

# ADASS EAST Accommodation Services (OP) July 2017 for Newgrange Residential Home



Overall Rating



GOOD

## Involvement and Information

### Respecting and Involving Service Users

Standard Rating

Good



**A01** The care plan should be individually tailored, person centred, include appropriate information on the SU's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-admission, daily records & across care plans.

Good



### What We Found

- A sample of service users care files seen; Service users information included, The this is me documentation. These outlines details such as how individual's like to be called, the routines that are important to them, such as reading the paper every day. Also outlined within this doc, are things like what makes me feel better when I am anxious or upset. For example a service users file seen states that he feels better when he sees family if he is upset. Service users summaries of their likes and dislikes are outlined around their Activities, Nutrition, Emotions, Religion and their personal likes such as family visiting.

**A02** There is evidence that SU's have been given information in appropriate formats (meeting the accessible information standards) to enable them to make informed decisions about their care and support (e.g. signed information on admission forms).

Good



### What We Found

- There is an information pack that is given to Service users and their relatives. This includes a copy of the statement of purpose that gives some background of the home, its aims and objectives, some detail around the manager, staff and director. Some information is given around, arrangements around Personal Belongings, Laundry services, fire alarm system, arrangements around the G.P service, How the home deals with prescriptions and medication. Information around the chiropody, activities, pets, visiting arrangements are outlined. The Admission criteria was also noted. Details of activities that are provided to help individuals maintain their interests seen. Service users rights / and rights to advocacy support are outlined. Summaries of key policies seen. Individuals and or their relatives sign to confirm that they have read and understood the statement of purpose. The information given is fairly robust however it's not very user friendly. Strong Recommendation, some streaming of information could be beneficial to help service users and their NOK to easily digest the information given on admission. Strong Recommendation, Some pictorials on the statement of purpose / SU guide would also be beneficial to make the information given a bit more user friendly.

**B01** Through observation of staff interaction and discussion with service users there is evidence that SU's are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. SU's are treated with kindness, compassion and empathy. Care workers are seen to support SU's choices and preferences in regards the way their care and support is delivered.

Good



### What We Found

- Service users / Relatives spoken to confirmed that they could not complain. The Staff are good. Those spoken to said that the staff are good, that they could not complain, explained that staff always keep them informed with what is going on with them. Staff were observed to be very patient with residents, asking for verbal consent went supporting to mobilise, to the toilet and to eat etc. People confirmed that they were treated with dignity and respect.

**B02** Through observation of staff interaction and discussion with service users there is evidence that service users are always placed at the centre of their care and provided with appropriate and adequate information to enable them to make informed decisions about the care and support they receive.

**Good**  
★★★★★

### What We Found

- Those spoken to confirmed that their choices and preferences are being adhered to. People felt that their needs were being adequately met by staff and confirmed they could not complain.

**B03** Service users confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon.

**Good**  
★★★★★

### What We Found

- Those spoken to explained that they are aware of who the management team are. That they operate an open door policy. People said that they felt their views are listened to as the staff are always around and approachable. No concerns raised.

**B04** Service users spoken with (where appropriate) confirm that they are supported to maintain relationships with family, friends and the community in which they live and are supported to play an active role in their local community as far as they are able and wish to do.

**Excellent**  
★★★★★

### What We Found

- It was well evidenced that service users are supported to maintain relationships. A number of relatives and friends were seen during the course of the inspection coming in and out of the home. What was particularly good to see was the funeral of a resident that passed away in the home. Staff were observed to be very accommodating. The relatives of the service user concerned were given the use of the new cinema room. Food and drinks were provided.

**B05** Service users spoken with confirm that they are supported to enjoy a variety of activities and social opportunities and these are based on their preferences and strengths and form part of everyday life.

**Good**  
★★★★★

### What We Found

- There is an activities schedules and a Wellbeing Schedule in place, a relative spoken to said that the activities coordinator has a lot of patience with the residents. People confirmed that they do use the hair dresser and Chiroprapist. The preferences and choices of service users are considered in planning social activities, including one to one activities for service users that do not benefit from joining group activities.

