

# Review of compliance

**Dr M Zaki & Dr N Zaki**

**Pax Hill Nursing Home**

<b>Region:</b>	South East
<b>Location address:</b>	Bentley Farnham Surrey GU10 5NG
<b>Type of service:</b>	Care home services with nursing
<b>Date the review was completed:</b>	11 March 2011
<b>Overview of the service:</b>	<p>Pax Hill is a privately owned purpose built care home registered to provide nursing or residential care for up to sixty one older people some of whom may have dementia.</p> <p>All of the residents are accommodated in large single rooms equipped with en-suite toilet and bathing facilities</p> <p>The home which shares large extensive grounds with a sister home (under the same ownership) is situated in the North Hampshire</p>

	<p>village of Bentley close to the A31 trunk road which allows easy access to the towns of Farnham Farnborough, Fleet, Aldershot and Alton.</p> <p>Ample on site parking is available.</p>
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# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that Pax Hill Nursing Home was meeting all the essential standards of quality and safety we reviewed.**

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, surveyed people who use services, carried out a visit on 29 November 2010, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services.

### What people told us

People who use the service told us they were happy with the quality of care they received, the home in general, the food, their accommodation and the staff.

None of the residents spoken with expressed any dissatisfaction regarding any outcome area.

### What we found about the standards we reviewed and how well Pax Hill Nursing Home was meeting them

This review assessed whether Pax Hill Nursing Home provides care to people that meets essential standards of quality and safety, respects their dignity and ensures their rights.

This review focused on sixteen regulations and key associated outcomes. In all of the outcomes assessed we found the home was compliant. We are therefore taking no regulatory action as we had no concerns.

**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**

Residents are treated with dignity, had their wishes respected, were consulted about their care and were able to personalise their own rooms.

Overall, we found that Pax Hill Nursing Home 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**

Residents or their representatives were consulted about and are given the opportunity to agree a plan of care.

Overall, we found that Pax Hill Nursing Home was meeting this essential standard.

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

Residents have access to a well organised activities programme. The home has a system of planning and reviewing care, which reflects residents' wishes and aspirations and ensures residents' needs are met within a risk management policy. Residents and their representatives are consulted and involved in decisions that affect them.

Overall, we found that Pax Hill Nursing Home was meeting this essential standard.

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

The home has a procedure in place to assess and monitor residents' nutritional needs and to access professional advice and guidance if required.

Overall, we found that Pax Hill Nursing Home was meeting this essential standard.

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

The provider protects the health and welfare of all residents by ensuring that they have access to specialist care from external agencies.

Overall, we found that Pax Hill Nursing Home was meeting this essential standard.

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

The home has policies and procedures in place designed to protect residents from abuse.

Overall, we found that Pax Hill Nursing Home was meeting this essential standard.

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

Residents and staff are being protected from the risk of infection by a comprehensive daily cleaning schedule and policies and procedures designed to stop the spread of infection.

Overall, we found that Pax Hill Nursing Home was meeting this essential standard.

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

Residents' medication is stored securely and administered by trained staff who keep up to date and accurate records.

Overall, we found that Pax Hill Nursing Home is meeting this essential standard.

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

Residents are accommodated in safe and secure premises that meet their needs.

Overall, we found that Pax Hill Nursing Home was meeting this essential standard.

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

Equipment in the home is well maintained, suitable and staff are all trained in its use.

Overall, we found that Pax Hill Nursing Home was meeting this essential standard.

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

A recruitment and selection policy and procedure designed to protect residents is in place.

Overall, we found that Pax Hill Nursing Home 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**

Residents' needs are being met by a sufficient number of trained staff at all times.

Overall, we found that Pax Hill Nursing Home was meeting this essential standard.

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

All staff receive a detailed induction mandatory job related training and one to one support and supervision to enable them to meet the needs of residents safely.

Overall, we found that Pax Hill Nursing Home was meeting this essential standard.

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

Residents and their representatives' views and ideas are sought on how the service could be improved.

Overall, we found that Pax Hill Nursing Home was meeting this essential standard.

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

The home deals with all complaints in accordance with its own complaints procedure, a copy of which is made available to all residents and their representatives on admission to the home.

Overall, we found that Pax Hill Nursing Home was meeting this essential standard.

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

A policy and procedure is in place to ensure that all records are stored securely and are monitored to ensure they are accurate and up to date.

Overall, we found that Pax Hill Nursing Home was meeting this essential standard.

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**

### Our findings

**What people who use the service experienced and told us**  
Residents we spoke with during our visit told us they were treated with dignity, had their wishes respected, were very happy in the home and could personalise their own rooms by hanging pictures, displaying ornaments and using their own furniture.

