

Home Name:	Thistle Hill Hall
Provider:	Debdale Specialist Care Ltd
Type:	Residential
Home Address:	Debdale Lane
	Mansfield Woodhouse
	Nottingham
	NG19 7EZ
Home Manager:	Megan Tranter - CQC registered
Date of Audit:	17 March 2016

Summary of Audit Findings

Standard One	People who use the service experience person-centred care
We found the provider clearly met this standard. People who live in the care services receive person-centred care, which considers their choices and preferences. Care is provided in a positive risk taking environment, which supports people to make decisions regarding their care. For those people who lack capacity to make specific decisions, the service acts in the person's best interests.	
Standard Two	The lived experience of people who live in the care service
We found the provider clearly met this standard. People are supported by staff who are respectful and dignified, and professional in their dealings. People are supported to maintain their individual routines. The care setting is suitable, safe and homely.	
Standard Three	People are protected from harm
We found the provider clearly met this standard. People are protected from abuse or the risk of abuse, including financial abuse and the safe handling of their medication. People are protected from abuse or the risk of abuse, including financial abuse and the safe handling of their medication.	
Standard Four	People who use services are supported by competent staff
We found the provider clearly met this standard. People are supported and cared for by sufficient numbers of staff who are suitably trained to provide them with the knowledge, skills and experience to be competent and professional.	
Standard Five	Services are managed effectively
We found the provider clearly met this standard. People receive care through an effective and professionally managed service. The provider has an effective system for identifying, assessing and monitoring complaints and the quality of the service provision.	

Recommendations

The following recommendations have been made to the Home Manager / Provider to support with the improvement of the quality of care.

Standard One
None identified.
Standard Two
None identified.
Standard Three
None identified.
Standard Four
None identified.
Standard Five
None identified.

Standard One: People who use the service experience person-centred care

People who live in the care services receive person-centred care, which considers their choices and preferences. Care is provided in a positive risk taking environment, which supports people to make decisions regarding their care. For those people who lack capacity to make specific decisions, the service acts in the person's best interests.

1.2	Each service user has a personalised assessment and care / support plan that identifies, through inclusion, the patterns of daily living in relation to their assessed needs, individual's wishes, choices, goals and sets out how the support, care or treatment is delivered.	Clearly Meets
Recommendation		
None identified.		
Observed Evidence		
<p>We spoke with residents regarding the care they received. They said, "its okay".</p> <p>We looked at the care plans for three residents. We found these to be a holistic, person-centred plan of care. The care plans identified areas of support and actions were documented to address these. We found individual patterns of daily living were documented. Care plans were written in a way to maintain and promote health, wellbeing, independence and dignity.</p> <p>Where pre-assessments documented residents' individual wishes and preferences, these were transferred to their care plans. Where equality, diversity and/or human rights needs had been identified, care planning reflected these needs.</p> <p>Care plans included consideration of residents' goals and potential medium and longer term care needs, and planning had been put in place to meet these care needs. We found residents' had been asked if they had any specific care goals, and plans had been put in place to meet these goals. For example one resident wanted to 'look after himself'. We saw from the day record logs this resident was encouraged and prompted with regards to personal hygiene.</p> <p>We found care plans were reviewed monthly or as identified care needs changed or new care needs were identified. The care reviews included the views of the residents', their family members, their carers, significant others in their lives. Where residents had not been included in the review, the rationale had been documented.</p> <p>Care plans were holistic considering the physical, mental, social, emotional and spiritual needs of residents. Where specific needs were identified, actions were documented. Care plans met the requirements of the Mental Capacity Act 2005 (MCA).</p>		

Where specific involvement of other healthcare professionals had been identified, this was recorded. Residents' life history had been used to inform the plan of care. For example, one resident wanted to continue painting and decorating. We spoke with the home manager who told us that new fencing and garden furniture had been purchased to which this resident was going to be involved in painting. We spoke with this resident who confirmed this to us. Life histories were detailed and include consideration of family relationships and dynamics, hobbies and interests. Our observations of staff demonstrated they used residents' life history to best support them. For example, we saw staff speaking with resident about the holidays they used to go on.

We looked at the care plan for one resident who was identified as needing support to manage their behaviours. We observed care practices and found they matched the support plan and risk assessment in place. We spoke with staff regarding the support given to this resident and this matched the instructions given in their care plan. We found the specific actions identified in the care plan were put into practice. For example, one care plan identified triggers for agitated behaviour and instructions for staff to follow. We saw staff follow these instructions and distract the resident effectively.

We saw residents were supported to maintain their daily routines. For example, we saw a planner for social activities that were purposeful and included meaningful occupation. Residents told us they were consulted regarding social activities. Consideration had been given to residents' life histories when social activities were formulated. Staff told us that residents are asked what social activities they wanted. We looked at records of residents' meetings and found this to be true. We observed residents being given a choice of activities. Where residents refused to be involved in activities, alternatives were offered which matched their identified choices, preferences, life history.

This means each resident has a personalised assessment and care plan that identifies, through inclusion, the patterns of daily living in relation to their assessed needs, individual's wishes, choices, goals and sets out how the support, care or treatment is delivered.

