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Provider Details

ID

1-137631329

Provider Details

Registered Locality

Cambridgeshire

Provider

Abbey Healthcare (Cromwell) Ltd

Parent Company

Contact Details

Address

Cromwell House Care Home, 82
High street, Huntingdon,
Cambridgeshire

Post Code

PE29 3DP

Managers Name

Carolyn Baker

Managers Email Address

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Telephone Number

Assessment

Executive Summary

Section A

Assessment, Care Planning & Review

Standard 01 - Respecting and Involving People Accessing the Service

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

The care and support plans reviewed show they are individualised towards the service user and their specific needs. It documents a photograph with preferred name, service user ID number, room number and NOK details. Both the care plans reviewed highlight any known food preferences and medication allergies. Both care plans give some insight to family involvement and how each service user likes to spend their time.

(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).

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Information throughout the home is seen in easy read formats, this includes the menu and activities. These are seen with pictures that allow residents to easily identify or process the information given.

Standard 02 - Consent

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Mental capacity assessments are in place, the MCA's show to be detailed and hold adequate information around how residents were engaged with, spoken to and how the information was explained to residents.

Standard 03 - Care and Welfare of People accessing the Service

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

☐ Excellent ☐ Good ☒ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Care plans do not hold consent to care, these are held in a separate folder. The manager highlighted that there is only one resident that does not have this in place at all, it is an action in place to request up dated consent to care for all residents within the home, the manager has confirmed this is something that is an ongoing action.

ACTION: please send examples of updated consent forms for 3 residents including JS.

(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.

☐ Excellent ☐ Good ☒ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

There is no key worker shown in the care and support plans however there are key workers shown in residents rooms.

ACTION: Ensure that all key workers are updated and shown in care plans.

(A06) There is evidence that people have been given information about how to make contact with the care provider.

☐ Excellent ☐ Good ☒ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

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Service user guides last updated in September 2023 were on display around the home on each of the 3 floors, in the dining rooms and at the main entrance for visitors and relatives to view.

ACTION: Update the current service user guides to reflect the change in home manager.

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

The care plan for JS shows preference on how she wishes to be supported at the home in order to best maintain a level of independence and confidence when moving, to reduce the risk of falling. It details abilities around mobility and any mobility aids required. Care plan shows that JS likes to get out of her room independently walking around the unit. The care plan explains that JS enjoys talking about her daughter and NOK. JS is also visited regularly by her daughter. The daily notes also detail that JS was taken to her daughters house and came back in the evening time.

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Risk assessments are in place for residents and highlight actions taken to reduce these risks and help adequately support residents. There are also environmental risk assessments in place to protect the residents welfare.

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Care plans are reviewed by way of resident of the day for each floor. The residents of the day for the 1st, 2nd and 3rd floor were discussed in the daily morning flash meeting and allocated to the respective team leaders. These care plans review audits can be found within the morning flash meeting minutes Risk assessments are updated when required and this was evidenced when looking into an open safeguarding investigation at the home.

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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Daily records are detailed for both service users reviewed. Both evidence limited consent being offered when undertaking personal care, however service user decisions around care and hygiene are often noted. For example a service user declined a shower, or declined a face wash. Both document fluid and food intake. JS records clearly document their ability to undertake a number of daily tasks independently without the need of assistance.

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

The care plans reviewed detail the aim of plan, a plan of action and desired outcomes for the service users. For example a desired outcome in one of the care plans is providing a comfortable and pleasant mealtime atmosphere to allow independent choices.

Standard 04 - Meeting Nutritional Needs

(A12) Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Care Plans clearly document any dietary preferences and particular favourites. Medication allergies are clearly documented in the care plans.

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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Care plan for JS reviewed and documents the use of a MUST tool and a MUST score indicating a low risk of malnutrition. Daily notes evidence the appropriate recording of food and fluid intake in line with the care plan.

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Care plan for JS reviewed and details a level of independence when conducting elements of personal care such as brushing of teeth and using the bathroom. The care plan details that a chiropodist is required to assess the service user at the home every 6 weeks. The care plan also documents a history of dietician referrals.

Standard 05 - Co-operating with other Providers

(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.

