

Younger Adults Quality Audit Framework 2010/11

Name of Home: The Mews

Owner: Wycar Leys Limited

QDO: Lucy Cole & Tracy Johnson

District: Newark

Manager: Tracy Tucker

Date of Visit: 21/03/2011

Registration Categories: LD (10)

The Quality Audit Framework is an holistic assessment that will take account of the following:-

Outcome of recent CQC inspection and star rating of the home

Details of contract suspensions since April 2010

Details of complaints received by the provider since April 2010

Details and number of Safeguarding referrals since April 2010

Information from Health Professionals, including District Nurses and Notts PCT Quality Audits, where relevant

Outcomes of Service Users' Satisfaction Surveys and action taken by the Provider

The Quality Audit Framework is based on monitoring of Care Quality Commission's key Outcomes and their descriptors, as follows:

1. Improved Health and Emotional Wellbeing

Enjoying good physical and mental health (including protection from abuse and exploitation). Access to appropriate treatment and support in managing long-term conditions. There are opportunities for physical activity. Partnerships between agencies demonstrably improve reach across the community and accessibility to services.

2. Improved Quality of Life

Access to leisure, social activities and to universal, public and communal services. Security at home, access to transport and confidence in safety outside the home.

3. Making a Positive Contribution

Maintaining involvement in local activities and being involved in policy development and decision-making.

4. Increased Individual Needs, Choice and Control

Through maximum independence and access to information. Being able to choose and control services and helped to manage risk in personal life.

5. Freedom from Discrimination and Harassment

Equality of access to services. Not being subject to abuse.

6. Economic Wellbeing

Access to income and resources sufficient for a good diet, accommodation and participation in family and community life.

7. Maintaining Personal Dignity and Respect

Keeping clean and comfortable. Enjoying a clean and orderly environment. Availability of appropriate personal care.

8. Leadership

The service has arrangements and capacity to achieve consistent, sustainable improvement.

9. Commissioning and Use of Resources

The service delivers and commissions services to clear standards of both quality and cost and achieves generally excellent outcomes.

Quality Audit Framework Outcomes

Exceeds Expectations – The care home achieves a high quality of care across the specific criterion. All aspects of the criterion are fully met and the provider is able to demonstrate that the Quality Audit criterion is being consistently exceeded.

Meets Expectations - The care home achieves a good standard of care across the specific criterion. The criterion is mostly met with minor improvements needed.

Partially Meets Expectations - The care home is achieving an acceptable standard of care across the criterion. The quality criterion is partially met, with moderate improvements needed. In general, national minimum standards are being met.

Barely Meets Expectations - The care home shows some aspects of the criterion are in place but overall levels of care are unsatisfactory and substantial improvements are required to meet the criterion.

Does Not Meet Expectations - The care home is not able to demonstrate that it meets the criterion, with areas of the criterion not being addressed at all.

1. Increased Choice & Control

People who use services and their carers have access to a service they think will be responsive to their individual needs and preferences. Service users have choices within the service they receive and feel able to express preferences that might be different from others receiving the same service.

Evidence to look at and look for:

Relevant CQC outcomes	Criterion number	Criteria Question	Evidence gathered
1,2,4,7	1.1	Do the support plans reflect a person centred approach based on individual strengths, likes and dislikes, personal preferences and personal history? Do the support plans reflect individual choices for daily routines, clothing and food, medication, voting and community contact? Is there evidence of the consideration of the Mental Capacity Act in the support planning?	<p>State number of support plans viewed: 2</p> <p>The support plans viewed contained a one page profile for the individual identifying an 'important to' and 'important for' overview. Support plans are person-centred, detailed and clear, offering clear guidance for staff to support the individual. There was also evidence of a PCP style document containing the individual's likes/dislikes and preferences. The support plans show appropriate consideration of the MCA with best interests decisions documented. A monthly recording book is maintained for each individual with a section corresponding to each area of care, the manager has held workshops with staff to improve the standard of recording. There was evidence within the files that support plans had been reviewed appropriately. New review sheets have been implemented for staff to record any significant events/changes to assist the review process.</p> <p>Exceeds expectations</p>
1,2,4,7	1.2	Are Equality and Diversity issues understood and acknowledged in the support plans, and, if appropriate, are specific needs recorded? Do these support plans address any needs identified in the six strands of diversity, where applicable? Are specific actions/tasks identified to meet these requirements?	<p>The service user files views contained support plans in relation to cultural/spiritual expression and this is discussed as part of the key worker reports which can support service users with the six strands of diversity. Staff are issued with information and guidance about the diversity strands and there was evidence that the material had been discussed at a team leader meeting.</p> <p>Partially meets expectations</p>