**C01** Staff are able to explain how they ensure people are treated with dignity and respect.

**Good**  
★★★★★

### What We Found

- Carer and Activities Coordinator. Dignity Practises - We always look at care plans, When giving a shower, or in toilets we would always make sure to are respecting SU privacy, ensuring that people are not exposed. We as carers always make sure that we are communicating with them on everything that we are doing. As an activities coordinator, its more about making sure that the resident is comfortable about what they are doing, ensure they are happy with that. We have people that don't like to be on show and in big groups so we do one to one activities with them. We don't insist that people do activities, but we encourage them and respected want they say.

## Involvement and Information

### Consent

**Standard Rating**  
Requires Improvement  
★★★★★

**A03** Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the MCA and that any restrictions are taken into account in line with DoLS when providing care and support. Care plans contain the date of the expiry of any authorised DoLs. POA is clearly documented and evidenced across the care plan where relevant.

**Requires Improvement**  
★★★★★

## What We Found

- Evidence of MCA Capacity Assessments seen. These present as decision specific however when the detail is read for example on service users files seen, the notes reflected in different areas of need are the same on MCA Assessments seen as if these have been copied and pasted onto subsequent assessments. The detail on Best interest Decisions also not really adequately evidenced. Evidence of DOLs Authorisation requests seen. Not all MCA / Best where in place for example a service user that was shown to lack capacity regarding her bed rails did not have all the relevant documentation in place. Action, To ensure the detail on MCA's are decision specific and these are recorded to evidence this. Action, To ensure in the same vain, Best interest decisions are recorded to evidence what was specifically done and persons involve in making the decision concerned. Action Ensure all relevant MCA / Best Interest documentation are in place.

**B06** Through observation there is evidence that staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.

**Good**  
★★★★★

## What We Found

- Staff were observed to be asking service users for verbal consent whilst supporting them. Those spoken to confirmed that they felt that their choices and preferences were supported.

**C02** Staff are able to describe how they ensure that the principles of the MCA are put into practice in their daily work.

**Good**  
★★★★★

## What We Found

- Carer and Activities Coordinator. MCA Principles, -We have to make decisions, and help people make in formed choices. -Always making decisions in the best interest of individuals and involving all the relevant people, such as NOK, Social Worker, Advocate etc. - We can support people with all the information they need and guide them but they can still make unwise choices.

## Personalised Care and Support

**Standard Rating**

### Care and Welfare of Service Users

**Good**  
★★★★★

**A04** Care plans are signed by the service user where appropriate to evidence their involvement in their care and support planning.

**Good**  
★★★★★

## What We Found

- There is evidence to show involvement from service users and their Next of Kin. Service users likes, choices and routines are recorded within the care files. A consent form around activities, medication, district nurse and personal care are signed by Service users where they are able and or by their representatives.

**A05** There is evidence that where a key worker system in in place that this is clearly recorded in the care plans and that the service user has been given appropriate information about key working system.

**Good**  
★★★★★

## What We Found

- There is a key working system in place. Named key workers are reflected on service users care plans (Care Management System). Service users rooms also have photos / names of their key worker on their wardrobes

**A06** There is evidence that SU's have been given information about how to make contact with the care provider.

**Good**  
★★★★★

## What We Found

- The Home's Statement of purpose did not evident contact details for the provider, however there is another documentation that the home manager said is included in the information pack. This is called superior residential care in a home from home setting. On viewing this, it was reflective of the home's phone number, the email and website of the home. Recommendation, To ensure contact details for the provider, manager etc are reflected on the statement of purpose as well.

**A07** The care assessment has been conducted in a way to reflect the SU's strengths, abilities and interests to enable them to meet all of their needs and preferences. These are reflected in the written care plan(s) and include maintaining links with family, friends & the community as well as social engagement and/or preferred activities.

