

ADASS EAST Accommodation Services (OP) v23.2 for Oak Cottage



GOOD

Involvement and Information

Respecting and Involving People Accessing the Service

Standard Rating

Good



- Personalised Care - Achieving
- Activities - Achieving
- Clear Goals - Achieving
- Staff understanding - Achieving

A01 The care plan should be individually tailored, person centred, include appropriate information on the Individual'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

Individuals have a personal profile in place on their care files. This reflects personalised information such as D.O.B, Marital Status, any known Allergies, their preference around how they would like to be called / addressed. Any accounts into their likes and dislikes, N.O.K and so on. Any known conditions are recorded, personalised information around their foods etc. Plans in place does reflect individuals preferences. Care goals in each area of need are recorded.

ICB is working with the home to put in place NHS 'My Personalised Care and Support Plans in place, Some evidence viewed on residents' files.

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

Good



What We Found

There is a Service User Guide in place. The guide stipulates that the Home does not discriminate, and people can request for information in other formats such as in Braille if this was a requirement, BSL - British Sign Language, Audio format, Large font, Easy read or in any Other language preference. Within the Service User guide there is pictorial and easy read information. It is outlined that people can expect dignity, choice, have their rights, privacy, independence and fulfilment. There is a pictorial Activities plan in place outlining the types of activities people can expect as well as pictorial menu cards for week one and week two. Details of facilities within the home is outlined. The guide also outlines in easy read and with pictures that people can observe their faith practises outside the home or within the home. Individuals are supported / encouraged to arrange transport to a church, mosque, synagogue or to a Hindu temple. This is not limited to these four religions, it is outlined that all religions are welcome. Other pictorial and easy read information viewed are around support with finances, fire emergency procedures. The homes Contingency policy is also included with the guide that residents / relatives have access to.

B01 Through observation of staff interaction and discussion with people there is evidence that people 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. People are treated with kindness, compassion and empathy. Care workers are seen to support people's choices and preferences in regards the way their care and support is delivered.

Good



What We Found

On observation Staff were noted to be caring and interacting well with the individuals that use the service. Individuals were being treated with respect and dignity. Staff, including managers were observed to be patient with those that use the service. People were not being rushed, and Staff were treating individuals with understanding and empathy.

B02 Through observation of staff interaction and discussion with people there is evidence that Individual's 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

There is a Service User Guide in place. The guide stipulates that people can request for information in other formats such as in large font, easy read, in braille if this was a requirement, BSL - British sign language, Audio format, or in any other language preference. Within the Service User guide there are pictorial and easy read information about the service. People have been involved in their care plans.

B03 People 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

The undertake HCPA Impartial Feedback annually, the previous was undertaken in Nov 2023 with the next due in Nov 2024. The over overall satisfaction of the survey was at 96%. Resident meetings are also taking place, and discussions had has been relevant to individuals, for example around activities

B04 People 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

It was evidenced that those that use the service are being supported to maintain relationships. Relatives were observed being welcomed by home to come into the service to see loved ones. Activities in the home were evidenced. Other health services are coming into the home to support individuals such as the optician. The home could do a bit more to support individuals to access activities within the community.

Strong Recommendation - The home to do a bit more to support individuals to access activities within the community.

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

Good
★★★★★

What We Found

There were pictures of activities that individuals have been supported to undertake, examples viewed were around board games, Bingo, Animal Therapy, Knitting and so on.

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

Good
★★★★★

What We Found

2 Carers in the home - 1 to 2 years,

Dignity Practises - Making sure you give the residents respect, Prior to accessing the resident rooms we knock and wait to be asked in, before personal care, we shut the door and close the windows, We try to make sure we maintain their privacy, we talk through the process, if we can do this or that. We want them feel valued. When helping with eating, we communicate with them calmly, we don't rush them, we cover them so the food does not go onto their clothes. We give them choices and offer alternatives.