Relevant CQC outcomes	Criterion number	Criteria Question	Evidence gathered
2,3,4,5,8	1.3	Do support plans include comprehensive risk assessments, which are regularly reviewed at least once per month and are linked to the support planning? Are any limitations on freedom or choice fully documented? What measures does the home employ to ensure Service Users are protected?	<p>The service user files viewed contained a full range of risk assessments which were specific to the individual and offered clear guidance for staff. These were linked to support planning and sat alongside the relevant support plan. In addition each individual had a full RAMP style document for behaviours and for activities. These are reviewed as appropriate, usually 3-monthly.</p> <p>Meets expectations</p>
2,3,4	1.4	Does the home promote independent life skills, for example, access to training and employment opportunities, literacy and numeracy skills, communication skills? Is there evidence of social inclusion of Service Users into mainstream activities of everyday life? Are regular leisure and social activities available, promoted and informed by the Service User's choice?	<p>Service users are supported to undertake independent living skills such as cooking meals, doing laundry, washing up etc. There is evidence of service users accessing community resources such as swimming, bowling, meals out etc. Each service user has a social skills support plan and detailed RAMP style risk assessment for activities and a pictorial activity planner in place. Service user meetings take place along with weekly keyworker meetings and choices in relation to activities are discussed. Recordings are in place for each activity detailing whether it was positive or negative.</p> <p>Exceeds expectations</p>

Summary of Section One

What the Care Home does well:-

- Support plans are clear, person-centred, detailed and provide specific actions and guidance for staff to support the individual
- Individuals are supported to make choices through regular keyworker meetings and service user meetings
- Individuals have comprehensive risk assessments to accompany support plans in addition to detailed RAMP documents for behaviours and activities
- Activities are promoted within the home and service users are supported to undertake activities within the home and within the community, including the promotion of independence through independent living skills

Recommendations:-

- To choose one single document format for undertaking two-stage tests and best interest assessments to ensure consistency of style of recording and that all completed documentation is subject to the same prompts and consideration
- To continue to develop support arrangements in relation to the six strands of diversity where appropriate and support staff understanding of these strands through supervision and training

2. Personal Dignity and Respect

People are treated in a way that makes them feel confident and secure. Their privacy and dignity are valued and protected.

Evidence to look at and look for:

Relevant CQC outcomes	Criterion number	Criteria Question	Evidence gathered
1,2,3,4,5,7,8	2.1	How are the ten Dignity Challenges promoted within the home? Do policies and procedures support respect towards Service Users? Have staff received training in promoting dignity?	<p>There is evidence within support planning that dignity is considered. The 10 dignity challenges are given to staff as part of induction and discussed during supervisions and team meetings. The home does not currently have a registered dignity champion. The home has a policy in place pertaining to the 'values of privacy, dignity, choice, fulfilment, rights and independence'.</p> <p>Meets expectations</p>
1,2,3,5,7,8	2.2	What reporting procedures and mechanisms are in place to deal with internal incidents and safeguarding referrals? How is the support planning and risk assessment adapted following the occurrence of an incident or safeguarding referral? How are incident reports and safeguarding referrals reviewed to identify changing patterns in behaviour of the Service User?	<p>The home utilises a comprehensive template for incident reporting and recording and guidance is available on completing incident reports. The form provides prompts including for post-incident follow-up including de-brief with staff, risk assessments/support plan implemented or updated, safeguarding referral made etc. There is evidence that incidents are frequently reviewed for patterns and trends. Each month all incidents are collated for each individual and copy of this summary sent to the individual's social worker. There is evidence that incidents are carefully considered alongside the safeguarding policy and procedures. There is evidence that support plans and risk assessments are reviewed following an incident.</p> <p>Exceeds expectations</p>

