

ADASS EAST Accommodation Services (OP) for Conewood Manor Nursing 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.

Good



What We Found

- Care plans contained details in regard to marital status, religion. They were person centred and included likes and dislikes in some areas. A little work on personal care would be useful in regard to male or female carers. Some work also required on use of 'I' or in the first person if the resident has capacity. Most residents had life histories and it was noted that the activities care plans were extremely detailed. Pre-admission paperwork was seen

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

- Moving and handling guides in residents rooms. Activities were advertised with pictures and different formats noted in the home

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

- Those spoken to were happy about the care and staff in the home. People felt that they were treated with respect and dignity. Staff were observed to be offering choices and adhering to service users preferences.

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

- People felt that they were kept well informed with arrangements they needed to be aware of. Those spoken to said the are kept involved with all key decisions.

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 said that the manager and staff are accessible and approachable. People felt that they are listened to. Residents and Relatives meetings are taking place, where individuals can raise their own views. The proprietors are fairly visible in the home and people felt this is good as they can speak to them directly about any 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

- Those spoken to confirmed that their relationships are encouraged. People said that their relatives are made to feel welcomed into the home. and They also said they are supported to access the community and also enjoyed activities in the home.

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

- See comments on B04

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

Good
★★★★★

What We Found

- Health Care Assistants - Worked in the home for some time since 2016 onwards. We are to ensure we treat individuals with respect, we always knock on their doors, we ask if we can have permission to access their rooms, we ask if they are ready for their wash. Some service users may refuse, so we would leave them and go back later. We give them choices, asking them what they would like to wash, wear, eat and so on.

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

- Mental capacity and best interest assessments were noted and they were in the process of being re-written for all residents requiring them. At present some are compiled on one sheet and this was discussed as requiring to be changed. They are reviewed in conjunction with the relevant care plans. DOLS were completed and contained most decisions required but not all - some lacked DNAR or bed rails. LPA was generally noted. DNAR were seen to be correct. Recommendation: All MCA/BI need to be decision specific and completed on separate paperwork - as per the completed ones. This will be monitored on follow up visits and will need to be fully in place within 6 months

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

- Good interaction observed between staff and service users. Service users choices and preferences were being adhered to by staff.

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

- Health Care Assistants spoken were able to demonstrate understanding around MCA principles.

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

- The home has a keyworker and named nurse system in place and on discussion with residents and NOK during the visit they stated they were fully involved in the care planning. However as the home uses computerised system, this was difficult to evidence. Suggestion: Ensure there is some paper trail in regard to proof of involvement

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.

Excellent
★★★★★

What We Found

- Keyworker and named nurse with clearly defined roles and responsibilities noted. Residents really enjoyed the interactions with keyworkers and regular meeting noted

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 details for the provider, HCC and CQC was available in the home and in the service user guides. Statement of purpose displayed

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

- The activities based care plan was really detailed and contained information that helps staff to ensure the residents preferences were at the forefront of their care. This was also noted to be triangulated through the daily notes. Some care plans could be further developed to show what good and bad days are like for the resident.

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.

Requires Improvement
★ ★ ★ ★

What We Found

- Care plans and risk assessments are reviewed minimum of monthly and on change of condition. Room recorded such as fluid charts and repositioning were found to be completed in real time and matched the need of the resident. However it was noted that hourly checks on bed rails were not completed in the day - the manager showed evidence via fob records that the residents had a member of staff enter their rooms at least hourly. It does not however, provide sufficient reassurance that residents were checked for entrapment risk. Advised to maintain hourly checks 24 hours a day for residents with bed rails insitu. PEEPS were in place but were noted to only be reviewed every 6 months. Overall health passport can be printed from the computer system and it was noted that the home prints out the care plans every weekend. Action: PEEPS must be reviewed monthly and all residents with bed rails need to be checked hourly

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 were all noted to have been reviewed in the last month. Moving and handling pictorial guides in all rooms. RAG rating of care was noted on the front page of the electronic care plan system.