Good  
★★★★★

### What We Found

- Service users plans in place are reflective of their strengths, likes and preferences. Service users are supported to maintain relationships with family. Service users have social activities care plans in place. Individuals are supported with an activities program. Staff do support service users to go to the local shops and for small walks on their wheel chairs. The home manager is in the process of making arrangements with a local church for a priest to come and conduct services in the home.

**A08** There is evidence that the SU's needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the SU remains safe, their needs are adequately met and their welfare is protected.

Good  
★★★★★

### What We Found

- Relevant risk assessments were in place on service user files seen. These include PEEP Plans, Moving and Handling, Waterlow, BMI, Fall Assessments etc. Holistic plans were in place on service user files seen. These were current and updated

**A09** Evidence that care and support plans are regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks and that these are effectively managed to keep the SU safe.

Good  
★★★★★

### What We Found

- Care Plans are reviewed after the first month of service users being in a home, 6 monthly and as and when required when there are changes to individuals care.

**A10** Evidence that daily records are maintained with up to date information to reflect the current needs of the individual.

Good  
★★★★★

### What We Found

- Daily care notes are taking place for individuals. These records things like if individuals have eaten, what they had to drink, activities etc. Records of what care staff have done with individuals are recorded.

**A11** Evidence that the care planning and support is designed to maximise the SU's independence and quality of life and that service users are supported in setting goals to maximise their independence and improve their quality of life wherever possible.

Good  
★★★★★

### What We Found

- Clear goals / Objectives were recorded and evidenced on service users care plans seen. Service users were being supported to maintain independence. What people are able to do for themselves are recorded.

**B07** Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.

Good  
★★★★★

### What We Found

- Relatives / Service users spoken to confirmed that they were kept informed around arrangements around their care. Service users are allocated their named key workers and clear goals were reflected in service user files seen.

**B08** If a key worker system is in place then service users are aware of who their named care worker is.

Good  
★★★★★

## What We Found

- Those spoken to were aware of their named key worker.

**B09** Observation of care staff interaction and care delivery demonstrates that the service user remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the SU's independence and quality of life.

**Good**  
★★★★★

## What We Found

- No issues were highlighted or brought up by service users and relatives. Those spoken to confirmed they felt comfortable and safe. Good interactions between staff and service users were observed.

**C03** Staff understand and can explain the role of the keyworker if used in the service.

**Good**  
★★★★★

## What We Found

- Carer and Activities Coordinator. Key working Role, We are assigned to individuals. We get to know the individuals, we get the information we can from family. We make sure people feel as comfortable as possible. The resident's know that we are the go to person if they need any thing. We collect all the information concerning them from them or NOK, such as their food likes, activities so we care for them in a personalised way. We write daily care notes on whatever we do with service users, including any concerns, changes and we raise it with seniors. My overall goal is to ensure their care is personalised, build up trust so that they are comfortable.

## Personalised Care and Support

**Standard Rating**

### Meeting Nutritional Needs

**Good**  
★★★★★

**A12** Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes.

**Good**  
★★★★★

## What We Found

- Service users have their Diet / Nutrition care plans in place. Their likes, choices and any special requirements are captured as part of this process. For example if individual require their foods to be cut, need to sit in a specific position and so on.

**A13** Care plans include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required.

**Requires Improvement**  
★★★☆☆

## What We Found

- Arrangements are in place to monitor Weight / BMI MUST, scores not always recorded. Action, As required to ensure BMI / MUST scores are recorded consistently

**A14** If required as part of the service to the individual the care and support plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance.

**Good**  
★★★★★

## What We Found

- Arrangements are in place to support individuals with any specialist input such as input from the GP, DN For example observed on the visit was a service user that is low in potassium and was put on restricted fluid intake by the GP There is also an individual that had the DN come into the home to remove their stitches following an operation. Arrangements are in place to access the SALT Team / Dietician if required.

**B10** Service users confirm that they are provided with information about food choices, supported to eat a healthy and balanced diet and are offered a choice of food and portion size that meets their preferences.

**Good**  
★★★★★

### What We Found

- Service Users and Relatives spoken to said that regarding food the choice is there and that they are offered options. People confirmed that the food is good. One resident spoken to said that she likes the soups.