**Other evidence**  
In their self assessment, the provider told us pre-admission assessments, in which residents and their representatives were involved, were carried out to ensure all needs could be met. If needs could not be met, admission would be declined.

From viewing the care plans during our visit, we confirmed that residents and their representatives had signed the plans demonstrating they had been consulted and were involved in planning their own care and support and how this should be delivered.

Care plans were written with emphasis on residents' abilities as well as their needs, making them as person centred as possible.

With regard to residents personalising their own rooms, the provider, manager and several members of staff confirmed what residents had previously told us ie that they could personalise their own rooms by hanging pictures, displaying ornaments and using their own furniture. We were also invited into three residents' rooms where we saw how rooms had been personalised.

**Our judgement**

Residents are treated with dignity, had their wishes respected, are consulted about their care and are able to personalise their own rooms.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

# 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

### Our findings

**What people who use the service experienced and told us**  
We did not, on this occasion, speak to people about consent to care and treatment so cannot report what the people using the service said.

**Other evidence**  
In their self assessment, the provider told us before any care or treatment was given, consent was obtained from the resident and their representative. This was confirmed by signatures in the care plans viewed.

We were also told by the manager and staff if a resident refused care and treatment this was documented in their records but to date no resident had disagreed with their plan.

To ensure residents were capable of giving consent to their proposed plan of care, all staff received Mental Capacity Act training. As a result of this training care staff told us they were familiar with “best interest” decision making and the involvement of the relevant people should the resident require access to an independent advocate.

**Our judgement**

Residents or their representatives are consulted about and are given the opportunity to agree a plan of care.

On the basis of the evidence provided we found the service to be compliant with this outcome.

# 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

### Our findings

**What people who use the service experienced and told us**  
A number of residents were spoken with either individually or in groups during our visit to the home. Residents we spoke with were all very positive about their care and treatment at Pax Hill. They also told us that the new building was a lovely, clean and pleasant environment in which to live.

Residents praised particularly the new activities co-ordinator and discussed the many activities in which they could participate. These included regular arts and crafts, shopping trips, visits to garden centres and nearby places of interest and trips out to local cafes for coffee and tea.

They told us that a lot of effort had been made by the staff to make the Christmas and New Year holiday period feel special for them. They had been supported to do Christmas present shopping, made Christmas decorations, had booked a restaurant for a special meal and were planning a New Year's Eve party.

**Other evidence**  
During our visit to the home, we viewed a sample of five residents' care plans.

In all cases, every person had a named nurse who had lead responsibility for their welfare and the daily monitoring of their social and health care needs.

All of the residents' care plans viewed contained an assessment of the resident's needs including nutrition, pressure sores, manual handling, falls and any risks present. Plans also contained mental health information including any mental health assessments undertaken and mental capacity assessments. Where a need or risk had been identified there was information in the care plan on how this was to be managed.

Detailed information was also available regarding the residents' families, interests, and activities, their preferred daily routine a life history and an end of life plan.

We found that residents had signed their care plans where they had capacity to do so. Where the individual did not have the capacity, the nominated next of kin had signed them.

Whilst the plans viewed were satisfactory and included details covering pressure sores, we were aware the local Social Services Department had raised concerns about the care planning relating to tissue viability issues. We have been told by Social Services this matter has been resolved in consultation with a specialist local health care professional.

We also spoke with the activities coordinator who confirmed what residents had told us about the availability of things to do. On the day of our visit, we observed her engaging with residents and encouraging them to participate in that day's activities.

We also saw a list of activities available, including those planned for the Christmas and New Year period.

### **Our judgement**

Residents have access to a well organised activities programme. The home has a system of planning and reviewing care including an assessment of any risks which reflects residents' wishes and aspirations and ensures residents' needs are met.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

# 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

### Our findings

**What people who use the service experienced and told us**  
Residents told us they were consulted about the menus and were satisfied with the quality, quantity, variety and choice of food served.

**Other evidence**  
In their self assessment, the provider told us every resident's nutritional status was assessed prior to admission.

Following admission, residents' weight and food intake was monitored and recorded and any concerns regarding weight loss were reported to the GP. Apart from GP support, the home also had access to community dieticians where additional advice could be sought.

We observed residents eating their midday meal which was well presented and looked very appetising. Very little food was left confirming what residents had told us previously ie that they were satisfied with the quality, quantity variety and choice of food served.

We also observed that, apart from meal times, residents had access to coffee, tea and other soft drinks when they wished. Throughout the home, tea and coffee making facilities had also been provided.

