

Review of compliance

P M Tripp Kestrel Grove Nursing Home	
Region:	East
Location address:	Hive Road Bushey Heath Bushey Hertfordshire WD23 1JQ
Type of service:	Care home service with nursing Care home service without nursing
Date of Publication:	April 2012
Overview of the service:	Kestrel Grove Nursing Home provides accommodation for 57 older people who require nursing care.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Kestrel Grove Nursing Home was meeting all the essential standards of quality and safety.

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 as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 27 February 2012, checked the provider's records, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

During our visit on 27 February 2012, people we spoke with were all complimentary about the care and service provided. A person remarked, "The service is very good and the staff are extremely good."

Another person we spoke with said, ""Staff are wonderful and kind" This was echoed by another person who said, "The care is good. The staff are very good."

Another person said, "At mealtimes, the staff help me; they cut up my food for me. I can ring for help from my bedroom. There are choices, including take-away food. We had Chinese take-away the other day. They ordered roast duck which I like."

When asked about choices and activities, a person commented, "There are different activities. I don't go to all of them. I do like flower arranging which I attend." Another person said, "Very good service. We have a choice of menu. The food is good and there is plenty to eat; more than enough."

A person we spoke with said, "I am invited to the activities such as bingo which I join in sometimes; but mostly I prefer to do crosswords."

Another person said, "I have attended residents meetings; we can say what we want and we do get what we want."

A relative we spoke with commented, "Very good service. Staff are marvellous." This was echoed by another visitor who said, "Very good service; very good staff; can't fault them."

What we found about the standards we reviewed and how well Kestrel Grove 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

The provider is compliant with this outcome because people using the service are involved in making decisions about their care and treatment and people are supported and assisted by the staff. People's wishes and preferences are respected by staff who are sensitive to people's care needs, and take into account people's preferences, diversity, values and lifestyle.

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

The provider is compliant with this outcome, because people receive safe and appropriate care by staff who respect their wishes and preferences concerning how they want their care delivered, and assist them accordingly. Staff are trained to follow emergency procedures and protect people in their care.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider is compliant with this outcome because people who use the service are protected from abuse. Staff have been trained to recognise and respond to safeguarding issues. Staff have access to the local safeguarding procedures, and are aware of how and when to use them to ensure they respond to any allegations of abuse in a timely manner.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider is compliant with this outcome because people are being cared for by a sufficient number of suitably qualified, skilled and experienced nurses and care workers. The skill mix of staff is adequate to meet people's care needs. Staff are suitably trained and supported to ensure care is delivered appropriately and safely to people.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider is compliant with this outcome because there are quality monitoring systems in place. Regular surveys are conducted that seek the views of people using the service, their relatives, and other stakeholders and there are regular audits of the services. Information gathered is evaluated, and any issues identified are addressed in a timely manner to ensure safe, quality care is delivered.

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

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

A person we spoke with said, "Very good service. We have a choice of menu. The food is good and there is plenty to eat, more than enough."

Another person commented, "I have attended residents meetings; we can say what we want and we do get what we want."

Other evidence

During our visit on 27 February 2012, a senior nurse said that people had been consulted about their care and treatment, and had been involved in making decisions. This involvement was reflected in the written care plans we reviewed. These care plans had the date and signature of the person being reviewed, which demonstrated people's involvement in care planning.

People had been involved in how the service would be run through their involvement in residents' meetings. The manager stated that these meetings had been held monthly, the last being in February 2012. The manager said that during these meetings, people had discussed their preferences and had expressed their opinions, which had been taken seriously, and appropriate changes had been made as a result. For example, at a recent residents' meeting, people had suggested that they would like to have take-away

Chinese meals occasionally. One person had added that they would like roast duck as a choice. These suggestions had been promptly acted upon by the manager and the chef. We were told that people had had a take-away Chinese meal recently, as part of an evening social event.

The manager stated that equality and diversity training had been given as part of the induction programme, and had been reinforced during staff meetings and supervisions. Staff we spoke with said that they had attended the training, which helped them to be sensitive to and respect the preferences and lifestyle choices made by people using the service.

Our judgement

The provider is compliant with this outcome because people using the service are involved in making decisions about their care and treatment and people are supported and assisted by the staff. People's wishes and preferences are respected by staff who are sensitive to people's care needs, and take into account people's preferences, diversity, values and lifestyle.

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

A person we spoke with said, "Staff are wonderful and kind" This was echoed by another person who said, "The care is good. The staff are very good."

Other evidence

During our visit on 27 February 2012 the care plans we reviewed demonstrated that people had been assessed prior to admission, given informed choices and assisted in planning their care. The care plans seen were person-centred, and reflected people's care needs and preferences, including their social activities and lifestyle. We noted that relatives had been encouraged to assist in care planning for those people who had dementia. The care plans were detailed, with appropriate risk assessments and action plans. For example, there were nutrition risk assessments for people with poor appetite, mental health risk assessments for people with dementia, moving and handling risk assessments for those with restricted mobility, and risk assessments for those prone to falls and those who required bed rails. This had ensured that staff had given appropriate and safe care.

During our visit, we spoke to nursing staff who said that designated nurses had carried out monthly reviews of people's care needs. Staff we spoke with said that they had attended training on report writing and person-centred planning to ensure that notes were appropriately recorded. We also spoke to senior nursing staff who said that they had ensured all written care plans and daily written notes had been appropriately recorded and kept up to date. This aspect was evidenced in the care plans we reviewed. Senior staff said that when there had been changes in care needs, the

person and their family members had been consulted, and a revised care plan had been prepared. The care plans we reviewed confirmed that this was so. People who were funded by the local authority also had participated in an annual review of their needs that also involved their relatives and a representative from the funding authority. All these measures ensured that people received safe and appropriate care, treatment and support.