**B11** Staff are observed to offer choice and advice as appropriate and understand individual preferences and support these.

**Good**  
★★★★★

### What We Found

- Staff were observed over the two days of the inspection. They were noted to be adhering to service users food and drink choices.

**B12** Discussion with service users and observation in the service confirms that there is appropriate access to food and drink and that these are provided in environments that promote service users dignity and they have a choice about whether to eat alone or with company.

**Good**  
★★★★★

### What We Found

- There is a designated dining area however service users can have their meals in the lounge, break out areas and in their rooms. There is a menu in place and service have access to regular meals, snacks and drinks in between meals

**B13** Observation of staff practice confirms appropriate behaviour in relation to food and hygiene.

**Good**  
★★★★★

### What We Found

- Staff that were serving lunch were observed at lunch time with protective aprons on.

## Personalised Care and Support

**Standard Rating**

### Co-operating with other Providers

**Good**

★★★★★

**A15** Where the responsibility for the service user's care and support is shared with other providers, the care and support plans should evidence this co-operation. Where a named service user is transferred to one or more services, records should reflect this appropriately.

**Good**  
★★★★★

### What We Found

- Records of input from other health professionals / shared responsibilities were recorded / evidenced on service users files seen

**B14** Where applicable there is evidence that staff support service users to access other social care or health services as and if required.

**Good**  
★★★★★

### What We Found

- It was evidenced that service users are signposted to other health services such as the district nurse, the GP and access to the chiropodist.

## Safeguarding and Safety

Standard Rating

### Safeguarding People who use the Service from Abuse

Requires Improvement



**A17** Assessments, together with and care/support plans effectively maintain people's safety and DOL's are only used when in the best interests of the service user (where possible).

**Requires Improvement**



#### What We Found

- See comments and actions on A03 around best interest decisions

**B21** Service users confirm that they feel safe and observations of care practice confirm this to be the case. Any service users spoken with that have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider.

**Good**



#### What We Found

- Good interaction between staff and service users noted. Those spoken to confirmed that they felt safe and comfortable in the home.

**C04** Staff are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.

**Good**



#### What We Found

- Carer and Activities Coordinator. Both able to demonstrate understanding of the term abuse giving examples on physical, emotional, sexually, neglect, institutional abuse. If we suspected any issues we would whistleblow to the manager, we can go to CQC and to the Council. Explained they would go to the SAFA Team

**C05** Staff confirm that they have received appropriate training about safeguarding adults from abuse, MCA & DoLs.

**Good**



#### What We Found

- Carer and Activities Coordinator. Yes we have had MCA and DoLs Training in Oct 2018.

**E08** Appropriate safeguarding Information is on display in the Home.

**Requires Improvement**



#### What We Found

- The home has a safeguarding file in the reception area with the current HCC procedure reflected. Staff have signed to confirm that they have read it. Whistleblowing procedures also in place. However HCC Safeguarding Posters were not displayed in relevant places such as the staff notice boards and within the reception area. Action, Home manager to ensure HCC Safeguarding posters are displayed on notice boards accordingly

## Safeguarding and Safety

Standard Rating

### Cleanliness and Infection Control

Good



**B15** Staff are observed to follow good practice in relation to cleanliness & infection control.

**Not Assessed**

**C06** Staff confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Care workers are able to explain how they ensure appropriate waste management.

**Good**  
★★★★★

### What We Found

- Carer and Activities Coordinator. Infection Prevention, We ensure we use PPE available, Hand washing, Making use of hand gels. Ensure we dispose PPE after using on an individual. We put soiled linen and sheets into the red bag and its taken to the laundry and washed separately. We put all gloves and soiled pads into the yellow bins. We are constantly hand washing. If there is an infection we put signs out to inform visitors and relatives so that things don't spread.