When we have a professional that comes to see a resident such as the GP, we asked the resident if they would like to go to their room, so they have privacy with the doctor and that their personal information is not overheard.

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 (and any conditions). POA is clearly documented and evidenced across the care plan where relevant.

Good
★★★★★

What We Found

Mental capacity assessments viewed evidence a personalised approach. Decision specific MCA's were observed on resident files viewed. Accounts / examples viewed were around Medication, Personal Care, Finances and Locked Doors. The process of assessing capacity had been followed through with consideration made around if individuals concerned, have understood the information relevant to the decision being made, if they were able to retain information long enough to make a decision, able to weigh the information and able to communicate the decision. As required certain aids have been used to aid understanding such as using picture board, writing things down and so on. Accompanying BI Decisions for each decision area concerned are also in place and the relevant persons such as N.O.K / IMCA have been consulted. DOLs authorisation requests are in place and being tracked with the relevant team.

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

Individuals that use the service were observed to be very comfortable with Staff. Good interaction was observed between individuals and the Staff. They were not being rushed and being supported at their own pace. Staff were seeking consent from individuals before supporting them. An example viewed was around choices around drinks and snack.

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

2 Carers in the home - 1 to 2 years,

MCA Principles

- We assume that people have capacity unless proven otherwise
- People can make unwise decisions, but we will advise the manager of any concerns, and inform them of what might be not be good for them and offer alternatives
- We make decisions in their best interest
- The decision we make is in the least restrictive way, so they are comfortable.
- We do all we can to support them to make their own decision as much as we can

Personalised Care and Support

Standard Rating

Care and Welfare of People accessing the Service

Good
★★★★★

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

Good
★★★★★

What We Found

There is a Consent form in place that individuals have capacity have signed. People have confirmed that their consent have been sought to their Care Plans and the details of it has been explained to them, people have also consented to treatment, consent around the CCTV, Information Sharing, to having their Photograph taken and displayed. Peoples likes, dislikes and preferences are captured.

Those that lack capacity have been taken through the MCA and BI Decision process

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 person has been given appropriate information about key working system.

Good
★★★★★

What We Found

There is Key working system in place and resident named key workers are reflected on their Care Plans.

What We Found

The Service User Guide in place outlines the names and contact details for the 2 proprietors along with contact details for the Registered Manager and two other Assistant Managers. Addresses and contact numbers are reflected. There are also other documentation that gives details for contacting the provider such as the Statement of Purpose and the Complaint's Procedure.

A07 The care assessment has been conducted in a way to reflect the person'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.

Requires Improvement
★★★☆☆

What We Found

Residents Care Plans does outline their needs and accounts written are personalised, however provider to ensure that the strengths of individuals are reflected. There is some evidence that people are being supported to maintain contact with residents and are visiting the home to see their love ones. Accounts of this is captured within individuals daily notes. Records viewed shows for example resident went out to lunch /dinner with a family member, or observed in the lounge within the home, out in the community with their son / daughter.

Individuals are being supported to access the community for swimming, to the zoo, beach, for lunches, to the Jimmy Macs Day centre, Priest from the community comes into the home to undertake communion for one individual in the service.

Action - To ensure Residents strengths are reflected more within their care plans.

A08 There is evidence that the person'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 person remains safe, their needs are adequately met and their welfare is protected.

Good
★★★★★

What We Found

Relevant Assessments are in place, these include MUST recording, BMI and Weights. Waterlow Score Assessments were also observed on Care files viewed. Assessment were being reviewed on a monthly basis. Plans in place also captures individual wellbeing around their Mental Health and General Health.

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 person safe.

Good
★★★★★

What We Found

Individuals Care Plans viewed were being reviewed consistently on a monthly basis. Where there are no concerns, it is recorded. Any changes have also been recorded. For example, on a residents review seen, it states that the individual is gaining weight and Staff are to support with healthy eating and exercise

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

Requires Improvement
★★★☆☆

What We Found

Daily notes over the month of September for Individuals plans reviewed seen. Staff are recording support that they have given individuals around Personal Hygiene, stating if people have been washed, dressed, had support with continence, assistance with mobility, in and out of bed, support with dietary needs, i.e. what people are having to eat and drink.