Relevant CQC outcomes	Criterion number	Criteria Question	Evidence gathered
5,7,8	2.3	Have all staff received appropriate Safeguarding training? Does this include Abuse, Whistle blowing and Deprivation of Liberty Safeguardings? For staff employed within the past 6 months, has Safeguarding been covered on Induction training?	<p>Specify what training has taken place, total number of staff working in the home and how many have attended training.</p> <p>18/23 (78%) staff have completed safeguarding training within the last year through the e-learning system. The system alerts to expiration prior to the date and all staff (100%) have completed the training previously. All managers have attended the NCC referrer training and a number of staff have also attended NCC safeguarding awareness training. Some staff have completed DOLs training and the manager has completed the multi-agency training.</p> <p>Meets expectations</p>
1,2,3,4,5,7,8,9	2.4	Does the home access other health professionals when considering the needs of the Service Users? How are multi-disciplinary decisions and actions used to inform the support planning and risk assessment of the Service Users?	<p>The home actively accesses a number of health professionals. The home has a consultant psychiatrist, Dr Biswas, and a number external professionals are involved with the current service users. One service user is supported to attend GP appointments; the others cannot attend and therefore are visited weekly by their GP. All service users have health action plans in place and recordings document all professional involvement. There is evidence that support planning takes account of professional input.</p> <p>Exceeds expectations</p>

Summary of Section Two

What the Care Home does well:-

- The home promotes the 10 dignity challenges amongst the staff group and consideration within support planning is evident
- The home has good systems in place to monitor and record incidents and ensure that these are analysed for trends and patterns as well as collating these for each individual on a monthly basis. The considerations included within the 'manager' section are thorough and demonstrate practical implementation of lessons learnt.
- Staff have completed safeguarding training and are well equipped with knowledge of the safeguarding policy and procedure
- The home accesses a range of health professionals and supports attendance of appointments or facilitates this within the home. All service users have health action plans in place.

Recommendations:-

- Consider nominating a dignity champion for the home, see: http://www.nottinghamshire.gov.uk/home/social_care/ss-main-contactss/dignity.htm for further information
- Ensure all staff have received DOLs training – particularly new staff. Consider cascading the multi-agency training to staff
- Ensure support plan reviews reflect the input of any involved health professionals within the evaluation.

3. Improved Health and Wellbeing

Service Users' health and wellbeing needs are appropriately addressed so that the best possible quality of health is maintained for as long as possible. End of life care is managed in a sensitive way taking into account the Service Users' needs and preferences.

Evidence to look at and look for:

