

ADASS EAST Accommodation Services (OP) for Newgrange Residential Home

Overall Rating



Involvement and Information

Standard Rating

Respecting and Involving Service Users

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.

Excellent



What We Found

- SU's Care Plans and Assessments are on the CMS system (Care Management System). On accessing the system, basic personal details about individuals are recorded, such as their names, what individuals like to be known by, their gender, age, D.O.B, Place of birth, marital status, nationality, religion, former occupation if known and ethnic origin. There is an 'About Me' tab, This outlines details of what individuals like to talk about, for a SU's file seen, it states that the individual likes to talk about day to day things and enjoys flower arranging, gardening and has tortoises as pets. Who is important to individuals are recorded such as family members and friends. On a SU file viewed this states that her husband and family are really important and that her daughter and husband regularly visits her. Details around what makes people worried and upset are recorded as well as what makes them feel better when anxious / upset. Other personalised information seen are how people like to take their medication, their preferences, what helps them sleep and daily routines and things they like to do for themselves. There is an Equalities Policy in place, last updated in Feb 2023. This clearly states that the provider cherishes the fact that their home has a rich cultural mix of nationalities and hope it reflects our modern society. The Policy aims to ensure that people are not treated unfairly or suffer discrimination, prejudice, harassment because of their race, colour, religion or belief, age, national origin, disability and so on.

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 are picture menus in place, a pictorial wellbeing schedule in place. There are display cards with individuals key worker's names and pictures displayed at the back of their bathroom doors. There is statement of purpose in place however an easy version is not in place.
- Strong recommendation - SU's would benefit from having key policies such as the complaints policy, safeguarding policy, Equality and Diversity Policy, Confidentiality Policy and Key working policy in pictorial / easy read format.

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

- Staff interaction was observed with service users, individuals were noted to be treated with dignity and respect. Service users were comfortable with Staff. Service Users were being offered choices and preferences were being adhered. Individuals independence were also being maintained.

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

- Individuals were being involved in their care, through their likes and dislikes, preferences and choices.
- Their care arrangements were observed to be personalised with their independence also being maintained.

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

- Service users were involved in HCPA impartial feedback questionnaire. Individual are supported to attend meetings to discuss Service Users matters within the home. There are also procedures such as the complaints process in place for SU's and the relatives to raise concerns.

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.

Good
★★★★★

What We Found

- Service users were being supported to maintain relationships with their families. On the day of the visit relatives were coming in the home to visit residents. Individuals were also supported to access the community such as going for walks with family. Other services within the community such as the chiroprapist and hair dresser, GP and so on come into the home to offer other services.

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

- Those that use the service are also kept engaged through the home's activities programme.
- The activities programme viewed

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

Good
★★★★★

What We Found

- Carer and Senior Carer
- Dignity Practises- Prior to accessing the room, we knock, wait to be asked in, go in, wish the resident a good morning, ask them if they would like us to help them, what they would like to wear, are they happy for us to see them naked, we don't expose their bodies, give them choices around clothing. We would let them know what is going on in day on activities. We ask if its ok to turn their lights on, would they like to get up now or shall we come back and so on. Before we undress the resident we close the curtains and close the door and no one can come in, to respect their dignity and maintain their privacy. We speak to them respectfully, we maintain their privacy.

Involvement and Information

Standard Rating

Consent

Good
★★★★★

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.

Good
★★★★★

What We Found

- There are decision specific MCA's in place on the system, examples viewed are around Medication, Call Bell, PIR Sensor, Bedrails, Personal Hygiene and Contenance, Leaving the Building.
- Assessments goes through the relevant MCA assessment questions, firstly if there is an impairment or disturbance in the functioning of the individuals' mind / brain, If they understand the information relevant to the decision, If they can retain the information long enough to make a decision, if they can weigh the information to make a decision and if they are then able to communicate the decision. Overall outcome of the Capacity Assessment are outlined. Where relevant, MCA's are matched up with a Best Interest Decision and persons involved, including the resident's NOK / advocate. Assessments viewed were being reviewed consistently.