There is a section on monitoring individuals **General Mental Health**, however what Staff have outlined does not align with this topic. To ensure what Staff record is aligned with the topic concerned, for example the mood of individuals, are they happy and so on. Staff recording a resident had person care, is asleep, or in the lounge is not relevant to the topic concerned

Action - To ensure what Staff record is aligned with the topic concerned when recording daily notes

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

Good
★★★★★

What We Found

Individuals Care Plans viewed show that Care goals are being recorded and supported.

B07 People 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 were being involved in arrangements around their care, preferences and likes and choices. Individuals/ Relatives were also consenting to care plans.

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

Good
★★★★★

What We Found

There is Key working system in place and residents named key workers were reflected on their Care Plans and on the door of their rooms.

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

Good
★★★★★

What We Found

On observation, care staff interaction and care delivery did evidence that Individuals remains safe with their welfare being protected.

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

Good
★★★★★

What We Found

2 Carers in the home - 1 to 2 years,

Key role - We are allocated to an individual, helping with their clothing, arranging wardrobe, we learn about their likes and dislikes, we link with their family to ensure they have toiletries, If we notice any changes we inform the manager and ensure they get the support they need. I am the link between the resident and their family. We also can take them out into the community. We are developing a relationship with them, we monitor them, are they ok, happy, do they need something and so on. As a key worker I want to ensure their lifestyle is improved and that they are comfortable. We record everything in their daily notes, where there are issues, we record any major issues in a book so it can be followed up.

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

Care Plans for individuals around their Dietary Needs are being recorded. Individuals food Likes and Dislikes are recorded. For example, on a residents file viewed, it states that the individual does not like spicy foods. What individuals are having to eat and drink are recorded. IDDSI charts was observed in the kitchen, giving guidance to Staff / Chef on food textures, i.e. the various levels, such as Level 6 - Soft bite size, Level 5- minced and moist, Level - Pureed, Level 3 - liquidised and so on.

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

Good
★★★★★

What We Found

Nutritional Screening / MUST tool is in place for individuals. Consistent recording was taken place around individuals Weights / BMI

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

Care plans viewed show individuals being supported to access GP Services, Dentist, Optician, Physio, District Nurse / other professionals

B10 People accessing the service 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

Individuals are involved in the menu planning process, through their food likes / dislikes, they are also consulted around the menu in meetings. Any specialist requirements such as weight loss are addressed through the fortification of foods / drinks. The IDDSI chart was observed in the kitchen, so kitchen staff are aware of the various textures / levels, for example level 5 -Minced and moist, level 4 - pureed, level 3 liquidised and so on. The Chef has a Level 3 in Food hygiene training. The managers communicate any specific requirements of residents to the Chef. They also meet with him to talk through Individual's, so he is clear about their nutritional needs. Alternatives are being offered to individuals if they do not like what is on the menu. Examples people can have are Jacket potatoes, minced chicken, fry up's, The chef advised that they can have generally what they want

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

Good
★★★★★

What We Found

Meals are based on seasonal menus and they reflect a healthy balance. Service user spoken to confirmed there is a range of foods and explained that staff discuss their likes any specific requirements with them in meetings.

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

Good
★★★★★

What We Found

There is a designated dining area in the home for those that use the service to have their meals. It was observed on the visit that individuals do have good access to foods, snacks drinks throughout the day.

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

Good
★★★★★

What We Found

Kitchen Staff were observed wearing protective clothing, such as apron in the kitchen with hair tied back. There were no issues highlighted on this visit.