Relevant CQC outcomes	Criterion number	Criteria Question	Evidence gathered
1,7,8	3.1	Does the home have a robust and efficient medication policy, procedure and practice guidance? Have unqualified staff received appropriate training in administering/safe handling of medication? Are there appropriate procedures to cover the covert (hidden) administration of medication and homely remedies?	<p>The home has a medication policy in place which provided guidance relating to the covert administration of medication but did not include guidance/policy on the use of homely remedies. The home has recently had an audit from the pharmacy which listed only one recommendation which is currently being actioned.</p> <p>Meets expectations</p>
1,7,8	3.2	Does the home respect the rights of Service Users in the area of healthcare and medication? Are refusals to take medication or accept healthcare interventions recorded? Are medication records up to date?	<p>The home respects the rights of service users in the area of healthcare and medication. Each service user has a medication support plan in place which includes guidance for staff if an individual refuses medication. Where PRN is prescribed, each individual has a specific PRN protocol in place for administration. There is consideration of the MCA in relation to medication.</p> <p>Exceeds Expectations</p>
7,8	3.3	Are the policies and procedures in the home robust, up to date and reviewed at least annually by the manager, or other appropriate person/parent organisation? Are policies and procedures and appropriate guidance notes available for staff to access? Are policies and procedures in place for Mental Capacity Act, Deprivation of Liberty Safeguards, Equality and Diversity, and Safeguarding of Vulnerable Adults?	<p>The home has a set of policies and procedures provided by the organisation, these are currently being reviewed and developed further. The home has policies in place for safeguarding and MCA but not for DOLs and equality and diversity.</p> <p>Partially meets expectations</p>

Relevant CQC outcomes	Criterion number	Criteria Question	Evidence gathered
3,4,7,8	3.4	Are Service Users' wishes about dying, terminal care and funeral arrangements discussed openly and sensitively with Service Users and/or their carers during the development of the person centred support plan? Are individual wishes and preferences recorded? Does the home check if there is an Advanced Directive or DNR in place? For Service Users that do not wish to discuss this aspect of their care are appropriate arrangements in place?	<p>The home has shown some recognition in relation to end of life care although this is not a focus amongst the current individuals/service provided. One service user file viewed contained a funeral arrangements and wishes document.</p> <p>Partially meets expectations</p>

Summary of Section Three

What the Care Home does well:-

- The home fully respects the rights of service users in the area of healthcare with tight person-centred protocols for the administration of PRN
- The home has shown some recognition of end of life preferences and this has been approached and recorded sensitively and appropriately
- The home has good medication systems in place and up-to-date records

Recommendations:-

- Continue to review all policies and procedures and ensure that policies consider the influence of legislation such as the Mental Capacity Act
- Develop further the MCA policy and implement a DOLs policy – consider utilising the Nottingham and Nottinghamshire multi-agency policy
- Implement a policy in relation to equality and diversity, considering any impact of the Equality Act
- To continue to develop an end of life care strategy and collect preferences of service users and parents/carers *where appropriate*.

4. Leadership, Management and Staffing

The provider and staff understand what makes a high quality social care service and how to make this happen. They plan what to do around the needs of people using the service. Staff are well trained and competent to provide people with the service they need. Staff are supported by their managers to give a good service to people and to treat everyone involved in the care home with respect. People living in the home experience a service that is well led and meets their care needs.

Evidence to look at and look for:

Relevant CQC outcomes	Criterion number	Criteria Question	Evidence gathered
7,8,9	4.1	Is there robust evidence that staffing numbers and skill mix are appropriate to the assessed needs of Service Users, which includes waking night staff?	<p>The home is staffed in relation to the needs of the service users. The home is staffed by 6 staff during an early and a late shift provided the necessary cover for the contractual recommendation of 1:2 staffing ratio and to provide any 1:1 commissioned hours. There are currently 9 individuals living in the home. At night the home has 3 waking night staff.</p> <p>Meets expectations</p>
7,8,9	4.2	Have staff received mandatory training? How does the provider assess that training has been effective for staff, for both internal and external providers of training? Is there a Training Plan in place that identifies when training will be delivered and is there evidence that this Plan is being followed? Has consideration been given to the specific training needs of staff for whom English is not their first language? Has specific training relevant to the registration taken place, for example, challenging / distressing behaviour, autism etc? Is there an identified First Aider readily accessible on each shift?	<p>The home utilises an e-learning system for most mandatory training which has a comprehensive management system. The training matrix provided demonstrates that nearly all staff have completed mandatory training and updates, the system gives 4 weeks notice of expiry of training to allow staff time to complete updates. The home has previously utilised BTS training for breakaway/physical interventions and have moved to BILD accredited MAPA training which staff are currently attending. Specific training for some staff includes promoting continence, communication and diabetes. Over half the staff group have completed MCA/DOLs training and the manager has attended the multi-agency training. The home utilises a wide-range of training resources from SCILs learning modules to external 'classroom' style training providers.</p> <p>Meets expectations</p>