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

- Some residents were observed in the lounge doing some sort of quiz with the activities coordinator. Other residents were in another break out area near the dinning area watching television and with another group of residents relaxing and having tea / snacks.

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 Senior Carer
- MCA Principles -
- -We are to assume everyone has capacity unless proven otherwise
- - We support and allow individuals to make their own decisions
- - We make decisions in their best interest, we ensure this in the least restrictive way.
- - It is ok for people to make an unwise, but we would advise them for example not smoke as many cigarettes as it could be harmful to them.

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 a Conditions of admission and terms of business in place, SU's if they are able sign up to this, if not their NOK sign on their behalf. There is also a consent form in place where individuals or their NOK on their behalf can also consent to being assisted with bathing, consent to participation in outside activities, for Staff to administer their medication / CD meds, consent to care provided, to have their pictures taken, consent to have a sensor alarm activated when they are in their rooms and to have it also activated when they are in their rooms. SU's choices, preferences, likes and dislikes and daily routines are also reflected within their care plans

A05 There is evidence that where a key worker system is 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 current Key working Policy in place. It was evidenced that there is a key working system in place. The CMS system with individual's care plans viewed were reflected with their named key workers.

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

Good
★★★★★

What We Found

- There is a Service Statement Of Purpose in place. This is reflected with the contact address of the proprietors business Address, email and telephone number along with details of the Registered Manager's address email and telephone number.

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

- Relevant assessments and holistic plans were observed on SU's files seen. Plans in place reflects individuals strengths, i.e. what people are able to do for themselves. Where SU's require assistance with, there are care goals to support independence and to ensure people maintain their current level of independence. It was evidenced that SU's are being supported to maintain their relationships with their family members and friends. Individuals are also being supported to access the community, for example the current wellbeing plan for SU's was reflected with a visit to the Paradise Wide Life Park in the community. SU's regularly go out with their family members to lunch, dinner and so on. On the visit there was a SU that went out with her son for the afternoon.

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

- Assessments include Initial Care Assessments, Where there are specific conditions highlighted on SU's plans, there are appropriate measures in place. For example those with mobility issues have a Moving and Handling assessment in place. Those prone to falls have a Falls Assessments in, MUST, Waterlow assessments and so on. Assessments viewed were being consistently reviewed.

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 in place viewed for individuals were being reviewed consistently. The CMS system flags when reviews are due and the next review dates are outlined on Care plans.

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

Good
★★★★★

What We Found

- A good account of SU daily care notes are being recorded in real time. These also recording the amount of what people are having to drink along with snacks they are having.

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

- Each area of Care that is being supported within SU's plans also reflects an outlined care goal. along with action Staff must take support individuals.

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

- Individuals are involved in the care through MCA and BI Decisions process as well consenting to the care with involvement from their NOK. individuals care arrangements capture their likes, dislikes, choices and their specific preferences.

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

- SU's named keyworker were displayed within their rooms and their care plans

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

- Generally those that used the service were observed to be cared for, comfortable with Staff and with their wellbeing maintained.

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

Good
★★★★★

What We Found

- Carer and Senior Carer
- Key worker - We ensure people have good clothes, toiletries, we are a point of contact for the residents and family members to talk to. We support and build relationships with them both. So they can trust us, we are transparent with the care we are giving. We make sure everything the resident requires is given to them. We liaise with the families on anything we feel they need to be aware, also we ensure that the residents rooms are nice and tidy. Our aim is to make sure the individual is happy, their needs met and they can trust us. We inform our senior / line manager if there are any changes.

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

- Diet and Nutrition Plans are in place for individuals, The home uses the IDDSI guidelines. The foods that individual enjoy are recorded. Any specific dietary requirements are recorded. For example on a SU electronic file viewed, it outlines that the individual requires a high fibre diet and is currently on stage 4 diet

following the IDDSI guidelines, and stage 0 for fluids. The goal outlined for the individual is to ensure she is provided with a highly nutritious diet to help her maintain her current weight and to improve her dining experience. Staff are to also offer her options / choices.

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

Good
★★★★★

What We Found

- Monitoring of SU's MUST's are taking place and where individual are at risk this is highlighted on the CMS System.