☐ Excellent ☐ Good ☐ Requires Improvement ☐ Poor ☒ Not Assessed

Standard 06 - Safeguarding People who use the Service from Abuse

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Care plans reviewed highlight that both service users have DOLs in place (One pending review ref. CCC625305683) for the best interest of the service user. Care plan details a relative as a LPA. DOLs application evidenced with date of expiry as 18/02/25 and detail both LPA and RPR involvement. DOLs applied for due to unintentional self-neglect. ABC charts are also in place for one service user to monitor behavioural patterns at the home.

Standard 08 - Management of Medicines

(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.

☐ Excellent ☐ Good ☒ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Covert medication was seen to be signed by the GP, the GP also has involvement in the reviews. Consent forms are in place for some residents, this is something the manager is aware of and has actioned that new consent forms are created and signed by all residents or LPA's. The care and support plans do not show clear involvement in medication decisions by the resident.

ACTION: Ensure that care and support plans have consent and involvement for medication decisions by residents or LPA's.

Section B

People's Experience

Standard 01 - Respecting and Involving People Accessing the Service

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff interactions show that staff do not discriminate against residents and that individual needs are taken into consideration. Staff confirmed that residents beliefs. When staff were asked how they ensure residents with other beliefs are cared for, staff responded with - no two residents are the same and we care for residents as individuals, they may have similar religions but different preferences on how they wish to follow their religion, staff respect that and try to support where possible.

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Discussions with one resident showed that they had been given adequate information around care planning and had been involved in care and support decisions along with their family. Observation of staff interactions showed a high level of care being delivered. For example one member of staff was observed at lunchtime assisting a resident with eating, the staff member offered choice, showed a level of compassion and ensured the dignity of the resident remained throughout.

(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.

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☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Yes - Feel very supported at the home and listened to. One service users explained they had issues around mobility and the home were very accommodating with equipment and assisting her to remain as mobile as possible. Explained that they had a good relationship with all the carers on her floor and was able to approach them with any particular choices and would feel listened to.

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Very supported. One service user stated that the staff were very welcoming of her family and her son visited once a week on a Sunday in order to bring her everything she may need for the week. Unfortunately she is unable to leave the home for any reason due to the mentioned mobility issues.

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Service users both explained that they enjoyed all the games, drawings, bingo , dominoes and stated that these were the most popular. Chair yoga was another activity that although one service user didn't enjoy that much she knew that it was good for her and she should do it more often. One resident was happy to show a drawing that she had completed and then had framed.

Standard 02 - Consent

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

During the medication round at lunch it was observed that the member of staff obtained verbal consent by asking if it was ok to re position the resident so that medication could be given in the upright seating position to avoid choking.

Standard 03 - Care and Welfare of People accessing the Service

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Yes one resident confirmed full involvement with the assistance of a family member. Another resident seemed a little confused by the question but appeared satisfied that her family were involved and happily trusted them to make sure she was well looked after and cared for at the home.

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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Both were aware of who their keyworker was by pointing at the pictures displayed on bedroom walls. One service user commented that she hadn't seen her keyworker for a substantial amount of time. It later transpired that the keyworker was off duty on maternity leave.

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff were observed to interact and converse with residents in a friendly and appropriate manner. Staff were seen to enable independence by giving residents choice throughout their day for things such as activities, lunch choices and seating choice.

Standard 04 - Meeting Nutritional Needs

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

All residents spoken to throughout the day commented on the quality of the food and were happy with some of the choices. They enjoyed the gravy and mashed potato served at lunchtime and also enjoyed the breakfasts.

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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff were observed to offer choice to residents, this was seen through food choices, it was observed with one member of staff that they went from room to room and asked if the resident would like to eat in the dining room or in their room today. Some residents chose to stay in their rooms, the ones that wanted to eat in the dining room were assisted to do so closer to lunch time.

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

There are snack stations seen in place throughout the home, there is only one floor that this is not possible due to a residents needs. Residents confirmed that they have a choice in food off the menu, they also are able to request snacks where they wanted.

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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff were observed to wear the correct PPE during food prep, the kitchen staff were able to explain the cleaning process and explained that the kitchen receives a full deep clean on a Sunday.

