

Review of compliance

<p>Bupa Care Homes (GL) Limited Park Avenue Nursing Home</p>	
<p>Region:</p>	<p>Yorkshire & Humberside</p>
<p>Location address:</p>	<p>8 Park Avenue Leeds West Yorkshire LS8 2JH</p>
<p>Type of service:</p>	<p>Care home service with nursing</p>
<p>Date of Publication:</p>	<p>December 2011</p>
<p>Overview of the service:</p>	<p>Park Avenue Nursing Home is a large converted building registered for 53 places, accommodating no more than 43 older people with dementia or mental disorder. The home is situated in a pleasant residential part of Leeds near to Roundhay Park close to local amenities. The service is registered to provide the regulated activities: 'accommodation for persons who require nursing or personal</p>

	care'; 'treatment of disease, disorder or injury' and 'diagnostic or screening procedures'.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Park Avenue Nursing Home was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Park Avenue Nursing Home had made improvements in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 05 - Meeting nutritional needs
- Outcome 10 - Safety and suitability of premises

How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 18 October 2011.

What people told us

We spoke to people who live at the service and their relatives. They made positive comments about the staff and management of the home. People said that staff were kind and thoughtful, and that they had no complaints about the service. One person said that they sometimes had to remind staff of requests they had asked for but they were very happy with the care their relative was receiving. One person said that staff made visitors feel very welcome. That staff were open and honest and approachable. That food was good and the home was always clean.

What we found about the standards we reviewed and how well Park Avenue Nursing Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's dignity is not always respected and staff fail to respond appropriately in attending to people's needs

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Our review of this service has shown us that service users are formally assessed and care is planned and reviewed so that their individual needs are met, however we did suggest some improvements.

Outcome 05: Food and drink should meet people's individual dietary needs

People's nutritional needs are being risk assessed and met.

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

Some areas of the home present a risk to people.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are moderate concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke to people and their relatives about the care and support they receive. They made positive comments about staff and said that they were kind and approachable. One person said that they sometimes had to be reminded to complete specific tasks but they were very happy with the care their relative was receiving.

Other evidence

We spent two hours sat adjacent to a lounge area where we could observe people and staff. We saw that there was nothing available for people to occupy themselves. One person kept asking for the television to be switched on but the staff member couldn't get it to work. Some people were very agitated, noisy and at times distressed. One person kept asking for quiet. There was always a member of staff in the room but there was very little interaction between staff and people, one member of staff didn't speak at all. Staff appeared very poor at diverting people or assisting them to become calmer and more relaxed. One person was brought to the lounge in a wheelchair; the member of staff stopped just outside the lounge and removed a hairbrush from a communal 'rummage box' and began brushing the person's hair.

Lunch arrived in a hot trolley but wasn't served for 30 minutes. When lunch was served staff were seen to help people eat their meals by standing in front of them. People were

seen to have their meal interrupted because staff were called away to attend to another task. One member of staff appeared to have a good relationship with people when they came into the room the atmosphere became much calmer and people responded positively to them.

Although there were sufficient staff on duty they were not given clear direction or deployed effectively. We felt that this effected the staff's ability to respond appropriately to people which resulted in people's dignity being compromised. We have made a compliance action for the provider to address staff practise.

In other areas of the home we observed staff interacting well with people, and saw lively light hearted banter and staff responding kindly and discreetly.

We were told by the acting manager that staff receive training with regard to privacy and dignity as part of their induction and ongoing training and development.

Our judgement

People's dignity is not always respected and staff fail to respond appropriately in attending to people's needs

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke to two visitors to the home and they both confirmed that they had and continued to be fully involved in the care of their relatives. They said that they were kept informed of any changes and the staff at the home were approachable.

Other evidence

We carried out an inspection in July 2011 in response to information we had received about the care people were receiving. Specifically about the assurances the service could give us about whether people at risk of pressures sores were being turned according to their care plan.

We looked around the home and meet people being nursed in bed. We checked care plans and turn charts and saw that the records are now being completed and we saw people being turned or repositioned according to their care plans. We were told that since the previous inspection the registered nurse in charge checks and signs off all positional charts every twelve hours. An additional check is completed by the home or unit manager on their daily walk around of the home. We checked records and found confirmation that this was being completed.

We looked at the care records of four people. We had met these people and two relatives whilst we were looking around the home. We found that the service provides a standard format for assessing care planning and risk assessing peoples' needs. The detail of the information within the care plans was generally good; we saw consistent completion of risk assessments with regard to nutrition, falls, pressure areas and the

use of bed rails. Although in one care plan we found conflicting information about the use of bedrails which, if a new or agency member of staff had been reliant on the information recorded they may have provided inappropriate or unsafe care. One care plan that we looked at was for a person who had lived at the service for a number of years. The care plan had, during this time been amended on numerous occasions and revised information was contained within review notes. We discussed this with the management team about the most appropriate stage to write a new care plan. We were told that as a result of a recent audit all care plans were being update and re-written.

We did feel that the format for recording social histories was poor and didn't provide enough space to record very much detail. Given that most people in the home have a diagnosis of dementia an understanding of people's lives is an essential part of providing appropriate support. We also saw that there was no place for the person or their relative to sign agreement to the care plan.

As we looked around the service we saw staff carrying out personal care tasks in a sensitive and respectful manner. For those people whose records we looked at we checked with staff, people and their relatives that they were receiving care according to their needs.

Our only concerns with regard to care and welfare were the observations we made and are recorded in outcome 1 of this report. We discussed this with the management team and we were given assurances that those issues would be addressed.

In some areas of the home we thought that people were not provided with enough to do. There were no books, magazines or available 'rummage' boxes for people. We felt this contributed to the situation described in Outcome 1 of this report.

Our judgement

Our review of this service has shown us that service users are formally assessed and care is planned and reviewed so that their individual needs are met, however we did suggest some improvements.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

People told us the food was very good and that a choice was offered.

Other evidence

We carried out an inspection in July where we found that not all people were having their nutritional needs met. Those people were people needed their fluid and food intake recorded because they were at risk of malnutrition.

We looked at the records of four people, who were at risk of malnutrition. We saw that they had an appropriate risk assessment and action plan and were weighed regularly. We checked and saw that these people were having their fluid and food intake recorded and that people were receiving sufficient food and fluid at regular intervals.

We were told that staff had received additional training with regard to meeting nutritional needs and staff confirmed this with us.

Our judgement

People's nutritional needs are being risk assessed and met.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

We didn't talk to people about this outcome area.

Other evidence

Whilst we were looking around the service we saw that there was a lack of storage space for hoists and wheelchairs. We found two bathrooms which we were told were not used by people. However they were unlocked but not accessible because they were full of hoists and wheelchairs; this could cause a hazard to people particularly those people with dementia. We discussed this with the management team and were given assurances that alternative storage would be found or the bathrooms would be made inaccessible to people.

Our judgement

Some areas of the home present a risk to people.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: people's care plans do not always accurately reflect their current care and welfare needs	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	Why we have concerns: lack of storage in the home poses a hazard risk to people who live there	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	How the regulation is not being met: staff fail to respond appropriately to people's needs	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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