**E01** Assessment of the environment confirms that the provider has effective arrangements in place to maintain appropriate standards of cleanliness and hygiene for the prevention, management and control of infection as identified in The Health & Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

**Good**  
★★★★★

### What We Found

- The home came back into commission since Oct 2018. It has been fully refurbished with new flooring, rooms, Lounge area, 2 quiet rooms, a cinema room, new non slip flooring, new furniture through out the home and so on. There are currently 5 members of staff covering domestic cleaning within the home and the laundry service. Staff in place are the Head of Domestic, 2 domestic staff and 2 Laundry Assistants. On walking around the home, the environment was noted to be clean through out the home. There is PPE Equipment in place such as gloves, aprons, hand wash, hand paper towels. Clinical and General waste bins are in place. No unpleasant odours were noted. Domestic staff were observed cleaning with their PPE being worn. Recommendation, A sign that people can see with hand wash guidance.

**E02** There is sufficient information provided to service users, staff and visitors about infection prevention and control matters.

**Good**  
★★★★★

### What We Found

- On accessing the home, a hand sanitiser was affixed on the wall within the reception / visitor's signing in point. Recommendation, a small signage could be in place encouraging visitor's to make use of the hand sanitiser on accessing and leaving the home.

## Safeguarding and Safety

**Standard Rating**

### Management of Medicines

**Good**  
★★★★★

**A16** Care & support plans document that service users have been involved in all decisions regarding their medications (where they have capacity to do so). If medication is administered covertly this is evidenced by an assessment of capacity and best interest decision making and signed agreements from the GP and pharmacy provider.

**Good**  
★★★★★

### What We Found

- It was evidenced that service users are involved in decisions around their medication, through the care planning process. There are currently no service users on covert medication

**B16** Staff are observed to handle medicines safely, securely and appropriately.

**Not Assessed**

**B17** Service users confirm that they are involved in decisions regarding their medication.

**Not Assessed**

**C07** Staff where responsible are able to explain the appropriate handling of medications, that they have undertaken the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.

**Good**  
★★★★★

### What We Found

- Medication processes observed with the deputy manager. Confirmed staff that administer medication have gone through their medication competencies

### E03 Medicines are stored and administered safely including any homely remedies and covert medication.

Good  
★★★★★

#### What We Found

- A random sample of residents medications checked. Service users each have their own draw tray box with their medication. Medication trolley checked was organised, evidenced medications opened with their open by dates reflected. A random Sample of MAR Charts checked did not highlight any gaps. Front page of MAR Charts reflected dates when photos were taken and with allergies recorded. Documentation was in place to Manage PRN medication. A sample of CD meds checked, records were in order and reconciled with what was written in the CD book. Cool temperatures were maintained in the Medication room. Temperature records for the Meds room and the Fridge are taking place consistently. BNF Seen. There are currently no service users on Covert Meds

### F01 Appropriate records are maintained around the prescribing, administration, monitoring and review of medications.

Good  
★★★★★

#### What We Found

- A random sample of residents medications checked. Service users each have their own draw tray box with their medication. Medication trolley checked was organised, evidenced medications opened with their open by dates reflected. A random Sample of MAR Charts checked did not highlight any gaps. Front page of MAR Charts reflected dates when photos were taken and with allergies recorded. Documentation was in place to Manage PRN medication. A sample of CD meds checked, records were in order and reconciled with what was written in the CD book. Cool temperatures were maintained in the Medication room. Temperature records for the Meds room and the Fridge are taking place consistently. BNF Seen. There are currently no service users on Covert Meds

## Safeguarding and Safety

Standard Rating

### Safety and Suitability of Premises

Good  
★★★★★

### E04 The premises are safe and ensure people, staff and others are protected against the risks of unsafe or unsuitable premises.

Good  
★★★★★

#### What We Found

- Visual check of premises around the home did not highlight any hazards. Walk ways and corridors were clear and free from clutter / obstruction. The main access to the building is secured and key coded, Fire escapes were observed to be clear and unobstructed. The state of the property, standard of décor and furnishing were in very good condition as they are all fairly new. Smoke alarms were noted through out the home. A key pad system is in place, with appropriate security being maintained. Fire Extinguishers are in place and affixed on the walls in relevant place through out the home.