Personalised Care and Support

Standard Rating

Co-operating with other Providers

Good
★★★★★

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

Good
★★★★★

What We Found

Care Plans viewed has a section that captures input from other health and social care professional. Evidence of discharge letters, input from district nurses and so on are recorded. Shared information are dealt with in a confidential manner. For example, district nurse records for individuals are kept securely and only Staff in the Service and the District Nurses have access to these.

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

Good
★★★★★

What We Found

It was evidenced that individuals are being sign posted to health professionals such as access to the GP, the Optician, 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 person accessing the service.

Good
★★★★★

What We Found

Individuals plans viewed shows appropriate risk assessing and where required, best interest decisions have been followed through along with the DOLs process. Considerations to ensure the least restrictive practice and to maintain the resident's safety, forms part of arrangements.

B21 People confirm that they feel safe and observations of care practice confirm this to be the case. Anybody 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 that use the service were observed to be comfortable with Staff, safe and with their wellbeing 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

2 Carers in the home - 1 to 2 years,

Staff were able to demonstrate good understanding of the term abuse.

Abuse is mistreating, emotional abuse - saying bad words to them, mental abuse, sexual abuse, physical abuse, that is slapping, harming them, neglect, institutional abuse, mistreating them can change their mood, so we watch for these signs. If we observed any type of abuse, we would notify the manager and if need be, we will go to HCC, the Safeguarding team.

Recommendation - Ensure Staff are aware that they can also report to CQC, Social Services and the Police as well

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

Good
★★★★★

What We Found

2 Carers in the home - 1 to 2 years,

1 carer responded that they have and other said they have Mental Capacity and DOLs training update soon

E08 Appropriate safeguarding Information is on display in the Home.

Good
★★★★★

What We Found

There were HCC Safeguarding Posters displayed within various places within the home.

Recommendation - To ensure a poster is also displayed on the notice board within the reception

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

Good
★★★★★

What We Found

There is a Safeguarding Log in place - This outlines accounts / summary of the safeguarding, status and outcomes. Action taken are also recorded, whether substantiated / unsubstantiated, this is recorded, and date closed.

Note - the information is recorded and sufficient, however the log does not naturally follow a direction of travel, provider should consider amending

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

Appropriate PPE equipment was observed in the home, with Staff using them adequately.

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

2 Carers in the home - 1 to 2 years,

Confirmed that they have done IPC training,

Key things learnt - washing of hands, we do this prior and after to attending with residents, during personal care, after using PPE we have remove them in the room and put them into the used PPE bins. With soiled clothing we put them into the reds bags and they are washed in the laundry separately from normal washing. We use the hand sanitiser gels as well.

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

Good
★★★★★

What We Found

The environment was observed to be clean. The domestic Staff was observed cleaning the home / bathrooms and rooms. Relevant PPE was observed to be in place for Staff use. Bathrooms and toilets viewed were clean, hand wash, hand paper towels, General waste bins and clinical bins and handwash guidance were in place. Hand sanitisers were also observed, and these were adequately filled. The kitchen within the Home was viewed and observed to be clean. The kitchen Staff were wearing aprons, with hair neatly tied back. Colour coded chopping boards. Fridge and freezer checked; foods were labelled with expiry dates. Environmental Health inspection - The last one undertaken scored a 5 Star. IPC information and poster were observed in relevant places within the home. All 5 allocated the flooring replaced, have been carried out and complete.

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

Good
★★★★★

What We Found

infection Control Policy / Procedures are in place. Hand sanitisers were observed in relevant places throughout the home. Communal toilets and visitors toilet viewed were reflected with hand wash, hand paper towels along with handwash guidance displayed.

Safeguarding and Safety

Standard Rating

Management of Medicines

Good



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

Good



What We Found

Staff administering were able to do this in a satisfactory manner. Staff spoken to were able to talk through the process of administration.

B17 People accessing the service confirm that they are involved in decisions regarding their medication.

Good



What We Found

How individuals like to take their medication, i.e. in their hand, in the mouth were recorded on their Medication profile.