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

- There is an electronic Medical file in place on SU's plans. This gives accounts of the input individuals have had from the GP, CPN as required and DN as required. Each time they have had contact with a health special / professional this is recorded. Evidence viewed.

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

- There was seasonal menu in place. Individuals are offered food choices along with snacks and drinks in between meals. Healthy options are also part of the home's menu planning.

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

Good
★★★★★

What We Found

- Seasonal menus are in place and individuals are supported to have healthy balanced meals .

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 and residents are offered regular meals and snacks and drinks in between meals. People are able to have their meals in dining area and other areas within the home such in their rooms and the lounge area.

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

Good
★★★★★

What We Found

- Staff in the kitchen and Staff observed serving drinks / snacks had their aprons on, hair tied back. Staff were adhering to good hygiene practises.

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

- Details of input from other services that individuals who use the service have been sign posted to are recorded. Information of transfer / referral to other services are recorded, however these are only shared with authorised persons with SU's confidentiality being maintained.

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

- SU's Care files viewed evidenced sign posting to other health and Social care services including support from the GP, district nurses etc.

Safeguarding and Safety

Standard Rating

Safeguarding People who use the Service from Abuse

Good
★★★★★

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).

Good
★★★★★

What We Found

- It was evidenced that DOLs are put in place with considerations made around if this is in the best interests of the SU's. MCA / Best interest decisions process followed.

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

- Service Users were observed to be comfortable with Staff members, safe and with their welfare being maintained.

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 Senior Carer
- Abuse is inflicting harm to another person such as,
 - verbal abuse, physically abuse, financial abuse, Sexual abuse, Modern day slavery, Neglect, Self Neglect and so on. Intuitional abuse, is very regimented and does not allow any choices. People should have their choices, get up when they want to, eat when they want and so on.
- If we suspected or witnessed abuse we would report to our senior or the manager on that day. If they manager did not follow up on it, we would report it to HCC Safeguarding and CQC and report to Police as required

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

Good
★★★★★

What We Found

- Carer and Senior Carer
- Confirmed that they have had their MCA, DOLs and Safeguarding training.

E08 Appropriate safeguarding Information is on display in the Home.

Good
★★★★★

What We Found

- HCC Safeguarding Posters were observed in various places within the home, i.e. within the reception area, Deputy Manager's Office and another on notice board within the home.

F12 Records evidence that safeguarding incidents are appropriately recorded and actions evidenced and improvements / changes are implemented where required.

Good
★★★★★

What We Found

- Safeguarding log viewed - Accounts / summary of incidents are recorded, with the action taken, it is recorded when the incident has been raised with the Safeguarding team / confirmation that CQC has also been notified, progress / any lessons learnt.

Safeguarding and Safety

Standard Rating

Cleanliness and Infection Control

Good
★★★★★

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

None

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 Senior Carer
- Infection Prevention practises- We have PPE, the use of aprons, gloves, mask when its needed.
- With soiled clothing these goes into red bags separately to the laundry and these are washed at a very high temperatures. Pads, clinical waste we put these after use into the yellow bags and they go into the big yellow bin outside. We are not allowed to wear false nail, no long nails, no Jewellery. We are washing our hands prior to assisting a client and after. We have the use of hand gels.

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

- On walking around the home the environment was noted to be clean. Flooring across the corridors, lounge areas, stairwells etc were also noted to be clean. Bathrooms and toilets checked were observed to be equipped with the relevant PPE equipment. Waste bins and clinical bins were positioned in various areas within the home including bathrooms and toilets. General Waste and clinical waste were being managed appropriately and the bins were not overfilled. There were no offensive odour detected anywhere within the home. The laundry area viewed was being managed well. Dirty Linen, clothes were being kept separately from clean clothing / linen. Kitchen fridge, freezer and food temperatures were being consistently recorded. Domestic Staff were observed cleaning in various places throughout the home.

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

Good
★★★★★

What We Found

- Hand sanitiser gel, hand wash and paper towels were available along with hand wash guidance, .i.e. posters reminding people to wash their hands. These were all observed in bathrooms and toilets. Hand sanitiser gels were in appropriate places around the Home, including the reception area. PPE such as Apron, Gloves etc were available for Staff usage.