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 records are fully maintained and in real time with good information in regard to the residents day. Fluid charts did contain the target and were regularly reviewed. It was also good to note that drinks were noted throughout the 24 hour period. Cross referencing of any incidents such as GP visits etc. were noted

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.

Excellent
★ ★ ★ ★

What We Found

- Hobbies and independence was noted to be documented well in the activities care plan. The residents had been out to play crazy golf this week as one had requested to do so. Goals were noted on some care plans viewed.

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

- Those spoken to confirmed they are adequately involved in their care plan arrangements. Key working system was evidenced. Outcomes for service users were evidenced.

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

Excellent
★ ★ ★ ★

What We Found

- Named keyworker / name nurse etc were clearly displayed in service users room. Service users were aware of their named keyworkers. People confirmed that they enjoyed their interactions with keyworkers. Key working meetings were taking place consistently

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

- Those spoken to confirmed that they felt comfortable and safe in the home. People felt that they were being well cared for.

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

Good
★★★★★

What We Found

- Health Care Assistants, Key working role - We are allocated to individuals, every 2 to 3 months we are rotated, we are the link for the family, tell them about any changes, communicate with them around the needs of residents, like new socks, shoes and so on. We are the ones that are supporting and caring for individuals so we report any changes to the seniors and nurses of any changes and they are responsible for updating the care plans. They will consult with the GP if required. Within our roles we complete all the active charts like, fluid charts, weight charts, continence charts etc.

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

- Food and fluid charts were completed well and showed both food and fluids being available 24 hours a day. Like/dislikes/allergies etc. were all clearly documented. Kitchen staff were fully aware of these. Fortification of food was noted

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

Good
★★★★★

What We Found

- MUST's were fully completed on all residents. Evidence of referrals to dietician SALT. BMI was correctly scored in all cases

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

- Evidence of SALT and dietician referrals seen. Professional log for GP/DN. Choking risk assessed monthly.

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 spoken to confirmed that the menu is varied. People felt that they received a balance diet. People's likes and dislikes are considered in menu planning.

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 to offering choices and adhering to service users preferences.

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

- Service users confirmed that they have regular meals, drinks and snacks. There are designated eating areas and service users can also eat within their rooms as required or if they choose.

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

Good
★★★★★

What We Found

- Staff were observed wearing aprons whilst serving lunch.

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

- Discharge summaries and MDT notes in place.

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

- Service users were being supported to access other health services, the GP, Counselling services, 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

- sensor mats, alarms noted and risk assessments completed to allow residents to safely retain independence noted. DOLS also noted to highlight least restrictive practices

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

- Those spoken to conformed that they were as comfortable and felt safe 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

- Health Care Assistants, were able to demonstrate understanding around abuse, giving example on the types of abuse, such as physical abuse, institutional abuse, emotional abuse etc and how to recognised these. If we suspected or witnessed abuse, We would speak to the senior or the nurse. If they do not take action, we go to the manager, then the director. Externally we would report to CQC, we would also report to social workers and the police.

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

Good
★★★★★

What We Found

- Health Care Assistants, Yes we have had MCA and DOLs training.

E08 Appropriate safeguarding Information is on display in the Home.

Good
★★★★★

What We Found

- HCC Safeguarding posters / information were observed on notice boards 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

- Monitoring and tracking of safeguarding is in place.

Safeguarding and Safety

Cleanliness and Infection Control

Standard Rating

Good

★★★★★

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

Good
★★★★★

What We Found

- Staff observed to follow principle of IPC throughout the visit. PPE readily available.

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

- Health Care Assistants Infection Control - We make use of the PPE provided for us, like gloves, aprons. We use white aprons for personal care. We put these on in the room, after personal care we remove these within the room after personal care and bag them. We have different ways we dispose waste, like soiled pads, used gloves etc in the yellow bins. Soiled linen and clothes we would put these in the red bags and put them in the red laundry basket, Ordinary clothes we put in the blue basket, white basket are for bed sheets, pillow case etc. The red bags are washed in the separate wash. We wash hands our hands before and after each task.