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

2 Carers in the home - 1 to 2 years,

The Staff member that administers medication was able to explain the 6 rights of medication, that is, the right person, right medication, right dose, right route, right time, right to refuse. Staff that administer medication was also able to talk through the medication administration process confidently. Also mentioned that they will seek consent from the resident and make sure they take their medication but not rush them. "They have a way they like to take their medication, and we respect that. After I ensure I sign the MAR Chart".

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

Good



What We Found

Medication room was being maintained at adequate cool temperatures. Room and fridge temperatures were being recorded twice a day, Am and PM. Medication trolley checked was in order. The majority of Resident's medication were blister packed. Opened loose boxes, creams and bottles were reflected with dates open. MAR Chart records viewed were in order with no gaps reflected. Residents had medication profiles in place with their photos reflected. These were dated and current. Any known allergies were recorded. Medication consent forms were in place with people consenting to being supported by Staff to take their medication. These also reflected how individuals like to take their medication, i.e. in their hand, in the mouth and so on. PRN protocols were in place. Relevant details were outlined, i.e. the dose, route, frequency etc. These were noted to be current and reviewed. CD medication checked reconciled with CD Book records. There is currently one individual on Covert medication, input from the GP and Pharmacist was evidenced with a signature. MCA and BI Decisions was also observed. There is a BNF in place March - Sept 2024, with a new one on order. The Medication Policy had been reviewed and current.

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

Good



What We Found

Medication room was being maintained at adequate cool temperatures. Room and fridge temperatures were being recorded twice a day, Am and PM. Medication trolley checked was in order. The majority of Resident's medication were blister packed. Opened loose boxes, creams and bottles were reflected with dates open. MAR Chart records viewed were in order with no gaps reflected. Residents had medication profiles in place with their photos reflected. These were dated and current. Any known allergies were recorded. Medication consent forms were in place with people consenting to being supported by Staff to take their medication. These also reflected how individuals like to take their medication, i.e. in their hand, in the mouth and so on. PRN protocols were in place. Relevant details were outlined, i.e. the dose, route, frequency etc. These were noted to be current and reviewed. CD medication checked reconciled with CD Book records. There is currently one individual on Covert medication, input from the GP and Pharmacist was evidenced with a signature. MCA and BI Decisions was also observed. There is a BNF in place March - Sept 2024, with a new one on order. The Medication Policy had been reviewed and current. It was confirmed that the home has a good working relationship with Care 2 Homes.

A16 Care & support plans document that people accessing the service 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

People have been involved in arrangements around their medication through consent forms where they state how they would like to take their medication. Some residents are also involved through the MCA and BI Decisions process. There is one resident on Covert medication. Medication administered covertly had the relevant documentation including a capacity and best interest decision. Covert authorisation documentation have been signed by GP and pharmacist.

Safeguarding and Safety

Standard Rating

Safety and Suitability of Premises

Good
★★★★★

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

Good
★★★★★

What We Found

On the walk around the home, the environment was noted to be free of hazards. Walkways, corridors and stairways were noted to be free of obstacles. The state of the property, standard of décor and furnishing were in satisfactory condition. Fire exits were clear and free of obstacles. Smoke detectors were observed throughout the home. Staff were observed in uniform and visible. Fire extinguishers were in place and observed in various areas in the home.

E05 The use of the premises ensures that people accessing the service 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. Individuals are being supported to access specialist equipment such as hoist, profiling beds etc. The lighting within the home and along corridors and floors were 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 people who use the premises.

Good
★★★★★

What We Found

The main access to the home was observed with a secure locking. Staff were in uniform and visible. There is a visitor's signing in and out book in place. Each Floor was also observed to be secured. The home is adequately secured from unauthorised access.

Safeguarding and Safety

Standard Rating

Safety, Availability and Suitability of Equipment

Requires Improvement
★★★☆☆

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

2 Carers in the home - 1 to 2 years,

Yes, we have done are moving and handling training.

