might not be sustained.

People told us that there were new staff and the manager was always about instructing and guiding them in their roles.

People told us that the staff were kind and looked after them properly. They told us that the acting manager was 'always around' telling staff how to do their jobs properly.

We spoke to a new senior member of the nursing staff who told us about the support provide to staff. She told us that the service was working to an action plan produced following the safeguarding issues which arose last year and that when she and the manager started working at the home in August/September last year 'everything needed sorting'.

They told us that the care workers had not had clear guidance and therefore there was some poor practice. However, with improved communication and clear leadership they felt that things had improved.

People told us that they felt able to speak up if necessary to the staff or the manager if they had any concerns.

People told us that they felt the acting manager was trying very hard to improve the service.

What we found about the standards we reviewed and how well Brandon House 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 who use the service or others acting on their behalf are supported to make decisions and understand their care and support. People are treated with respect for their privacy and dignity.

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

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

This outcome was assessed as a minor concern. Overall, people using the service receive effective, safe and appropriate care treatment and support. The improvements made need to be sustained to make sure that people continue to receive a safe and effective service.

- Overall, we found that Brandon House was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

There was no evidence during this review to suggest that people using the service are not supported to have adequate nutrition and hydration.

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

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

The provider demonstrates that they work closely with other agencies so that people living at the service receive the care, support and treatment they need.

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

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

The evidence suggests that there is no area of non-compliance with this outcome. The provider has systems and procedures in place to ensure that as far as is possible people using the service are protected from abuse.

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

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

The evidence suggests that there is no area of non-compliance with this outcome. The provider now has systems and procedures in place to make sure that people live in a hygienic and clean environment and are protected from the risk of infection.

- Overall, we found that Brandon House 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 are not always protected against the risks associated with the unsafe use and management of medicines.

- Overall, we found that Brandon House was meeting this essential standard but, to maintain this; we have suggested that some improvements are made.

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

The evidence suggests that there is no area of non-compliance with this outcome.

People who use the service and people who work in or visit the premises are in safe, and comfortable surroundings.

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

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

The evidence suggests that there is no area of non-compliance with this outcome.

People who use the service are not at risk of harm from unsafe or unsuitable equipment.

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

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

The evidence suggests that there is no area of non-compliance with this outcome.

People who use the service have their needs met by staff who have been properly recruited.

- Overall, we found that Brandon House 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

The evidence suggests there is no area of non-compliance with this outcome.

The provider now makes sure that there are enough staff employed at the service to meet the needs of the people who live there.

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

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

The provider has systems and procedures in place to make sure that the staff team have the relevant skills and knowledge to meet the needs of people using the service.

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

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

This outcome was assessed as a minor concern because the processes for assessing and monitoring the quality of the service are not yet fully implemented.

- Overall, we found that Brandon House was meeting this essential standard but, to maintain this; we have suggested that some improvements are made.

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

The evidence suggests there is no area of non-compliance with this outcome.

People using the service are confident that any complaints they had would be taken seriously and action taken.

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

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

The evidence suggests there is no area of non-compliance with this outcome.

People who use the service can be confident that their personal records are accurate, fit for purpose, held securely and remain confidential. Other records, required to protect people's safety and wellbeing are maintained properly.

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

Outcome 24: Requirements relating to registered managers

The evidence suggests there is no area of non-compliance with this outcome.

People who use the service have their needs met because it is managed on a day to day basis by an appropriate person.

- Overall, we found that Brandon House 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.

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
We observed staff interaction with people and saw people treated with respect. Staff crouched down to talk to people and spoke quietly with them.
People seemed confident in the way they related to the staff.
Not many people were able to tell us directly about their experience but those who were said that they had been asked about their care and staff, overall, looked after them in the way they wanted.
People using the service and one relative told us that they had been involved in what was called a review of their care plans.

People told us that they thought things had improved at the service and these are some of their comments:
“better for the change”
“more chance of getting attention”
“very happy”

(staff) "very kind"

Other evidence

At our last inspection of September 2010, people living at the service and their relatives told us that they had been kept informed about issues at the service. Communications and the involvement of people had improved.

The notes of monitoring visit by the local authority commissioning team August 2010 told us that meetings had been held by the provider to keep people informed of progress at the service.

The provider's response to our September 2010 inspection report said that there had been two meetings with residents and relatives to share information.

In the provider compliance assessment, (PCA) the provider assessed itself as mostly compliant in this outcome area.