### E05 The use of the premises ensures that service users with specific needs are taken into account, appropriate changes are made and that effective risk management is in place to reduce identified risks.

Good  
★★★★★

#### What We Found

- The environment was noted to be for suitable orientation. Dementia friendly colours on doors, toilets etc were observed. Clear signage and lighting also observed. Relevant risk assessments were in place for individuals on care plans seen.

### E06 There are appropriate security arrangements in place to address the risk of unauthorised access to protect the people who use the premises.

Good  
★★★★★

#### What We Found

- There is CCTV in place that oversees the corridors, the reception area, outside the building and the car park. The main entrance to the home is secured with a keypad system. On accessing the home, there is a visitor's signing in point. Only staff will allow access into the home. Staff were noted in uniforms and with their ID Badges being worn. On observation, the home is adequately secured from unauthorised access.

## Safeguarding and Safety

Standard Rating

### Safety, Availability and Suitability of Equipment

Good



**C08** Staff confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.

Good



#### What We Found

- Carer and Activities Coordinator. Yes we have had moving and handling training and yes we are confident that we can move people with equipment and we always check the equipment before we use them.

**E07** Equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.

Good



#### What We Found

- PAT Testing - Dec 2018 5 yearly Electrical wiring - Oct 2018 Emergency Lighting - Oct 2018 GAS Safety - Nov 2018 Legionella - Email seen confirming that the plumber has signed of the plumbing system, confirming its legionella tested. Legionella is not due for testing until Nov 2020. monthly temp checks hot and cold outlets Hoist and Sling Testing - April 2018 Profiling Beds Testing Fire Equipment Testing - Nov 2018 Weekly internal visual checks Nov 2018 staff attended Fire Risk Assessment - Carried out Oct before home reopening. A couple of recommendations made. Home manager confirmed these were addressed before the home opening. Internal Checks, Wheel Chair checks - Monthly

## Suitability of Staffing

Standard Rating

### Requirements Relating to Staff Recruitment

Requires Improvement



**D01** Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.

Good



#### What We Found

- Staff Files Seen, STAFF 1 Team Leader - Application with full work history, Interview Form / Rating, Reference, Right to work EU Passport, UK Driving Licence, DBS Number and Issue date seen, Health questionnaire, Signed confirmation of receipt of Job description Signed Receipt of Employee handbook STAFF 2 - Senior Care Assistant - Carer- CV, Application with full work history, Interview Form / Rating, Reference, Health questionnaire, Right to Work, EU Passport, EU ID Card and UK Provisional Driving Licence , DBS Number and Issue Date seen Signed Receipt of Employee handbook DBS Matrix reflecting all staff numbers and issue dates was evidenced.

**D02** Records show that when staff are provided by an external organisation that those staff, whether agency or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff. Agency staff profiles are in place from the agency provider and there is evidence of an in-house induction.

Not Assessed

#### What We Found

- N/A No agency staff is used in this home

**D03** Records evidence that other people who provide additional services are subject to any appropriate and necessary checks.

Requires Improvement



#### What We Found

- -Hair Dresser - DBS Number and issue date was evidenced on the file inspected, however the insurance for Lily Pins expired on the 17th April 2019. Home manager was advised that an updated insurance needs to be put in place. Chiropodist -DBS Number and issue date was evidenced on this file, however the insurance is also

**D04** The organisation has appropriate procedures and guidance to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.

**Good**  
★★★★★

### What We Found

- Staff files seen evidenced completed inductions which were signed off. As part of the staff induction sign off, staff sign to confirmed that they have received their job descriptions. This was evidenced on staff files seen.

## Suitability of Staffing

**Standard Rating**

### Staffing and Staff Deployment

**Good**  
★★★★★

**B18** Through observation and discussion with service users, they confirm that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support and that the staff are able to communicate effectively and appropriately with Service Users who may have a variety of needs.