Safeguarding and Safety

Standard Rating

Management of Medicines

Good
★★★★★

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

None

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

None

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

- Carer and Senior Carer
- Senior does the medication - confirmed that she has done her competencies.
- Able to outline the 6 rights of medication - right client, right medication, right time, right dose, right route and right to refuse.
- Able to demonstrate the process of administration, including waiting the resident to take the medication before leaving them and signing the MAR Chart.

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

Good
★★★★★

What We Found

- Medication Policy - Nov 2022, last reviewed in Feb 2023. The Policy covers Homely Remedies, Control Drugs, Covert Medication and a number of areas, including Storage, PRN Medication etc.
- Covert medication Checked, documentation viewed were reflected with a risk assessment for the Covert Medication and Covert Authorisation documentation in Place also seen. This had Involvement from the Doctor and Pharmacist, including an MCA and BI decisions information.

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

Good
★★★★★

What We Found

- The Medication room was maintained at a cool temperatures. daily temperature recording are taking place consistently.
- SU's medication viewed in trollies were reflected with dates opened. Care2Homes Medication profiles for SU's were reflected with current pictures which were dated. Any allergies known were recorded and if unknown this is recorded also.
- A random Sample of MAR Charts were reviewed, these were noted to be in order and did not reflect any gaps. CD Medication checked reconciled with records in place. CD's and Medication were being stored appropriately with no issues identified. PRN Protocols viewed - reflected all the relevant information, dose, frequency, minimum and maximum dose within a 24 hr period etc. SU's Covert Medication documentation checked were in order. Risk Assessment for Covert Medication / Covert Authorisation documents in Place. Involvement from the Doctor and Pharmacist noted on the documentation in place.

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

- Service users have been involved in decisions around their medication through the MCA and Best interest decisions process. There is also a consent form in place for individuals or their NOK on their behalf to consent for Staff to support them with their medication.

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 did not highlight any hazards. Walkways, corridors and stairwells were clear and unblocked. The flooring throughout the home were not reflected with no trip hazards. Fire escapes were unobstructed. The state of the property, standard of décor and furnishing were in good condition. Smoke alarms were observed in various places in the home. Fire exits were noted to be clear. Fire extinguishers were affixed in relevant places throughout 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

- Relevant risk assessments were in place for individuals with specific needs on files viewed. For example individual's requiring the use of a hoist, profiling beds and so on. The home had dementia friendly features around the environment . The lighting within the home was suitable for orientation. Clear signage was observed throughout the home.

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

- On accessing the home there is a visitors signing in and out book is in place. The Staff office and manager's office are both situated directly within the reception area. There is a key pad system in place within the home and the main access into the building was observed to be well secured.

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 Senior Carer
- Confirmed that they have had their moving and handling training.
- Key things to remember - We have to check the hoist is in working order before we use them, that the batteries are working, we are checking slings to ensure they are not frayed. We always hoist with 2 Staff always, we have to ensure we have clear space to hoist.

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 - 23/12/2022
- -GAS Safety - 22/03/2023
- -5 Yearly Electrical Installation - 27/04/2022
- -Emergency Lighting - 23/02/2023
- -Legionella - 31/01/2023
- -Hoist and Sling check - 12/04/2023
- -Asbestos - Not required - Home rebuilt 2018
- -Fire Alarm Service - 19/04/2023
- -Fire Drill - 29/03/2023
- -Fire Risk Assessment - Undertaken 05/12/2022 - With significant actions brought forward completed.
- -Internal checks - Call bell checks - Weekly, Mattress Pressure Checks, Wheel chair checks, Window restrictor checks - Taking place.
- -Nurse call service - External check - 15/12/2022
- -Lift Service - 21/04/2023

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.