The provider wrote in the PCA that the individual plans of care were now being discussed with the people using the service or their representative. This discussion is evidenced by a signature on the care plan. The acting manager described this as a 'work in progress'.

Staff have started to review care plans with people. This is an area which needs to continue to be developed to make sure that people and/or their representatives are consistently involved and supported in making informed decisions about their care.

The care worker on the dementia unit knew the people she was looking after very well and could describe likes and dislikes, how they liked to be approached, cared for and how she managed any challenging behaviour.

The acting manager has started to develop ways of making sure that people's relatives are kept informed even when they are not able to attend meetings. For example, the manager is now in email communication with one person and this has resolved some misunderstandings about the care of their relative.

Our judgement

Overall, people who use the service or others acting on their behalf are supported to make decisions and understand their care and support. People are treated with respect for their privacy and dignity.

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 told us about care reviews and their involvement in them.

Other evidence
At our inspection of June 2009 we noted that the provider should provide evidence that people or their relatives have been involved in the development of care plans.

Following the August 2010 monitoring visit by the local authority commissioning team they reported that they saw evidence that reviews were being carried out and involved people living at the service.

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

There are minor 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 they felt things were improving at the home.

People told us that they were involved in their care although sometimes staff 'would not be told' when people wanted things done in a particular way.

Relatives of people living at the service told us that they had been asked about the care of their relatives and asked to sign a form saying so. This was the first time they had been asked about care plans and the first time they had been made aware of named nurses and key workers.

We saw evidence of one relative's involvement in the plan of care, where it was documented that 'currently no concerns about mum's care'

Other evidence

At our inspection of June 2009 we raised concerns about the care of people at risk of skin damage. The local authority safeguarding team were involved. The provider cooperated fully with the local authority and the situation improved.

Safeguarding concerns were raised in July 2010 about the management of skin

damage and the care and welfare of people at the service. A safeguarding investigation was commenced and the local authority suspended placements at the service. The provider has cooperated fully working with the local authority to improve the service for people.

At our inspection of September 2010 we found that information for staff in care plans was not always up to date and although care plans were being reviewed this was not regular and not always in a meaningful way. This meant that staff did not always have easy access to up to date information about people's care needs.

A full review of the care records was underway and the revised records provided better information for staff.

We saw evidence of the involvement of other healthcare professionals. Risk assessments were up to date and action was being taken where risk was identified although care plans were not always sufficiently detailed.

Some told us that they felt well looked after others said they had to wait to be taken to the toilet. We saw people in the dementia unit had to wait for breakfast and general care needs – with one carer working alone with four people who were in need of a lot of care and support.

At the February 2011 site visit we saw that care and welfare has improved at the service. Other healthcare professionals have told us that they feel that the acting manager has been instrumental in improving the standard of care at the service and they feel care has improved.

In the provider compliance assessment, (PCA) the provider assessed itself as mostly compliant in this outcome area.

The provider gave information about what they felt had improved at the service: These are some of the improvements the provider listed:

“Preadmission assessment based on their care needs to ensure the home can meet their needs before admission.

Care plan documentation and monthly reviews by named nurse.

Communication with service user, families and their representatives regarding all issues with regard to their care and service user are allowed to decide on their care.

Named nurse and keyworker allocation for each service user to ensure individual needs.

Registered with the local General Practitioner (GP) to consult when there are medical concerns.

The involvement of community matron, specialist nurses if needed i.e. tissue viability nurse (TVN), continence advisor, community psychiatric nurse (CPN).”

Some of the improvements, for example, the implementation of care plan reviews with people and/or their families and the introduction of named nurses and key workers do need further development. For example, it was not clear to one person why their daughter had been asked to look at the care plan and not them directly; another relative had been given names of the named nurse and key worker but did not know who they were.

We found improvements on the dementia unit. The carer on the unit knew the residents she was looking after very well and could describe likes and dislikes, how they liked to be approached and how she managed any challenging behaviour.

In the main lounge/dining area there was a lively atmosphere with lots of chat and laughter at one table in particular, over the breakfast meal. People at this table sat for a while after their meal chatting about old TV programmes and sang a few songs together after seeing who could remember different theme tunes.

Our observation of staff practice and information from people showed us that good moving and handling practices are not always followed. For example, one person told us that some of the carers were better at using the hoist than others and that one staff member used it on her own on the day of our visit. This person said that sometimes it was painful and they thought that it could be done better at times. This person was also clear that they did not feel frightened about this and felt able to tell the manager and staff.