**Not Assessed**

**C09** Staff confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

**Good**  
★★★★★

### What We Found

- Carer and Activities Coordinator. Yes at the moment we are fine with staff levels. We have a very good team in place. We do not use any agency staff

**F02** Rotas and records show that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.

**Excellent**  
★★★★★

### What We Found

- The home reopened in Nov 2018. There is currently 15 service users. There is a good staff team in place. The home currently does not use any agency staff. The home manager confirmed that they do not plan to use any agency staff and works with their own staff team to cover shifts. Staff with different skill sets including, management, Care Managers, Team leaders and Senior Carers are rota'd on shifts.

**F03** The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

**Requires Improvement**  
★★★☆☆

### What We Found

- There is a Business Continuity Plan in place, This does cover a number of eventualities such as Loss of Premises, Moving Residents, Loss of Rooms, Break down of essential white goods, loss of electricity, loss of Gas Supply, Loss of water, Severe weather conditions such as Heatwave, cold weather etc. The Business Continuity Plan is fairly robust. Relevant contact details are reflected. ?? Where are people evacuated to is not reflected. The manager explained that she is currently trying to get an alternative / temporary accommodation agreed with the Marriot Hotel. Explained the plan is a working document that is pending sign off. Recovery Plans for each eventuality is outlined. Fire Emergency Procedures are outlined on the reception desk where visitors coming in can see. PEEP plan arrangements are in place within service users rooms observed. Action, To ensure an alternative / temporary accommodation arrangements agreed with the Marriot Hotel or any other alternative temporary accommodation are concluded and signed off Action, Ensure the business continuity plan is concluded and signed off.

## Suitability of Staffing

**Standard Rating**

### Staff Support

**Good**  
★★★★★

**C10 Staff confirm that they have received an appropriate induction at the start of their employment in line with the Skills for Care – Care Certificate.**

**Good**  
★★★★★

### What We Found

- Carer and Activities Coordinator. Yes we all went through an induction when the home reopened in Oct 2018. We are all put through the Care Certificate. ( Carer) I have just started my NVQ level 3

**C11 Staff confirm that they receive appropriate and regular supervision that is in line with the contract requirement. That their performance is appraised and that they receive an annual review.**

**Good**  
★★★★★

### What We Found

- Carer and Activities Coordinator. Yes we have been having fairly regular supervisions Activities person - 3 monthly and Carer more often

**C12 Staff confirm that they have undertaken appropriate training that this is refreshed and updated as required.**

**Good**  
★★★★★

### What We Found

- Carer and Activities Coordinator. Its been 6 months since we reopened. We had all our training in Oct 2018

**C13 Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.**

**Not Assessed**

### What We Found

- N/A

**C14 Care workers confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.**

**Good**  
★★★★★

### What We Found

- Carer and Activities Coordinator. We are generally aware about bullying and harassment policy, and would refer to it if we had any issues. Initially we would go to someone senior, we would keep going higher, as high as the director.

**D05 The provider maintains records to evidence that all staff receive appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate.**

**Good**  
★★★★★

### What We Found

- Evidence of completed Internal General inductions and Role specific Inductions by staff that have been signed off seen. A sample of Care Certificates completed by staff also noted along with evidence of those that have completed other qualifications such as Level 3 Diploma in Health and Social Care seen.

**D06 The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.**

**Good**  
★★★★★

### What We Found

- Supervisions for staff up to March 2019 were evidenced on staff files seen. Supervision Matrix of planned supervisions seen. Staff Appraisals are due in Oct 2019 as the service has only been reopened for 6 months

**D07** The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required.

**Good**  
★★★★★

### What We Found

- In Preparation for the reopening the home, all training, along with mandatory training for staff were undertaken in Oct 2018 so all staff are up to date with training. Training Matrix seen

## Quality of Management

Standard Rating

### Assessing and Monitoring the Quality of Service Provision

**Good**  
★★★★★

**C15** Care workers confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.

**Good**  
★★★★★

### What We Found

- Carer and Activities Coordinator. Hundred percent we could raise concerns with management and they would support us.