Requires Improvement
★★★☆☆

What We Found

- -Staff member 1-Assistant Care Manager - Application details in place is all for when the individual initially applied for the post as a Carer, Nothing seen for her role as the Assistant Care Manager, however the only other thing seen on file for her current post was a job description which was not signed / dated. Details for her previous role as a Carer that is what was on file - Application with work history, Interview process- Questions and responses, DBS Number and issue date, 2 references, Job description as a Carer not on file, Contract Terms signed, Working time directive signed, Health questionnaire, Right to work- UK Passport, UK Driving Licence, Offer letter?? (This file was shown and explained to the deputy on the visit who confirmed that the documents for the current role was not on the file viewed).
- Induction signed off / also NCFE CACHE Level 3 Diploma in Adult Care
- -Staff member 2-Records and Communication Staff -Application with work history, CV, Interview process - Questions and Responses, 2 references, Health Questionnaire, DBS, Contract Terms signed, Working time directive signed, Job description not signed / dated by Staff. Right to work - Just UK driving licence on file. This will not suffice, if Staff member is British, then a UK passport or UK Birth Certificate should also be in place. And if not other details coupled with the UK driving licence should also be in place.
- -Staff member 3 - Care Assistant - Application with work history, 2 references, Interview process- Questions and responses, Right to work, UK License, Polish Passport (nothing else in place post brexit)? Health Questionnaire, Signed Contract Terms, Job Description not seen on file. A signed copy should be on file.
- -DBS Log seen, advised by the deputy that the manager is going through updating these at the moment. There were number of Staff DBS that require updating. Some completed since 2019 and a few in 2018.
- -Action - To ensure where an individual has been promoted, application details evidencing their escalation into the new role is also filed. i.e. Internal application / interview process, job description, along with current contract terms.
- -Action - To ensure Staff DBS updates that have fallen behind are renewed as soon as.
- Action - To ensure sufficient right to work documentation is in place on Staff recruitment files. (Just a UK driving licence will not suffice), For EU Staff other documentation confirming right to work post brexit should be in place.
- -Strong recommendation - To ensure Staff sign up to their job descriptions and confirm they know what is require of them

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.

Good
★★★★★

What We Found

- The home is currently fully recruited with Care Staff and has not use any agency Staff for a number of months. They are however signed up with an agency should this service be required.

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

Requires Improvement
★★★☆☆

What We Found

- -Chiroprapist / Foot Health practitioner - Insurance expires on the 31/12/2023, DBS not seen
- - Hair Dresser - Insurance expires on the 13/11/2023, DBS not seen
- Action - To ensure DBS Numbers and Issue dates for those suppling other services within the home are recorded.

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

- On two Staff files viewed, job descriptions were observed however not dated or signed by Staff. On another Staff file seen there was no job description filed. It was evidenced that Staff had gone through their inductions and completed them.
- Strong Recommendation- To ensure copies of Staff Job Descriptions are dated, signed and filed on Staff recruitment files.

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.

None

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 Senior Carer
- The shifts are covered adequately, there is always two seniors and management, we have a good team and we work well together.

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.

Good



What We Found

- Care Staff Rota viewed evidenced fairly consistent numbers of Staff on shifts. Various levels of Staff skills set are on shifts i.e. Duty manager/s, Senior Care Staff and management included.
- Other Staff Rota also viewed around Catering Staff, Domestic Staff, Maintenance Staff, Laundry Staff and Activities also viewed.

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).

Good



What We Found

- There is a Business Continuity Plan and an Emergency Plan in place. This was last created /reviewed in Jan 2023. The plan covers a number of eventualities such as Staff shortage, loss of electricity, loss of gas supply, loss of heating, loss of water supply, weather conditions such as heat wave, cold weather conditions, loss of key partner and supplier, financial loss, loss of records (paper and electronic), communication failure and so on. Action cards /mitigations are in place. Process around minor and major incidents are outlined. Recovery plans / preventative measures / contingencies are all clearly outlined. Key Internal and external contacts are also outlined with alternative accommodation arrangements in place in the event of an evacuation.

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 Senior Carer

- Yes we have done our induction and one Staff done NVQ 2, the other has started NVQ 3, and also done her Care Certificate.

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 Senior Carer
- Yes we have supervision every 2 months.