We looked at this person's care plan. There was a moving and handling assessment and plan which was reviewed monthly and it stated that 'two carers to use trixie Hoist' and 'two carers to carry out all transfers'. It was of concern that the member of staff carrying out the transfer had not followed the care plan.

Overall, the monthly care plan evaluations are poor and do not fully reflect the effectiveness, or otherwise, of the plan over the previous month. Some are more detailed and there are others, which just state 'Care plan effective'.

Information at the back of one person's file states that they have been diagnosed with dementia. This information does not seem to be addressed through the care plans and is not included in diagnoses at the beginning of the care records

As part of this planned review we also contacted other healthcare professionals or their views about the improvements at the service. All those we spoke with felt that care and welfare had improved. They felt that acting manager in particular was responsible and had confidence in him.

However, all had concerns about the sustainability of the improvements, a number of which had not yet had time to be embedded at the home as the current staff team had not been together for very long.

Our judgement

This outcome was assessed as a minor concern. Overall, people using the service receive effective, safe and appropriate care treatment and support. The improvements made need to be sustained to make sure that people continue to receive a safe and effective service.

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
At mealtimes, “if you don’t like something they will find you something else”

Other evidence
At our inspection of June 2009, no concerns were raised about food provision at the service.

At our inspection of September 2010 people told us that the food was good, in particular the homemade soup. We also saw that people given were given choice.

On the day of our visit we saw that on the dementia unit two people were eating their breakfast under supervision of one care worker and the atmosphere was calm and relaxed. A third person on the unit remained in bed, described as a ‘late riser’ and she would have her breakfast later.

In the main area of the home we saw that people had made different choices about what they were eating.

A care worker went round at the end of the meal asking people what they would like for lunch with people being given a choice. One person said he did not want was on the menu and carer discussed what he would like instead.

Our judgement

There was no evidence during this review to suggest that people using the service are not supported to have adequate nutrition and hydration.

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 are kept informed of changes. We found evidence that people had been informed of the transfer to hospital of their relative.
Another person told us about the involvement in their care of a specialist nurse from one of the local hospitals.

Other evidence
There is a whole range of other healthcare professionals and other agencies who have been or who are involved with the service.
All we have contacted have told us that the provider has cooperated fully in order to improve the service provided at Brandon House.

Our judgement
The provider demonstrates that they work closely with other agencies so that people living at the service 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 told us that they felt safe at the service and able to speak to the manager and staff if they had any concerns.

People unable to express views about their care looked confident and comfortable in their surroundings.

Other evidence
Following our inspection of June 2009 there was a safeguarding investigation at the service which was resolved with the full cooperation of the provider.

Safeguarding concerns were raised in July 2010 and a safeguarding investigation was commenced and the local authority suspended placements at the service. The provider has cooperated fully working with the local authority to improve the service for people.

There have not been any safeguarding concerns at the service since July 2010.

Our judgement

The evidence suggests that there is no area of non-compliance with this outcome.

The provider has systems and procedures in place to ensure that as far as is possible people using the service are protected from 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
We could see evidence of re-decoration and refurbishment at the service. There were no odours and all the areas we visited were clean.

Other evidence
In July 2010 there were serious issues noted during the course of the safeguarding investigation and visits by other agencies to the service.

An infection control audit was completed by the Infection control team in August 2010. Shortfalls were identified and the service given timescales in which to address them. We contacted the infection control nurse as part of this review and were told that the service had 'improved dramatically' and that the acting manager was very keen to improve the service.

In addition, training had been provided to staff during November 2010.

At our inspection of September 2010 the odour issues were being better managed and had improved. People told us at that time that they felt the service was cleaner and the odour improved.

Our judgement
The evidence suggests that there is no area of non-compliance with this outcome. The provider now has systems and procedures in place to make sure that people live in a hygienic and clean environment and are protected from the risk of infection.

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

There are minor concerns with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us

We spoke with five people who lived in the home about their medicines and observed some medicines being given. One person said that the nurses looked after them really well and always made sure they took their medicines properly. Another person said care workers were kind and always made sure their creams were applied every day and this was done in a caring and sensitive way.

One person said staff always gave them their medicines on time and they always asked them if they had any pain. We observed a nurse asking several people if they were in pain and saw painkillers being given properly when people said they had any pain.

We observed parts of two medicines rounds and both were carried out in an unhurried and organised way. Medicines that needed to be given before food were usually given correctly apart from one recent course of antibiotics that was given wrongly after food so there was a risk that it would not work properly.