**F04** Records show that the provider continually gathers and evaluates information about the quality of services delivered to ensure that people receive safe and effective care and support and uses this to improve services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.

**Good**  
★★★★★

### What We Found

- CMS System place, prompts when any areas of service users care plans are due for update. -Recommendation, Someone should check randomly to ensure staff are updating care plans consistently / SU have all relevant documentations in place etc. Infection Control Audits - 2 monthly Audits taking place. Last Audit took place on the 30th of April, with no actions brought forward. -Recommendation, Ensure these are more specific on what was actually seen when carrying out audits as supposed to confirming processes in place. Medication Audit, April 2019, with a few actions brought forward. -Ensure clear actions are drawn with anticipated deadlines of completion reflected. Health and Safety Audit Review March 2019,

**F05** The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.

**Good**  
★★★★★

### What We Found

- There is a Full Complaints Policy in place outlining the process for reporting complaints. Relevant Contact details for the Local Authority (HCC), CQC and the Local Government Ombudsmen are reflected

## Quality of Management

Standard Rating

### Using Information and Dealing with Complaints

**Good**  
★★★★★

**B19** Service users spoken with are aware of how to complain and are supplied with information on what to do and how to contact the provider, LA / LGO.

**Not Assessed**

**B20** Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.

**Not Assessed**

C16 Staff feel listened to and have the opportunity to raise issues and ideas through organised meetings, their views are taken into account and feedback provided.

Good  
★★★★★

### What We Found

- Carer and Activities Coordinator. We have staff meetings, and we can raise any issues, views and we feel listened. We get the opportunity to add agenda items.

F06 There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.

Excellent  
★★★★★

### What We Found

- There is a log of complaints in place. last complaints was logged on the 15th of April 2019. Full details of the complaint was reflected with reassurances and alternatives offered to the complainant. Actions Taken, Outcome and Lessons Learnt also outlined. Excellent! Recommendation, Home manager should consider not to paste all details of complaints into the log but to summarise as if complaints build up, it may be difficult to manage to log.

F07 There is evidence that the provider has a range of regular, organised meetings where service users, relatives and staff can provide feedback and this is listened to, acted upon appropriately and people are kept informed of the outcome.

Requires Improvement  
★★★☆☆

### What We Found

- The Home manager explained that there is a schedule of staff meetings in place. These include 6 monthly General Staff meetings for all staff, Quarterly meetings for management and Senior Staff. Also Explained that Junior Staff i.e. Carers have Bimonthly supervisions where information from meetings can be shared with them. Also explained that staff sign to confirm they have read meeting minutes. Home manager explained that this is a schedule that is realistically manageable. The Last two Senior quarterly meeting were had in Dec 2018 and 1st Feb 2019. The last General 6 monthly meeting was had on the 5th of Feb 2019. Minutes of the meetings seen unclear if actions are being picked up from these, unclear if actions are being followed through. Last Service user Meeting / Survey was carried out in April 2019. Discussions were had generally around food and activities. Home plans to work through other questions with service users. Action, To ensure clear actions are drawn out from Staff meetings and as relevant followed through and addressed.

F08 There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.

Good  
★★★★★

### What We Found

- Arrangements are in place to report notifications to CQC and See and Solve. There are currently no opened safeguarding's.

## Quality of Management

### Records

Standard Rating  
Requires Improvement  
★★★☆☆

F09 Personal records of service users are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.

Good  
★★★★★

### What We Found

- Service users information and care plans are held securely on the CMS System and within a locked filing cabinet within the staff / Manager's offices. No data protection issues highlighted.

F10 The manager maintains a log to evidence the applications made for authorisation under DoLs, including the date sent, the outcome, the date of the outcome and date of expiry. If authorised the log records that CQC is notified.

Good  
★★★★★

### What We Found

- There a process / log in place for tracking DOLs Authorisation Requests.

**F11** Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include time lines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency. Best practice is for the provider to use external auditors to assess their service.

*Requires  
Improvement*  
★★★★★

## What We Found

- See recommendations on F04