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

Good
★★★★★

What We Found

- Carer and Senior Carer, The training is always updated, we have training every year. And we have opportunity to do development courses with HCPA . Senior is wellbeing gradian- wounds and skin care champion. Carer - falls preventions champion.

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

None

What We Found

- N/A - on agency usage

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 Senior Carer- aware of the process and escalate upwards.
- There is a Bullying and Harassment Policy in place and made available to Staff.
- Strong Recommendation - Provider to ensure this policy has a date of when created as well as a review date.

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

- Staff are taken through the internal induction and signed of as completed. A number of Staff have completed their NVQ Level 2 and or Level 3, Other Staff without the NVQ are put forward for the Care Certificate. The registered manager has completed NVQ Level 5 and the Deputy has completed Level 2, 3 and Level 5. Staff training matrix viewed.

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.

Requires Improvement
★★★☆☆

What We Found

- Staff supervision matrix seen shows that Staff are a little behind with their supervisions.

- Action - To ensure Staff supervisions are brought up to date

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

- Staff training matrix viewed. Training for Staff is generally on track and being updated. There are also some Staff that are champions in specific areas, such as the Medication Champion and End of life
- Champion training completed.

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 Senior Carer,
- Yes we are able to raise any concerns to management and they are always approachable open to 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

- -Domestic and Maintenance Audit - This covers things like cleaning schedule, deep cleaning, cleaning of equipment, domestic Staff training, COSHH, Flooring around the home, carpet cleaning, domestic Staff uniform, Building inspections etc. Actions from these had been followed through and addressed.
- - Environmental Audit - for ageing and dementia assessment tool, this focuses on making SU's experience of the environment better, looking at the entrance of the building, door handles, flooring, vertical circulation in the building, i.e. the movement of people at changing levels, including stairwells and considerations around people with mobility impairments, looking at toilets position at key locations and so on.
- -Care Plans - These are focused on a individuals and when their plans are due for audit the electronic care planning system will flag this. Audits viewed covers relevant areas such as Care Plans capturing SU preferences, ensuring all Assessments and Care Plans are completed and being updated, this includes MUST records, If individuals have been weighed checking daily care notes are up dated. Where actions are brought forward, they are highlighted in red with an action created and followed
- -Medication Audits- There are monthly internal audits taking place. Relevant area are focused on such as ensuring medication opened are correctly labelled, allergies recorded, MAR Charts fully completed with no gaps, ensuring the Medication Policy is updated and current etc. There were no actions brought
- -Infection Control Audits - These are taking place on a monthly basis. The audits for the month of March and May seen. Relevant areas are being covered such as ensuring relevant policies are in place, that there is a designated individual responsible for IPC, to ensure regular IPC audits are taking place, cleaning arrangements and frequency, prevention of infection processes, Staff training and so on.

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

- On accessing the home Hand sanitiser gel in place on the wall. communal toilets / visitors toilet were equipped with the relevant PPE, such as hand wash, paper towels and hand wash guidance

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.

None

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.

None

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 Senior Carer
- Yes we do have fairly regular meetings and usually we can give our views and they do listen to what we have to say.

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.

Good



What We Found

- There is Complaints log in place. This was displayed on a notice board. Only one complaint has been recorded so far this year. This was logged in April 2023. The summary of Complaints are recorded, Action taken, Outcome and learning.

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.

Good



What We Found

- - Relatives / families meetings are taking place. The last one seen was on the 24th of April 2023. Areas of discussions were around Feedback from the previous meeting, Ways of making improvements, Safeguarding reporting process, wellbeing of Staff and Residents, visiting policy and so on. Actions brought forward had been follow with deadlines and addressed.
- - The HCPA's Impartial Feedback for Staff and Service Users was completed in May 2023. Actions brought forward were 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

- Notifications to CQC and the Safeguarding team seen



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 Care Plans and Information were observed to be personalised and being securely kept on the computer system.

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

- DOLs log in place. Tracking with the team is taking place. Renewal dates and Expiries are also being tracked

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.

Good



What We Found

- A range of audits are taking place and as required with actions followed through, however evidence of audits being analysed was not observed.
- Strong recommendation- Provider to ensure that going forward audits are analysed for themes.