Standard 05 - Co-operating with other Providers

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

☐ Excellent ☐ Good ☐ Requires Improvement ☐ Poor ☒ Not Assessed

Standard 06 - Safeguarding People who use the Service from Abuse

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Only one of the service users spoken to confidently knew what a safeguarding was when it was explained. They confirmed that they had been subject to safeguarding's but only at home or in the hospital environment prior to admission and not at the home. All residents felt safe and cared for. One resident told me she would prefer being at home but appeared to understand that this wasn't an option for her now.

Standard 07 - Cleanliness and Infection Control

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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

All staff observed were seen to have an adequate level of understanding around infection prevention and control, this was seen with through staff dealing with soiled bedding immediately and appropriately.

Standard 08 - Management of Medicines

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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff observed showed that they are able to appropriately handle medicines. Each time the staff member left the medication room or trolley they were observed to lock the medication away. The member of staff was observed to wash their hands before the medication round and to use hand sanitiser between dispensing medication for the next resident.

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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

One service user admitted from hospital confirmed she was involved in the medication process but also trusted her family GP to make decisions on her behalf. Her son was also fully aware of her medications and had had some involvement although she couldn't remember much more about her medication.

Standard 12 - Staffing and Staff Deployment

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Service users appeared happy with the staffing levels on the different floors. One resident commented that "the girls" have a lot going on and it can delay her own personal care needs but was aware that they deal with more complex individuals than her and this can be more time consuming throughout the day. No issues with staff answering call bells. Generally very positive towards the staff and mentioned 2 names of staff and spoke very highly of them, describing one of them as "brilliantly strict".

Standard 15 - Using Information and Dealing with Complaints

(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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Yes knew how to submit one but would speak to a staff member in the first instance and then have her son help. Never needed to submit a complaint previously.

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

All felt confident about submitting a complaint and felt the home would do their best to support the issues raised. Again staff were mentioned about being helpful and doing everything they could to resolve a problem.

Section C

Staff Knowledge & Understanding

Standard 01 - Respecting and Involving People Accessing the Service

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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff showed a good understanding of maintaining respect and dignity, they gave examples such as closing curtains and doors to deliver personal care, addressing the resident by their chosen name and gaining consent throughout every next step in care or moving and handling.

Standard 02 - Consent

(C02) Staff are able to describe how they ensure that the principles of the MCA are put into practice in their daily work.

☐ Excellent ☐ Good ☒ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff were not able to give a clear purpose for a mental capacity assessment or what it is in place for.

ACTION: Ensure staff are aware of the purpose of an MCA, staff confirmed they have training but didn't feel confident in knowing its purpose.

Standard 03 - Care and Welfare of People accessing the Service

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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff have a good understanding of the purpose of a key worker, they explained it is the job of a key worker to be a point of contact for the resident and family.

Standard 06 - Safeguarding People who use the Service from Abuse

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff all gave similar feedback and were able to explain what they would look for in regard to abuse and outlined the different types of abuse.

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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff confirmed they receive appropriate training and are also able to find information around the home where needed.

Standard 07 - Cleanliness and Infection Control

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff spoken to confirm that they receive the appropriate training and were able to give further information around the use of the red bag system.

Standard 08 - Management of Medicines

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff were able to explain the appropriate handling of medication, the staff member on the medication round highlighted the importance of good time management due to Parkinson's medication being administered. Staff confirmed they receive regular and appropriate training for medication.

Standard 10 - Safety, Availability and Suitability of Equipment

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff were able to confirm they receive the appropriate face to face training for moving and handling, they also explained they feel confident throughout the process.

Standard 12 - Staffing and Staff Deployment

(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).

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

All staff felt there is appropriate methods to cover absence and that they are normally enough staff to cover shifts.

Standard 13 - Staff Support

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff confirmed that they received an appropriate induction at the start of their employment, they felt confident they had adequate knowledge about the home and their role.

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff confirm that they receive supervisions however they aren't confident they are done regularly.

ACTION: Ensure that all staff understand how often they are to receive supervisions and appraisals. It is recommended this is raised in meetings to highlight the frequency to staff.