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

- With the exception of one bed pan all areas were noted to be clean, tidy and locked wherever necessary. There was printed information on infection control and PPE was freely available. Staff observed to follow IPC principles at all times.

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

Good
★★★★★

What We Found

- Information was dotted throughout the homes, alongside gels and handwashing information.

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

- One resident is currently on covert medication. There was a supporting DOLS application for this and a guide for staff. Evidence of NOK, GP and pharmacy involvement in the covert medication. However it lacked monthly review. All medications care plans contained a guide of what to do if residents declined but not all contained details of how the resident would like to take it. Recommendation: Ensure Covert medications are reviewed monthly and how a resident likes to take their medication is clearly defined

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

Good
★★★★★

What We Found

- Medication room was locked and the cupboards were also locked inside. Staff observed to explain medication to residents during administration. Medication policy in date and available in the medication room. Tabards noted to be worn during the medication round.

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

Good
★★★★★

What We Found

- Residents that had capacity stated that they were fully involved in their medications and stated they could request to see the GP whenever they wanted.

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

- Mandatory training is in place for all staff that administer medications and competencies are carried out yearly as per company policy. Good evidence of competencies for extended roles - such as syringe drivers noted. Staff fully able to explain medication administration, covert medication and PRN. Spot check of CD's correct and weekly checks are completed by the staff. Pharmacy/GP/Emergency information is displayed throughout the home.

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

Good
★★★★★

What We Found

- Temperatures of the fridge and medication rooms were completed regularly and all medication was dated upon opening. Sharps bins were fully completed. Trolleys were securely locked at all times. Information for what to do if temperatures were not in the referenced range were available. Only items appropriate for storage in the fridge. Covert signed of by GP and pharmacist. CD's stored and checked regularly.

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

Excellent
★★★★★

What We Found

- Annual medication reviews were evidenced. Audits noted for medication both internally and externally. Sharps boxes assembled and labelled correctly. No evidence of overstocking. MARS sheets were dated with no gaps, double signatures for handwritten entries, allergies were colour coded. Also noted that a large poster with residents on time specific or high risk medication was up. All staff signatures maintained. Temperatures checked regularly. Front sheets contained in date photographs. BNF noted. Competency matrix seen.

Safeguarding and Safety

Standard Rating

Safety and Suitability of Premises

Excellent
★★★★★

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

Excellent
★★★★★

What We Found

- On observation the environment were noted to be free of hazards. Walkways, staircasing, corridors were all noted to be clear. and free from big pieces of equipment. Fire exits were free of clutter and unblock. Good signage seen throughout the home. The standard of décor is excellent. Fire extinguishers were affixed out of the way on the walls and relevant places throughout the home. Smoke detectors were noted throughout the home. No issues highlighted.

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

- Service users were being supported holistically, along with any specialist equipment they might require, such as the use of hoists and slings. There was good signage observed throughout the home. Corridors / walkways were well lit and suitable for orientation.

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

Excellent
★★★★★

What We Found

- The home was noted to be adequately secured from unauthorised access. Staff were observed in uniform. There is an electronic check in and out system in place. This is also effective for maintaining confidentiality around GDPR. There is good fencing around the home. There is a director's / admin office situated directly at the entrance to the home. The Nurses station / office is also located a little further along the corridor. Lots of staff presence seen. The proprietors are very visible and present within the home. Both staff and proprietor are very involved with service users and know service users well. This was evident throughout the visit.

Safeguarding and Safety

Safety, Availability and Suitability of Equipment

Standard Rating

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

- Health Care Assistants - Yes, we have done our moving and handling training. We follow what people's care plans say about moving them, particularly if there are any changes we must know. We need to be aware of any conditions that may affect moving and handling. We must check the equipment we are going to use to ensure they are working properly. We have to use the right size sling also. We don't hoist by ourselves, always with two members of staff.