The manager said that there had been procedures in place to deal with emergencies, and that all staff had had access to the emergency recovery plan in the event of a major disaster, such as a fire. Staff we spoke with said that they had had regular fire drills, and that they had attended fire awareness training, and that they would be able to assist people safely and effectively in the event of a fire. Staff said that they had access to the emergency evacuation plan.

Our judgement

The provider is compliant with this outcome, because people receive safe and appropriate care by staff who respect their wishes and preferences concerning how they want their care delivered, and assist them accordingly. Staff are trained to follow emergency procedures and protect people in their care.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

A person we spoke with remarked, "The service is very good and the staff are extremely good."

Other evidence

During our site visit on 27 February 2012, the staff we spoke with were clear about how to report any incidents of abuse they observed. Staff stated that they had attended safeguarding training, and had received training concerning the Deprivation of Liberty and the Mental Capacity Act 2005. The manager said that staff had access to the local authority's joint safeguarding procedures, and that staff had received refresher training on the procedure, so that staff would be prepared to respond appropriately and effectively to any safeguarding issues.

The manager stated that there had been no safeguarding incidents reported since registration in October 2010. We reviewed all notifications for this service and found no safeguarding notifications or concerns have been received in recent months.

Our judgement

The provider is compliant with this outcome because people who use the service are protected from abuse. Staff have been trained to recognise and respond to safeguarding issues. Staff have access to the local safeguarding procedures, and are aware of how and when to use them to ensure they respond to any allegations of abuse in a timely manner.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

A person we spoke with said, "The staff are very good. At mealtimes, the staff help me; they cut up my food for me. I can ring for help from my bedroom at anytime."

A visitor commented, "Very good service; very good staff; can't fault them."

Other evidence

During our visit on 27 February 2012, the manager said that the staffing level had been regularly reviewed to ensure that people's care needs were being met by a sufficient number of staff, and that there was an adequate skill mix at all times. This was demonstrated on the day of our visit when we noted that both nursing and care staff were available on every unit we visited. We observed that staff were available to assist people throughout the day and during mealtimes. The manager stated that the staffing level had been based on the provider's policy on staffing levels and shift planning and the dependency checklist, which had been used to calculate staffing numbers per shift. The manager stated that all staff were experienced, skilled and well trained to ensure people receive appropriate and safe care.

Staff had been given a range of training and education to ensure there were appropriate numbers of competent staff on duty. The manager stated that staff had received ongoing training to ensure that they were able to meet people's changing care needs. For example, several staff we spoke with during our visit said that they had attended mandatory training and refresher courses in recent months on topics such as health and safety, dementia care, moving and handling, and end of life care. The

nurses we spoke with said that they had had received training on medication, wound care and tissue viability.

The staff we spoke with said that they had regular supervision, team meetings and support from management to help them provide appropriate care to people.

Our judgement

The provider is compliant with this outcome because people are being cared for by a sufficient number of suitably qualified, skilled and experienced nurses and care workers. The skill mix of staff is adequate to meet people's care needs. Staff are suitably trained and supported to ensure care is delivered appropriately and safely to people.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

A person we spoke with remarked, "The service is very good and the staff are extremely good."

A relative commented, "The manager and staff do listen to what we say. We have family meetings. The staff are good at contacting me and keeping me informed of any changes. The staff encourage people to get involved in activities."

Other evidence

During this review, the provider stated that the service has an effective quality monitoring system in place. As part of quality monitoring, survey questionnaires had been sent annually to all stakeholders, including people and their relatives. The responses and comments had been analysed, and a report had been produced, the last report produce and seen by us was dated 01 December 2011. We also received copies of the survey forms and comments from respondents which indicated that people were generally very pleased with the service and the care provided. The manager said that all comments had been taken seriously, and changes to the service had been made as a result. For example, a respondent had suggested that the garden and surrounding grounds should have more garden benches for people and their visitors, and that all garden tables and umbrellas should be available and not put away every year in September. Some people using the service suggested that there should be more options for people on puree diets, more variety of diabetic desserts, and meals should be served hot. These issues had been addressed promptly by the manager.

During this review, the manager said that there had been monthly audits of services such as health and safety, medication, infection control, falls incidents, and care plans. The provider stated that the service had recorded all accidents, incidents, comments and concerns. These had been discussed with staff at team meetings, so that lessons could be learnt to improve the service, such as staff being reminded to inform relatives promptly when a person was unwell, when a doctor was called, or when the person's medication had been changed.

The manager stated that there had been regular residents' meetings held to give people an opportunity to raise concerns or express their preferences. Action had been taken as a result, and appropriate changes had been made to improve the service to suit people's preferences. For example, as a result of having listened to people and their preferences in a residents' meeting, the service had regularly held an evening social gathering for people, their relatives and the staff where a special evening meal was served.

Our judgement

The provider is compliant with this outcome because there are quality monitoring systems in place. Regular surveys are conducted that seek the views of people using the service, their relatives, and other stakeholders and there are regular audits of the services. Information gathered is evaluated, and any issues identified are addressed in a timely manner to ensure safe, quality care is delivered.

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
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