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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

When staff were asked how often they are required they confirmed that training is done yearly and any refreshers needed are raised by team leads or management.

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

appropriately.

☐ Excellent ☐ Good ☐ Requires Improvement ☐ Poor ☒ Not Assessed

Comments

No agency staff were available or present at the time of the visit.

(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.

☐ Excellent ☐ Good ☐ Requires Improvement ☐ Poor ☒ Not Assessed

Comments

Staff spoken to confirmed they feel aware of how to deal with bullying and the steps in place to support them with reporting it. Staff confirmed they would feel supported if they ever experienced this.

Standard 14 - Assessing and Monitoring the Quality of Service Provision

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff confirmed this is something they would all feel confident to do.

Standard 15 - Using Information and Dealing with Complaints

(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.

☐ Excellent ☐ Good ☐ Requires Improvement ☐ Poor ☒ Not Assessed

Comments

The feedback gained through conversations with staff show that they all feel listened to now and that prior to the past few weeks they have not.

Section D

Staff Training & Recruitment

Standard 11 - Requirements Relating to Staff Recruitment

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff files show to have all relevant checks including rights to work and DBS checks, some staff are on visas, this is seen documented in the staff files with any capped hours or regulations clearly shown.

(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.

☐ Excellent ☐ Good ☐ Requires Improvement ☐ Poor ☒ Not Assessed

Comments

All agency staff provided receive the same induction and checks as full time members of staff. No agency staff employed at time of visit.

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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff that provide additional services including hairdresser, activity coordinators, district nurses and therapists are

subject to appropriate checks.

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff are supplied with a staff hand book and receive a robust induction with all relevant information required.

Standard 13 - Staff Support

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Staff files show inductions and information around what is included in their inductions, staff confirmed that they receive inductions in line with skills for care.

(D06) The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.

☐ Excellent ☐ Good ☒ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Supervisions were seen in one of the two staff files viewed, the staff file for NM did not hold supervisions or appraisals, this member of staff had been employed for more than 8 months.

ACTION: Please provide supervisions and appraisals for staff member NM.

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

The training matrix shows all staff to be up to date with core training and refreshers. Staff confirmed that they receive regular training. Staff files hold hard copies of training carried out.

Section E

Environment, Equipment & General Safety

Standard 06 - Safeguarding People who use the Service from Abuse

(E08) Appropriate safeguarding Information is on display in the Home.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Throughout the home there are minimal safeguarding posters and information however there is information seen in a nurse station and at the entrance of the home this is appropriate and holds key information. It is recommended that the home create more information that is easily accessible for residents and visitors as the current posters are more accessible to staff.

ACTION: Ensure more information is displayed and easily accessible to residents and visitors.

Standard 07 - Cleanliness and Infection Control

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

The home has infection prevention and control posters seen throughout the home, there are also hand washing signs seen in bathrooms and handwashing stations. Discussions during the flash meeting also contained information regarding infections or residents on antibiotics and at risk of infection. Actions were discussed.

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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Policies are in place for staff to read, there is also information seen throughout the home for visitors and residents.

Standard 08 - Management of Medicines

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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

All medication is stored in a locked room, the controlled drugs are under lock and key and CD book kept up to date. Covert medication is discussed with the GP and has GP oversight documented.

Standard 09 - Safety and Suitability of Premises

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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

The premises was observed to have safety mechanisms in place to ensure the safety of residents, these were seen as a key coded system on external doors and internal stair wells. The home have an external company, spearhead that carry out equipment checks, these were documented to be next due on the Jan 2025.

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

The home recently raised a safeguarding involving two residents that were living on the same floor of the home, the

home assessed the risk and made changes to protect the residents welfare and manage risk to the two residents. Other risk assessments are seen in place, these include environmental risk assessments and mobility assessments.

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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

The home has an intercom, buzzer system in place to gain entry through the front doors. There is also a sign in system and reception area. The main doors from the reception are key coded and do not allow access without staff authorisation.