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 - June 2019, due in June 2020 -5 Yearly Electrical Installation (fixed wiring) - June 2017, Due June 2022 -GAS Safety - Jan 2020 -Legionella Testing - New boiler house running on new build and everything runs of this. Official testing last done June 2019 Weekly and monthly Flushing checks also done. - Fire Equipment Testing - Most done in March 2019, 3 extinguishers done in - Jan 2020 also weekly checks carried out internally. Hoist and Sling checks, 6 monthly, last done -Aug 2019, due in Feb 2020. -Emergency Lighting- Nov 2019, due in 2020 Nov -Lift servicing- Oct 2019, 6 monthly servicing. -Stair lift installed - Jan 2020 Nurse call - weekly -Window restrictors - weekly -Wheel chair checks and visual check of hoist - Monthly -HCC Fire Rescue service came in the home and carried out a fire safety inspection on the 11th Feb 2020. Advised for a smoke detector to be put in the linen cupboard on the ground floor. No other issues highlighted. Fire Risk Assessment - Carried out in Aug 2018 and reviewed in Dec 2019. Recommendation, Official Fire risk assessments are recommended to be carried out annually.

Suitability of Staffing

Requirements Relating to Staff Recruitment

Standard Rating

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

- Nurse- Application, employment history reflected, Interview questions and responses?? , Medical / Health questionnaire, 2 references of which one is a character reference. Right to work -Romanian ID Card/ Passport, UK Driving Licence, Signed Contract Terms, Signed Job Description, DBS July 2014?? Pin number of Nurse seen in date Internal induction signed off. -Senior Carer -Application, ?? employment history not evidenced, Interview questions and responses, Medical Questionnaire, ??References - 1 friend and 1 cousin, these are not appropriate, they need to have at least one professional, Right to work - Hungarian Passport and ID Card, Signed job description, Offer letter of position, Signed Job Description and Signed Contract Terms, DBS - July 2015?? Supervision record shows that his

last supervision was in Oct 2019?? Internal Health Care induction signed off. - Health Care Assistant - Application, with work history evidenced, Interview questions and responses, DBS -Number and issue date seen, Medical questionnaire, Right to work -?? Passport or ID not seen. UK Driving Licence seen, UK Licence does not evidence right to work?? an additional ID i.e. birth certificate or passport should be in place,?? 2 Character references, these are not sufficient?? Signed Contract Terms, Offer Letter. -Internal Health Care induction signed off. -Supervision record shows that his last supervision was in Oct 2019?? Action, To ensure Applications consistently reflects employment history and bridging any gaps Action, References should evidence at least one professional references, not just 2 character references. Action, Right to work checks should evidence ID such as Passport, ID Card or Birth Certificate. UK driving Licence by itself is not sufficient Action, Staff DBS evidenced on files as not updated since 2014 and 2015 should be prioritised for update.

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

- There is no agency usage in this home. Only bank staff are used when required.

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 and Insurance in order -Counsellor - DBS and Issue date ok -Beautician / Masseurs - NVQ Level 3 - DBS and Insurance seen -Chiropodist - DBS ok however insurance expired on the 2nd of Dec 2019. - Application documentation also seen for volunteers Action, To ensure the chiropodist insurance update is prioritised and put in place with immediate effect.

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

- Signed job descriptions and staff completed / signed off inductions were evidenced on files seen.

Suitability of Staffing

Staffing and Staff Deployment

Standard Rating

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

- Health and Care Assistant, Usually the shifts are well covered. If any one is sick the seniors and nurses, Manager do their best to ensure the shifts are covered. They all call staff to fill any shifts that need covering.

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

- There is currently no agency usage in the home. Good levels of staffing are in place, including bank staff to cover emergencies, Sick leave, and annual leave.