The manager showed us a recent report from the Primary Care Trust that said the home had made some good improvements in the way it handled medicines but

some concerns remained that these improved standards might not be sustained.

Other evidence

With the consent of each person we checked their medicines records and relevant care notes. We found medicines records were usually clear, accurate and complete. A new supplying pharmacy was now being used and the system that the medicines were being supplied in was used correctly. Medicines could be easily checked and accounted for because they were properly organised. The manager carried out monthly audits and random checks of the medicines and these had found some mistakes that had been acted upon to help prevent them happening again.

However, our checks of the records and stock showed some medicines had not been handled safely. A recent mistake with a strong painkiller had not been reported to the manager so he was unaware of this even though the policy of the home was to report any medicines errors immediately. Our checks of an inhaler used for breathing problems showed it had been missed on several occasions even though the records were signed that it had been given.

The recording of external medicines such as creams remained inconsistent so we could not be sure that they were being used properly even though we highlighted this on our last visit. The manager said care workers were now signing for creams when they had applied them but our checks of the records showed this was not always happening and this was confused further by nursing staff ticking a separate record even though they had not been involved. The manager said he had tried to get some training for care workers about how to use external medicines but this had not happened yet.

We looked at how medicines prescribed as 'when required' were used and found some good information in the form of 'when required care plans'. However, we found some of these were not up to date including ones about pain relief and epilepsy. These plans had not been reviewed since they had been written so there was a risk that these medicines might not be used properly.

Our judgement

People are not always protected against the risks associated with the unsafe use and management of medicines.

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
We have not spoken directly to people who use services in assessing this outcome.

Other evidence
This outcome did not constitute part of the site visit.
At our inspection of June 2009 we did not raise any concerns about the suitability of the environment.
In July 2010 inspections of the service by the local authority commissioning team concerns were raised about general maintenance of the service and ongoing redecoration and refurbishment. During subsequent monitoring visits they reported that there was evidence of refurbishment and redecoration.
We saw during our site visit that redecoration and refurbishment has improved the environment for the people who live at the service.

Our judgement
The evidence suggests that there is no area of non-compliance with this outcome. People who use the service and people who work in or visit the premises are in safe, and comfortable surroundings.

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

What people who use the service experienced and told us
We have not spoken directly to people who use services in assessing this outcome.

Other evidence
This outcome did not constitute part of the site visit.
We did not raise any concerns about the equipment in use or its availability at our inspections of 2009 and 2010.

Our judgement
The evidence suggests that there is no area of non-compliance with this outcome. People who use the service are not at risk of harm from unsafe or unsuitable equipment.

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
We have not spoken directly to people who use services in assessing this outcome

Other evidence
This outcome did not constitute part of the site visit.

We did not raise any concerns about the recruitment process at our inspections of 2009 and 2010.

Our judgement
The evidence suggests that there is no area of non-compliance with this outcome. People who use the service have their needs met by staff who have been properly recruited.

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 told us that there were new staff and the manager was always about instructing and guiding them in their roles.

Other evidence
At our inspection of September 2010 we made a requirement that the provider must show that as far as possible there are enough staff who the needs of the people using the service.

Information from a local authority monitoring visit in October 2010 was that there were enough staff on duty. There was also good level of ancillary support for staff in the kitchen and laundry as well as domestics.

The provider told us that they have employed additional nursing staff as well as care workers and an administrator/maintenance person.

Our judgement
The evidence suggests there is no area of non-compliance with this outcome. The provider now makes sure that there are enough staff employed at the service to meet the needs of the people who live there.

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 told us that the staff were kind and looked after them properly. They told us that the acting manager was 'always around' telling staff how to do their jobs properly.

We spoke to a new senior member of the nursing staff who told us about the support provide to staff. She told us that the service was working to an action plan produced following the safeguarding issues which arose last year and that when she and the manager started working at the home in August/September last year 'everything needed sorting'.

They told us that the care workers had not had clear guidance and therefore there was some poor practice. However, with improved communication and clear leadership they felt that things had improved.

Other evidence
Staff induction covers a wide range of areas such as, fire procedures, health and safety, food hygiene, infection control, actions to take following any incidents and use of equipment.

Over the past three months staff have had regular training, this has included infection control and dementia awareness training. The staff we spoke to commented that the dementia awareness training had made them more aware of

how to work with people who had dementia enabling them to make their own choices and decisions.

We saw detailed training records were now kept by the acting manager. These included information about training staff had already completed as well as training they would be attending in the future. The majority of the care staff within the home had achieved a National Vocational Qualification (NVQ) in social care at level 2 training with more senior staff having achieved NVQ level 3.