Standard 10 - Safety, Availability and Suitability of Equipment

(E07) Equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

The home have an external company, spearhead that carry out equipment checks, these were documented to be next due on the Jan 2025

Section F

Leadership, Quality Assurance & Management

Standard 06 - Safeguarding People who use the Service from Abuse

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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

A safeguarding log was evidenced by the home. The log shows trends tracked and any reoccurring themes will be evident.

Standard 08 - Management of Medicines

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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Medication counts and stock takes are done through E - Mar. Medication is checked for expiry dates and logged weekly, this is then has an audit monthly.

Standard 12 - Staffing and Staff Deployment

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Rotas reflect the dependency tool, the manager highlighted that a recent change in the level of staffing throughout floors has recently taken place, it was explained that this was to ensure there are adequate staffing levels on the floor with a higher need.

(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).

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

A business continuity plan for the home was reviewed. Shifts and sickness are covered by contacting members of staff not on duty that particular day. Or in more challenging times the use of agency staff is necessary to maintain safe staffing levels at the home. Other emergencies are documented and risk assessed within the action plan.

Standard 14 - Assessing and Monitoring the Quality of Service Provision

(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).

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

With the new manager in post, surveys were something that was highlighted as a work in progress. The manager is in the process of creating new surveys that have a follow up action plan to complete, this will ensure that information gathered will be used improve the service.

ACTION: Please provide the completed surveys.

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Discussions with staff highlighted the confidence they have to raise issues and risk to people regarding poor performance. There are also whistle blowing posters, bullying and harassment posters seen throughout the home.

Standard 15 - Using Information and Dealing with Complaints

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Compliments and complaints show emerging themes, outcomes from complaints and actions identified to follow up on.

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Daily flash meetings are held, actions are taken from each meeting and shown to be discussed in the following meeting or updated.

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

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Details are shown and shared with the local authority.

Standard 16 - Records

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

Personal information is shown clearly at the front of the care plans reviewed. The personal information shows details such as the service user number, date of birth, room location, preferred name, religion and other detailed personal information that may be needed at a glance or quickly including DNACPR choices.

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

DoLS are shown on a tracker, it shows application dates, status of the application and dates of expiry. There are also denied applications shown.

(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.

☐ Excellent ☒ Good ☐ Requires Improvement ☐ Poor ☐ Not Assessed

Comments

A number of audits were reviewed prior to the visit and on the day. These included medication audits, equipment audits, falls audit, accidents and incidents log, near miss audit. Each of these audits included potential emerging themes, outcomes and any actions identified. Maintenance logs were also evidenced with dates of completed works.

Progress Summary

	Section A	Section B	Section C	Section D	Section E	Section F
Standard 01 Complete	Standard 01 Complete	Standard 01 Complete	Standard 01 Complete			
Standard 02 Complete	Standard 02 Complete	Standard 02 Complete	Standard 02 Complete			
Standard 03 Complete	Standard 03 Complete	Standard 03 Complete	Standard 03 Complete			
Standard 04 Complete	Standard 04 Complete	Standard 04 Complete				
Standard 05 2/2 questions remaining	Standard 05 1/1 questions remaining	Standard 05 1/1 questions remaining				
Standard 06 Complete	Standard 06 Complete	Standard 06 Complete	Standard 06 Complete		Standard 06 Complete	Standard 06 Complete
Standard 07 Complete		Standard 07 Complete	Standard 07 Complete		Standard 07 Complete	
Standard 08 Complete	Standard 08 Complete	Standard 08 Complete	Standard 08 Complete		Standard 08 Complete	Standard 08 Complete
Standard 09 Complete					Standard 09 Complete	
Standard 10 Complete			Standard 10 Complete		Standard 10 Complete	
Standard 11 1/4 questions remaining				Standard 11 1/4 questions remaining		
Standard 12 Complete		Standard 12 Complete	Standard 12 Complete			Standard 12 Complete
Standard 13 2/8 questions remaining			Standard 13 2/5 questions remaining	Standard 13 Complete		
Standard 14 Complete			Standard 14 Complete			Standard 14 Complete
Standard 15 1/6 questions remaining		Standard 15 Complete	Standard 15 1/1 questions remaining			Standard 15 Complete
Standard 16 Complete						Standard 16 Complete

Notes