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

- Business Continuity Plan - These cover a number of eventualities, There is temporary accommodation in place in case of an emergency. Relevant internal and external contact details are in place. Last reviewed in Mar 2019. There is a grab bag in place. Relevant contents were in place such as hi-visibility waste jackets, emergency foil blankets for service users, torches, Peeps are in place and resident evacuation overview plan in place, highlight things like the level of mobility, assistance required from staff and so on. Recommendation, To ensure activation of the plan is evidenced.

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

- Health Care Assistants, Yes we all go through inductions and are signed off. We did some shadowing in the first month, until we are comfortable to be on the floor. We have mentors that we follow initially.

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

- Health Care Assistants, Yes we have been having supervisions, these are usually once every 2 months.

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

Not Assessed

What We Found

- Health Care Assistants, Yes we have all our training, and these are being updated when required.

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 not agency used in the home.

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

- Health Care Assistants, If we have any issues with bullying and harassment, we can report to seniors, the nurses and the manager. If they do not take action, we can report to 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

- signed off inductions were evidenced on files seen in line with skills for care.

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

- Able to sustain that Annual Appraisals and Supervision have been maintained from Oct 2019 through to Jan 2020. Some carried out in Oct , Nov, Dec 2019 and a few in Jan 2020. However regular supervisions are not consistently evidenced earlier on in the year On files seen and supervision matrix seen. Strong Recommendation, To ensure that staff supervisions are evidenced bimonthly as a minimum throughout the year.

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.

Requires Improvement
★★★☆☆

What We Found

- Staff training matrix seen. This shows that there are some training updates. If have taken place, they have not always been updated on the training matrix evidencing this. Action, To ensure any outstanding staff mandatory training are prioritised. Strong Recommendation, To ensure staff training matrix are updated to reflex that most current status. Frequent review of this would be beneficial.

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

- Health Care Assistants, Yes we can freely approach the manager, nurses or seniors. They listen to us and they will sort out any issues that we may have. They are very approachable.

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

- -Health and Safety checks / Audits are taking place. Last round of audits were carried out early Feb 2020, with no issues highlighted. -There is a Business Improvement Plan in place, last one was put in place in Jan 2020 - Objectives are clearly outlined with Actions, Responsible Persons and deadlines identified. This

is a good ongoing improvement tool. -Provider Quality Assurance - The last took place in Sept 2019 - actions from these were observed to be closely monitored, Not all other audits contained a robust action plan. They all require an assigned person and a completion date. See actions on F11

- Audits for medication, IPC and care plans noted. Not all had action plans that contained who the action was assigned to or the date for completion.

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

- Complaints procedures are in place with relevant contact details for escalation to the Local Authority and others. Procedures were well displayed on notice boards throughout the home.

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

- Health Care Assistant, we had our last full staff meeting in Dec 2019. When ever there are things that we need to discuss, they call a meeting. The Night staff have meetings to. Families and residents have meeting too. We are able to raise our views and they listen to our opinions.

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 a Complaints logging in place, outlining the complaints raised, action taken and learning. Last complaint logged was in Jan 2019. No complaints have been reported so far this year. A number of compliments seen. (Cards and emails evidenced)

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

- Department meetings, Whole staff meetings and Nurses meetings, Catering meetings, were evidenced on file seen. Residents meetings were also evidenced. Attendees for all the above meetings are recorded, with agenda items and actions also recorded. Strong Recommendation, To ensure meetings are taking place more consistently across board on a planned structured was and not adhoc.

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

Good
★★★★★

What We Found

- Safeguarding notification, CQC notifications and tracking in place and being monitored.

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 plans were generally noted to be personalised and printed copies are secured within the Nurses office within cupboards and other relevant information / care plans are secured on the electronic care 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

- There is a DoLs log in place with tracking of expiries and renewals. There is a file in place with copies of notifications to CQC evidenced.

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

- Not all audits contained a robust action plan. They all require an assigned person and a completion date. However there was evidence that the responded quickly to any issues noted. The call bells require a robust audit and action plan. Some external audits - eg medication noted.