Key things learnt - We learnt about what we do with equipment and how we use them, like putting foot plates on wheelchairs. We have to make sure we don't harm ourselves or the resident when moving. We don't drag people as this can cause bruises. We also maintain their dignity, such as people being adequately cover, legs are not swivelling all over the place. Prior to hoisting we check that the hoist and sling have been serviced, we check to make sure that the sling is ok, not torn. With the hoist we checked that its been charged so we can use it for the whole process. We are not allowed to hoist by ourselves, we always have 2 Staff members hoisting.

What We Found

PAT Testing - 17/09/2024
GAS Safety -11/03/2024 / Landlord Home Gas Safety - 26/05/2024
5 Yearly Installation and wiring - 01/08/2020
Emergency Lighting - 22/04/2024
Legionella /Sampling - 08/05/2024 /19/06/2024 (no legionella bacteria detected)
Lift Service - 23/08/2024
Fire Alarm Testing - 18/06/2024
Fire Extinguishers - 17/09/2024
Hoist and Slings Checks - 14/08/2024
Call Bell Service - 28/05/2024
Asbestos - Final report shows there are no asbestos material
Fire Risk Assessment - 01/06/2023, Expired 01/06/2024, This is out of date and needs to be prioritised. And to ensure the require actions are followed through.
Internal Checks - Mattress, there is only one resident that has a pressure mattress
Vehicle MOT- N/A
Vehicle Insurance - N/A

Action - To ensure the Fire Risk Assessment is prioritised and undertaken and to ensure any actions brought forward are followed through

Suitability of Staffing

Standard Rating

Requirements Relating to Staff Recruitment

Good
★★★★★

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

Good
★★★★★

What We Found

Staff Recruitment Files

-Senior Carer -Application - (first job in the UK), interview questions and responses
Offer letter following interview, Contract Terms signed, Job Description signed, DBS Number and Issues, UK Personal File Checklist, Internal induction signed off / Staff handbook - Includes relevant policies.
Right to work - UK Resident Permit - 29/06/2024- original viewed, Indian Passport, 2 References. Visas immigration Profile - Staff Photo / permission to work in UK until 7th Feb 2029, Training programme completed seen.

-Carer - Application with work history, CV, Interview Questions and Responses
Offer Letter, Job description - signed, DBS Number and Issue date, Right to work - Nigerian Passport, UK Resident Permit - originals copied, 2 References, Contract Terms Signed
Visas immigration Profile - Staff Photo / permission to work in UK until 7th Feb 2025

-Activities Coordinator - Application with work history, Visas immigration Profile - Staff Photo / permission to work in UK until 7th April 2025, Contract Terms - Signed, Job description signed off, DBS Number and Issue date, Right to work - UK Resident Permit, Sr Lankan Passport, Offer Letter, 2 References, 1 work related and 1 Character

Internal Induction signed off. Employee handbook, list of policies for Staff to be aware of - signed to confirm receipt. Some training done on - Level 2 Award in Delivering Chair-Based Exercise - VTCT, and with HCPA, currently doing her Level 2 Health and Social Care.

There is a checklist on each Staff recruitment file, confirms what is on file for individuals.

Recommendation- Where people have escalated into a different role, to ensure the Job Offer Letter, Job Description and Contract Terms for that role is also reflected consistently.

Recommendation - Ensure that medical questionnaire / declaration is put on Staff file (These should not be used as a means of deciding acceptance into a role)

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 currently does not use Agency Staff. Have not had the need to, However, signed up with Advance Personnel Agency, Minerva Care Agency as a contingency. Currently use their own Staff to cover sickness and emergencies. There is also one Bank Staff in place.