The range of training available to staff was extensive and included training on; pressure sore prevention, care of the dying, nutrition, manual handling, food hygiene and infection control.

We saw staff supervision lists with dates of meetings and the name of the supervisor. We also saw a more detailed sheet on what was covered at each meeting and what needed to be covered in future meetings. Staff told us that they saw the acting manager regularly and had access to him whenever they needed.

Whilst staff were supervised on daily basis by their manager there was no evidence as yet of formal appraisals of staff.

Our judgement

The provider has systems and procedures in place to make sure that the staff team have the relevant skills and knowledge 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

There are minor concerns with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
We did not discuss this outcome directly with people using the service.

Other evidence
The acting manager only started work at the service 31st August 2010 and has not yet undertaken any surveys of the views of people who use the service or their relatives. However, quarterly meetings with people using the service and their representatives have been started, as a means of getting some feedback on the service provided.
The service has yet to introduce formal processes to use feedback from these meetings or any other sources, to enable them to improve practice. For example, they need to be able to provide clear evidence of how they monitor the service and learn from incidents, such as the recent safeguarding issues.

The acting manager has started to carry out regular audits of the service and care provided. These included audits of care plans, the cleanliness/condition of mattresses and hand hygiene. There had also been ad-hoc audits on catering and nutrition. However, overall the scope of audit activity within the home was limited and did not cover all aspects of care. For example, no audits were undertaken on compliance with policies or procedures relating to safeguarding or the management

of medicines.

The acting manager has established clear communication systems to help make sure that people receive safe and appropriate care. The acting manager sees a copy of the daily handover sheet every morning. Staff are told of any concerns or changes to people's care in daily meetings.

Our judgement

This outcome was assessed as a minor concern because the processes for assessing and monitoring the quality of the service are not yet fully implemented.

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 felt able to speak up if necessary to the staff or the manager if they had any concerns.

Other evidence
At our inspection of September 2010 relatives told us that when they had raised concerns action was taken. One person told us that he did not always feel that staff listened to him and took concerns seriously.

One concern has been brought to our attention since July 2010 and this was referred to the service by the safeguarding team for investigation in October 2010. This has been resolved.

Our judgement
The evidence suggests there is no area of non-compliance with this outcome. People using the service are confident that any complaints they had would be taken seriously and action taken.

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
We have not spoken directly to people who use services in assessing this outcome.

Other evidence
This outcome did not constitute part of the site visit.

We have not raised any concerns about how records are stored at previous inspections

Our judgement
The evidence suggests there is no area of non-compliance with this outcome. People who use the service can be confident that their personal records are accurate, fit for purpose, held securely and remain confidential. Other records, required to protect people’s safety and wellbeing are maintained properly.

Outcome 24: Requirements relating to registered managers

What the outcome says

This is what people who use services should expect.

People who use services:

- Have their needs met because it is managed by an appropriate person.

What we found

Our judgement

The provider is compliant with outcome outcome 24, Requirements relating to managers

Our findings

What people who use the service experienced and told us

People told us that they felt the acting manager was trying very hard to improve the service.

Other evidence

The registered manager has been absent from the service since July 2010.

Initially the provider arranged for the regional manager to provide management and leadership at the service.

A deputy manager was appointed 31/08/2010 and is now acting manager at the service. He is an experienced nurse and is currently undertaking the manager's award.

Information from the provider dated 28/09/2010 states that the deputy manager has been supernumerary from October 2010 to allow him time to properly supervise and manage the home and implement the necessary changes.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

People who use the service have their needs met because it is managed on a day to day basis by an appropriate person.

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 people who require nursing or personal care, Treatment of disease disorder or injury, diagnostic and screening procedures	9	4
	Why we have concerns: This outcome was assessed as a minor concern. Overall, people using the service receive effective, safe and appropriate care treatment and support. The improvements made need to be sustained to make sure that people continue to receive a safe and effective service.	
Accommodation for people who require nursing or personal care, Treatment of disease disorder or injury, diagnostic and screening procedures	13	9
	Why we have concerns: People are not always protected against the risks associated with the unsafe use and management of medicines.	
Accommodation for people who require nursing or personal care, Treatment of disease disorder or injury, diagnostic and screening procedures	10	16
	Why we have concerns: This outcome was assessed as a minor concern because the processes for assessing and monitoring the quality of the service are not yet fully implemented.	

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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