**Our judgement**

The home has a procedure in place to assess and monitor residents' nutritional needs and to access professional advice and guidance if required.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

# 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

### Our findings

**What people who use the service experienced and told us**  
We did not, on this occasion, speak to people about the home cooperating with other providers so cannot report what the people using the service said.

**Other evidence**  
In their self assessment, the provider told us when a resident received a service from another agency, contact details were recorded in their care plan, as were details of any care or treatment provided. This was confirmed in the care plans we viewed.

They also told us if a resident is transferred to another service, a transfer form is completed and sent with them which detailed any current treatment and care and support needed.

We had no evidence of non-compliance with this outcome.

**Our judgement**  
The provider protects the health and welfare of all residents by ensuring that information about residents is shared with other agencies and any treatment or specialist care from external agencies is recorded in the residents care plan.

On the basis of the evidence provided and the views of people using the services

we found the service to be compliant with this outcome.

# 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

### Our findings

**What people who use the service experienced and told us**  
We did not, on this occasion, speak to people about safeguarding people who use the service from abuse so cannot report what the people using the service said.

**Other evidence**  
In their self assessment, the provider told us in order to ensure residents are protected from abuse, the home has in place policies and procedures regarding residents safeguarding and whistle blowing.

These policies and procedures were designed to work in tandem with Hampshire County Council’s multi-agency policy and procedure on safeguarding.

A copy of the policy and procedures was viewed as were staff training records which confirmed all staff had received training in safeguarding procedures.

When we spoke to staff during our visit, they were able to explain to us the correct procedure to follow should they witness or suspect a resident was being abused.

**Our judgement**  
The home has policies and procedures in place designed to protect residents from

abuse.

On the basis of the evidence provided we found the service to be compliant with this outcome.

# 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

<b>Our judgement</b>
<b>The provider is compliant</b>

<b>Our findings</b>
<p><b>What people who use the service experienced and told us</b></p> <p>Residents told us the home was always clean, smelt fresh and there always seemed to be someone cleaning. They said their rooms were cleaned on a regular basis and fresh, clean bedding was always available. Residents told us staff, who always washed their hands prior to and after giving them personal care, also wore disposal gloves, protective aprons and were frequently seen using hand gel.</p> <p><b>Other evidence</b></p> <p>During a tour of the building we observed the home was very clean and free from any adverse odours.</p> <p>The provider told us in their self assessment there was a cleaning schedule in operation which covered bedrooms, communal areas and equipment. A copy of this schedule was seen by us during our visit.</p> <p>Cleaning staff, who were well equipped with colour coded cleaning equipment and a range of cleaning substances and fluids, confirmed there was a strict cleaning programme in place. This schedule covered all of the residents' rooms, communal areas such as lounges, toilets and any equipment in use.</p> <p>Care staff told us they had all received training in infection control and training records were viewed by us during our visit. During our visit they were seen to wash</p>

their hands frequently, use disposable gloves, aprons and antiseptic hand gel.

The new manager informed us she had the lead role for infection control within the home and was responsible for ensuring all staff received infection control training. In addition she was also responsible for monitoring any infections or suspected infections in the home and liaison with external health care professions including GPs and the local environmental health service and carrying out random infection control audits.

She demonstrated to us she was aware of her responsibilities under the Department of Health's 'Code of Practice on the prevention and control of infections and related guidance, of which she had a copy.

On the day prior to our visit, the local environmental health service had visited the home and inspected the kitchen and the food handling policies and procedures. The manager gave us a copy of the report made following this visit which rated the procedures and practices viewed as excellent.

### **Our judgement**

Residents and staff are being protected from the risk of infection by a comprehensive daily cleaning schedule and policies and procedures designed to stop the spread of infection.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

# 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

<b>Our judgement</b>
<b>The provider is compliant</b>

<b>Our findings</b>
<p><b>What people who use the service experienced and told us</b> We did not, on this occasion, speak to people about the management of medicines so cannot report what the people using the service said.</p> <p><b>Other evidence</b> In their self assessment, the provider told us they had a clear written procedure for ordering, receiving, administration, storage, and disposal of medication. We saw that the medication was all stored securely during our visit.</p> <p>We were also informed by the manager that all staff who administered medication to residents had received training plus regular updates to ensure residents' safety.</p> <p>Prior to our visit, we had received concerns about the storage of residents' medication and that untrained staff were administering medication to residents. As a result of these concerns, we undertook an audit of the residents' medication and the record of medication administered to residents. We found that all residents' medication, which was stored securely in purpose made trolleys, was administered by trained staff in accordance with the home's medication policy and procedure.</p> <p>Records seen included a list of the individuals permitted to administer medication</p>

and a sample of their signature as well as up to date and accurate medication administration records.