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

Good
★★★★★

What We Found

There is a Chiropodist that comes into the home on an ongoing basis to offer a service to Residents in the Home. Certificate of Holistic and Complementary Practitioners - For foot specialist - Expires in 13/09/2025, DBS Number and Issue date, Liability Insurance for Foot Specialist - 05/09/2024 - 04/09/2025

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

There are Job Descriptions in place for Staff files viewed, these were observed to be signed by Staff and accepted. Contract Terms on file were accepted and signed, Handbook accepted and signed

Suitability of Staffing

Standard Rating

Staffing and Staff Deployment

Good
★★★★★

B18 Through observation and discussion with people accessing the service, 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 People who may have a variety of needs.

Good
★★★★★

What We Found

Sufficient numbers of Staff were observed on the visit. The Rota- ing arrangements was ensuring that shifts are covered adequately.

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

2 Carers in the home - 1 to 2 years,

To our best knowledge the shifts are always covered. We always make sure we communicate as Staff. We do have some busy days and some days are light, but we work well as Staff to cover everything.

We communicate with the management, and we ensure shifts are being covered. In the event when people go off sick, the management will organise cover.

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

The home has a Capacity of 24 beds, with 20 beds currently occupied. The rota schedule of Staff ensures cover of 3 Carers and 1 senior for AM shifts and the same for the PM shift and for Nights there is 1 Carer and 1 Senior. There is an on-call system in place for the 4 managers across 7 days a week. 3 of the Managers are trained in care and able to support Staff on the ground if necessary. The home has not used agency Staff for a number of years, however they are as a contingency signed up with two agencies. There is one bank Staff in place.

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 Contingency Plan in place. This covers different eventualities such as Staff shortages, Pandemics, Temporary absence of the Registered manager, snow and other weather disruptions, bomb scares, lift and stairlift breakdown, Gas leaks, Electric Power failure. Mitigations for each eventuality is recorded, along with any name individual or organisation along with contact details reflected. Key internal and external contacts are recorded. Relocation options are in place. The plan was last

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

2 Carers in the home - 1 to 2 years,

Confirmed that they have done their internal inductions. 1 Staff spoken to is on his NVQ Level 5 and the other Staff has done NVQ Level 2 and the Care Certificate. Staff are supported with development

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

2 Carers in the home - 1 to 2 years,

Yes we are having our supervisions, every 2 month and ensure we do 6 in a year. We get to discuss training in these or any concerns as well, how we are, how we can improve.

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

Good



What We Found

2 Carers in the home - 1 to 2 years,

Yes the managers are making sure that we do our refresher training.

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

Not Assessed

What We Found

N/A

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

Good



What We Found

2 Carers in the home - 1 to 2 years,

Yes, we are aware of procedures, we would report to the managers.

Staff said they have access to the procedure and they can follow the process.

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 files viewed confirmed that Staff have completed their internal Inductions that have been signed off. The home ensures that All Staff have access to the Care Certificate, and this is undertaken to via HCPA and Unique Solutions. Some evidence of certificates online 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.

Good
★★★★★

What We Found

Staff Supervision Matrix Viewed. Currently the home plans for 4 main supervisions for Staff and 2 Add hoc Supervisions for Staff and 1 Appraisal a year. Staff where supervisions were generally up to date. There is a couple of Staff that have been away on long term sick leave.

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 Viewed - This is currently a working progress. The Registered Manager is working on this. There is Training booking book in place, to track the updates that Staff are booked for going forward.

- Mental Health Personality Disorder Training has been undertaken by 14 Staff, this is inclusive of the activities coordinator.
- Understanding Schizophrenia and psychosis - undertaken by 6 Care Staff

Action - To ensure any outstanding training is brought up to date and the Training Matrix is reflective / the Registered Manager concludes this work.