Relevant CQC outcomes	Criterion number	Criteria Question	Evidence gathered
7,8,9	4.3	Does the home have a robust recruitment procedure that is based on the needs of Service Users? Is there evidence that recruitment of good quality carers is seen as integral to the delivery of a high quality service? Are staff files comprehensive and up to date? Is there evidence that the PIN numbers of qualified staff been checked?	<p>The home has a recruitment policy in place which provides clear procedural guidance for the recruitment process. The staff files viewed contained all the relevant checks. The home does not employ qualified staff.</p> <p>Meets expectations</p>
8.9	4.4	Does the provider have a robust induction programme for new members of staff? Are staff employed according to the GSCC Code of Practice, with staff having received a copy?	<p>The home utilises an in-house induction programme and staff undertake common induction standards which are incorporated within the e-learning package. All staff are provided with the GSCC code of practice, information relating to the dignity challenges, strands of diversity, complaints and safeguarding. Staff also undertake the LDQI as part of the e-learning programme.</p> <p>Exceeds expectations</p>
8,9	4.5	Do all staff receive regular supervision, at a frequency suitable to the level of needs presented by the residents? Is supervision recorded? Is training and development discussed at supervision? Are regular staff/team meetings held, at least every 2 months?	<p>Staff receive regular supervision on a 6-8 weekly basis. Support workers are supervised by team leaders who in turn are supervised by the manager. The manager also ensures that he meets with each member of staff on a 1:1 basis twice a year to ensure an overview of staff views. All staff receive an annual appraisal. Supervision has standard agenda items but is also tailored to the individual, recording of discussion is comprehensive, identifying actions, owners and signed and dated by both supervisor and supervisee. The manager meets with the team leaders on an 8-weekly basis who in turn meet with the support staff, these are documented in detail. In addition to formal management meetings between the managers on site, the managers meet for 30 minutes each morning. Housekeeping and domestic staff also hold regular meetings, minutes are available.</p> <p>Exceeds expectations</p>

Relevant CQC outcomes	Criterion number	Criteria Question	Evidence gathered
1,7,8,9	4.6	Does the provider have a suitable Business Continuity plan to ensure the home is able to operate and function during an emergency, including staff absence? Is there evidence that the safety and wellbeing of Service Users is paramount in this process?	<p>The home has a contingency plan in place which covers a wide-range of potential incidents including fire, adverse weather conditions, infectious disease etc and details contact details are completed within the plan. Each individual living within the home also has a personal evacuation plan which gives a brief pen picture including medication and communication etc as well as detailing the evacuation plan for that individual. There is clear evidence that service users' welfare is paramount within this process.</p> <p>Exceeds expectations</p>

Summary of Section Four

What the Care Home does well:-

- The home utilises a wide-range of training resources and all staff have access to regular mandatory training updates through the e-learning system
- All staff files are kept up to date and contain all the relevant checks
- New staff receive a full induction programme before commencing work
- Staff are supported through regular and thorough supervision and team meetings

Recommendations:-

- Continue to develop and source service specific training, related to the needs of the individuals living at the Mews

Stakeholder Information:

1. CQC 'star rating' and any outstanding requirements from most recent inspection – specify date of inspection.

2* Good – 03/07/2008

Is the provider is subject to an Improvement Plan? – N
If so, is a copy attached? – Y/N.

2. Details of contract suspensions since April 2010.

None.

3. Details of complaints received by the provider since April 2010.

8 concerns/complaints, low-level, all resolved.

4. Details and number of Safeguarding referrals since April 2010.

3. All concluded.

5. Information from allied Health Professionals and PCT Quality Audits, where relevant.

None.