**Our judgement**

Residents' medication is stored securely and administered by trained staff who keep up to date and accurate records.

On the basis of the evidence provided we found the service to be compliant with this outcome.

# 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

### Our findings

**What people who use the service experienced and told us**  
**Other evidence**  
Residents spoken with told us they could, if they wish, use their own chairs in the communal lounges contrary to information we had received prior to our visit. Other residents told us the chairs provided by the home were better than their own. Residents also told us they liked their new accommodation especially their large rooms with en-suite toilet and bathing facilities.

**Other evidence**  
In their self assessment, the provider told us the home was a brand new purpose built building to which entry was via a key pad coded doors security system. Since our last visit, a major building programme had taken place. Residents were now housed in purpose built circular three storey accommodation equipped with the latest mobility and safety aids. The last phase of the building programme was due to be completed in January 2011.

We found, during our visit, that all residents were accommodated in fully furnished single rooms fitted with a call bell system, en-suite bathing and toilet facilities and individual temperature controls on hot water taps.

Whilst the building was equipped to the highest standard, residents told us that, apart from their rooms and communal lounges, the corridors were very bland and

hospital-like. When we spoke to the manager, they recognised this and have informed us since our visit that additional pictures have been ordered.

**Our judgement**

Residents are accommodated in safe and secure premises that meet their needs.

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome.

# 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

<b>Our judgement</b>
<b>The provider is compliant</b>

<b>Our findings</b>
<p><b>What people who use the service experienced and told us</b></p> <p>We did not, on this occasion, speak to people about the safety and suitability of equipment so cannot report what the people using the service said.</p> <p><b>Other evidence</b></p> <p>In their self assessment, the provider told us that all equipment purchased was suitable for its purpose. Also schedules and procedures were in place for equipment to be checked, and any faults reported to management.</p> <p>We were also told that manufacturers’ instructions were available for all equipment and that staff were not permitted to use equipment until they had received training and it was safe to do so.</p> <p>During our visit, risk assessments were seen relating to all systems and equipment.</p> <p>Prior to our visit we had been informed that the health and safety of people living in and working in the home was being put at risk. We had been told the fire alarm and detection system did not work, fire bells were not easily heard and staff did not know how the system operated. The manager told us she did not understand these</p>

comments as the alarm system which was new, met all current fire safety standards. She also demonstrated to us that she knew how to reset the system following regular testing.

On the day following our visit, the Hampshire Fire and Rescue Service visited the home. We have been informed verbally by the manager that the officers attending felt the fire safety system/equipment was excellent and asked for a copy of the home's fire risk assessments and fire evacuation policy and procedure as they wished to use them as examples of good practice.

**Our judgement**

Equipment in the home is well maintained, suitable and staff are all trained in its use.

On the basis of the evidence provided we found the service to be compliant with this outcome.

# 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

### Our findings

**What people who use the service experienced and told us**  
We did not seek the views of people who use the service about requirements relating to workers so cannot report what the people using the service said.

**Other evidence.**  
A recruitment and selection policy and procedure was in place that required, prior to commencing employment, all staff to undergo an interview, Independent Safeguarding Authority First Check, enhanced Criminal Record Bureau (CRB) and qualification validation checks plus the receipt of two satisfactory references.

All staff files viewed during our visit confirmed what we had been told in the self assessment and confirmed that staff were employed in accordance with the home's recruitment, and selection policy and procedure including the relevant checks.

**Our judgement**  
People are safe and their needs are met by staff who are fit, appropriately qualified and are able to do their job because the provider has effective recruitment and selection procedures in place and carries out the relevant checks when they employ staff.

On the basis of the evidence provided we found the service to be compliant with this outcome.

# 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

### Our findings

**What people who use the service experienced and told us**  
Residents told us there were always plenty of staff available including at weekends and at night. They said they always received a quick response if they used a call bell and the response of night staff was even better.

**Other evidence**  
In their self assessment, the provider told us the level of dependency of residents was assessed monthly and staffing levels were reviewed in accordance with these results.

We viewed staff training records which indicated that the staff rota was based on the correct skill mix of staff, to ensure new staff were not all on duty at the same time.

Prior to our visit, we had been told that staff were working excessive hours, morale was low and there was a large staff turnover. From talking to staff on the day of our visit, we found that none of the concerns brought to our attention were correct.