Quality of Management

Assessing and Monitoring the Quality of Service Provision

Standard Rating

Good
★★★★★

C15 Staff 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

2 Carers in the home - 1 to 2 years,

Yes we can raise any issues with the managers. They are firm, but very supportive and they have an open door policy, they help us with what we need. They are very caring, they are eager to support even with our personal challenges

F04 Records show that the provider continually gathers and evaluates information about the quality of services to ensure that people receive safe, effective care and support. There is evidence that the Service uses information to improve services and that they learn and act on information received, (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

-HCPA Impartial Feedback Service - This was undertaken and next due Nov 2023 and next due in Nov 2024. Evaluation and Analysis Report viewed. Five key questions satisfaction is focused on. The overall satisfaction was at 96 percent.

-There is an On call Calendar in place. This is inputted in monthly for four managers. This covers 7 days a week.

-On call audits in place records that date a call is put through, time and on call issue. Records of actions / outcomes are recorded. and the name of the person that carried out the audit initial recorded.

-Health and Safety Audit - Daily checklist - This is carried out by the House Keeper. This picks up aspects of infection control. Example of areas looked are toilets and bathrooms, ensuring soap dispensers are filled and hand wash dispensers are also replenished. Elements of Health and Safety specifics looked at are to check there are no trip hazards around residents rooms and general areas within the home, such as the lounge area, dining room and that all flooring and carpets are level. Fire doors are checked and that fire exits are free of clutter, Visible checks of emergency Lighting and these are working etc. Any concerns picked up and concerns are recorded. Dated when issues are reported and fixed are recorded.

-Maintenance Audits - Anything reported maintenance wise are being reported on a room by room basis, being tracked until maintenance issues are resolved.

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

Good
★★★★★

What We Found

There is a Complaint Policy in place, this has also been displayed. Contact details for escalation to the Local Government Ombudsman and to HCC are outlined.

Quality of Management

Standard Rating

Using Information and Dealing with Complaints

Good
★★★★★

B19 People 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

Good
★★★★★

What We Found

Arrangements were in place to support individuals to raise complaints.

B20 People 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

2 Carers in the home - 1 to 2 years,

We have 10/10 meetings and monthly meetings as well. We can raise any issues and they will sort it out. They do give as an listening ear. They involve us regarding improving the home. They very good in giving us feedback. Staff spoken to spoke very favourably about the management. They are very inclusive in they way they deal with us.

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 people accessing 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 file in place. Complaints and Grumbles are being tracked and these are being monitored on a monthly basis. A log is in place, this captures the date, the summary of complaint's, Status and Outcomes. There was in March 2024, around a resident's care and this has been closed. Details of the complaint is filed. Logging of Complaint in May 2024 also viewed. The form in place does allow for any lessons learnt to be captured.

F07 There is evidence that the provider has a range of regular, organised meetings where Individuals, 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

Staff Meetings - These are taking place on a monthly basis. Minutes for the month of July and August viewed. Due to Staff sickness, the meeting for September was postponed. Issues brought forward from the last meeting are picked up in the most current meeting. Attendees and agenda items are recorded. Topics for discussions were noted to be relevant. Examples outlined are Resident matters involving sensor mats, call bells, information to prep when calling 111 / paramedics, Care plan writing, speaking to family members, night hourly checks and so on. Actions brought forward are being followed through.

- Resident Meetings - Minutes for residents meetings viewed. Meetings for individuals are taking place consistently on a monthly basis. Meeting minutes for the months of August and September were viewed in detail. Attendees and relevant topics for discussion are recorded. Records of some focuses were around Activities, Communication, Call Bells, and Concerns. Actions brought forward were being followed through and address.

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

Good
★★★★★

What We Found

There is a Safeguarding Log in place for tracking the status of these. The provider is aware of raising any issues via the HCC portal. A arrangements to track CQC notifications are also in place

Quality of Management

Standard Rating

Records

Good
★★★★★

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

Good
★★★★★

What We Found

Resident Care files and personal information, were observed to be personalised and these were securely stored within the manager's Office

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 relevant tracking information reflected, i.e. date applied, date if authorised, etc.

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

The provider has a range of appropriate audits taking place. Actions from these are being followed through and addressed.