Some of the staff had worked at the home for many years and they told us they worked regular shifts of up to forty two hours per week, were not forced to work extra hours and had plenty of time off.

The above was confirmed by the manager and a copy of the previous month's rota showed care staff worked regular shifts of up to forty two hours per week and had plenty of time off.

**Our judgement**

Residents' needs are being met by a sufficient number of trained staff at all times.

On the basis of the evidence provided we found the service to be compliant with this outcome.

# 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**

### Our findings

**What people who use the service experienced and told us**  
We did not seek the views of persons who use the service about how staff were supported so cannot report what the people using the service said.

**Other evidence**  
In their self assessment, the provider told us all new staff received a detailed induction. The staff rota viewed indicated that during their induction no new member of staff worked unsupervised. Their work was always overseen by a senior member of staff until they were competent and confident.

Following induction, all staff received further training which covered mandatory subjects and training specific to the needs of the residents and the staff member's job role.

Prior to our visit, we had received information that new staff did not receive a proper induction. To check this statement, we viewed the records of six of the most recently employed care staff. The records viewed indicated that all new staff had received a comprehensive induction which included basic subjects such as moving and handling, whistle blowing, safeguarding, equality and diversity, fire safety and infection control. Care staff were also given, and had signed for, a copy of the General Social Work Care Council code of practice and a staff handbook.

Records viewed at the time of our visit, and the manager confirmed, that, after completing their induction, all staff participated in a full training programme. Subjects studied include moving and handling, whistle blowing, safeguarding, equality, diversity, fire safety, infection control and any additional training specific to the needs of the residents and the staff members' job role.

**Our judgement**

All staff received a detailed induction and training to enable them to meet the needs of residents safely.

On the basis of the evidence provided we found the service to be compliant with this outcome.

# 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**

### Our findings

**What people who use the service experienced and told us**  
We did not seek the views of persons who use the service about how the provider assesses and monitors the quality of service so cannot report what the people using the service said.

**Other evidence**  
In their self assessment, the provider told us the home sends out surveys twice a year to residents and their representatives. The home also organises regular resident and representative meetings, details of which were displayed on a notice board, to gather feedback and get suggestions for any improvements to the service.

In addition, internal quality audits were carried out by the home Manager in accordance with an audit schedule. Any deficiencies found were recorded and appropriate action taken.

We were shown a copy of the homes internal quality assurance questionnaire. The very detailed document asked questions covering nine main headings which were, personal care, choice, activities, environment, catering, staff, external services, management, and general issues. We were shown the responses from the last satisfaction survey carried out and a summary of the results and any action required by the home in response to the answers received.

**Our judgement**

Residents and their representatives' views and ideas are sought on how the service can be improved.

On the basis of the evidence provided we found the service to be compliant with this outcome.

# 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

<b>Our judgement</b>
<b>The provider is compliant</b>

<b>Our findings</b>
<p><b>What people who use the service experienced and told us</b> Residents told us they had no complaints but if they did, they knew how and to whom to complain.</p> <p><b>Other evidence</b> In their self assessment, the provider told us the home had a clear written complaints procedure which was given to all residents and their representatives on admission.</p> <p>They also told us all complaints were recorded and dealt with in accordance with the home's complaints procedure and that complaints were reviewed and audited regularly by the manager to see if there were any trends which needed to be addressed.</p> <p>The complaints procedure, which was also included in the residents' guide was seen, as was the record of complaints. The record included details of actions taken by the home, the member of staff responsible for the investigation, the timescales involved and the response by the complainant to the home's reply to issues raised.</p> <p>When we spoke to staff at the home, they told us they felt confident in discussing</p>

any concerns or complaints with the management team on behalf of any resident and were sure any matters raised would be dealt with swiftly and fairly.

**Our judgement**

The home deals with all complaints in accordance with its own complaints procedure, a copy of which is made available to all residents and their representatives on admission to the home.

On the basis of the evidence provided we found the service to be compliant with this outcome.

# 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

### Our findings

**What people who use the service experienced and told us**  
We did not seek the views of persons who use the service about the home's records so cannot report what the people using the service said.

**Other evidence**  
In their self assessment, the provider told us that all records were stored securely in accordance with their record keeping policy and procedure.

The manager's signature in residents' records indicated that regular monitoring of the quality of the records and record keeping had been carried out.

During our visit we looked at a number of records which were all available when requested, and were current and stored securely.

**Our judgement**  
A policy and procedure is in place to ensure that all records are stored securely and are monitored to ensure they are accurate and up to date.

On the basis of the evidence provided we found the service to be compliant with this

outcome.

# 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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