1.3	Care / support plans include identified areas of risk and detail how these will be managed and are reviewed, supporting service users to make informed choices.	Clearly Meets
Recommendation		
None identified.		
Observed Evidence		

We spoke with residents regarding choices they were given by staff. They said, "I can come and go as I please". We observed staff giving residents choices with when to get up, where to sit, what to eat and what to wear.

We looked at the care plans for three residents. We found these to be a holistic and person-centred plan of care. The care plans identified areas of support and any associated risks for example, risk assessments were in place for residents smoking. Where a risk had been identified, there was a corresponding risk assessment. The risk assessments balanced safety with residents' right to make choices. Consideration was given to the requirements of the Mental Capacity Act 2005 (MCA). We observed staff and found them following the instructions given on the risk assessments.

We looked at the care plan for one resident who was identified as needing support to with self-medication. We found a corresponding risk assessment. We looked at the daily records and found the risk assessment was working as expected for example, we saw staff had supported the resident with prompts to take their medication at the correct time. We saw changes in needs were used to update the risk assessment.

Where actions had been identified to minimise the risk, these actions were put in place. For example, we spoke with staff regarding how they supported one person who had behaviours which may challenge staff. We found their distraction techniques had been documented. The identified support included the residents' capabilities, individual circumstances, equality and diversity needs, human rights.

We found risk assessments were reviewed monthly and/or as identified care needs or risks changed or new risks were identified. The reviews included the views of the residents', their family members. Where residents had not been included in the review, the rationale had been documented. We spoke with staff who confirmed residents were involved in care reviews.

This means care plans include identified areas of risk and detail how these will be managed and are reviewed, supporting service users to make informed choices.

1.4	Service users and/or families / advocates are involved in the care / support planning process and are able to contribute their views, opinions and understanding. Where the service user lacks capacity to make decisions, the requirements of the Mental Capacity Act 2005 are met.	Clearly Meets
Recommendation		
None identified.		

Observed Evidence

We observed staff involving residents in every aspect of their care.

We looked at the care plans for three residents. We found that they were involved with every decision. We found that residents' personal choices, preferences, equality and diversity needs were considered in care plans. Where decisions regarding changes to the support of residents, the resident was included in the decision making process. We saw residents had been consulted about their preferences in personal care. We spoke with staff and the home manager who confirmed this to us.

We found relatives, carers, advocates, healthcare professionals contributed to the support planning process. For example, we saw referrals to the SALT team for choking risks. Recommendations from the SALT team were implemented into the care plan.

We spoke with staff regarding the support needs of three residents. What they told us matched the instructions given in those resident's care plans. They also assured us residents were involved in their care. We observed these residents and found the care plans matched our experience. We saw staff providing care in line with the instructions given in the care plans for example, we saw adapted plates used at meal times.

We found that for residents who lacked the capacity to make certain decisions, the requirements of the Mental Capacity Act 2005 (MCA) had been met. MCA assessments were decision specific. Relatives, social care professionals and healthcare professionals were consulted and contributed to best interest decisions.

We requested the provider send us their MCA policy prior to our visit. The provider complied with our request. We looked at this policy and found it was robust and up to date. We spoke with staff regarding their understanding of MCA and found their responses matched the provider's policy. We looked at the provider's records of training and found 100% of staff had completed training in MCA. We saw that the competency of staff was checked by the manager.

We spoke with the home manager regarding Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) for the residents. They said, "We don't have any residents with these. We are a mental health unit where we move people on after rehabilitating them. We would consider a DNACPR if the need arose".

This means the residents and families are involved in the care planning process and are able to contribute their views, opinions and understanding. Where the resident lacks capacity to make decisions the requirements of the MCA 2005 are met.

Standard Two: The lived experience of people who live in the care service

People are supported by staff whom are respectful and dignified, and professional in their dealings. People are supported to maintain their individual routines. The care setting is suitable, safe and homely.

2.1	Staff always refers to, speaks with and interacts respectfully, supportively and in confidence with service users.	Clearly Meets
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Recommendation

None identified.

Observed Evidence

We observed staff speaking respectfully with and about residents. When staff spoke to each other about residents, they did this respectfully and confidentially.

Staff acted confidently, sensitively and respectfully when supporting residents with their behaviours. Staff provided personal care discreetly, respecting resident’s privacy and dignity. Staff responded to residents’ personal care needs when they arose, and not to a specific care home routine. Resident’s smiled and engaged positively with staff when they entered the room or approached them.

The staff group were calm, friendly, caring, supporting, sensitive and responsive. The provider’s training records showed that 90% of staff had received training in communication skills. The manager demonstrated to us that the competency of staff in this area was checked regularly.

We observed staff spending time sitting and talking and engaging in activities with residents, when not providing specific care or support. Interactions between residents and staff were comfortable and natural and demonstrated that staff recognised the importance of building relationships with residents. Staff communicated effectively with residents. Staff gave residents sufficient time to respond to questions. When staff greeted residents, they waited for a response and showed interest in the resident and what they were saying.

This means staff always refer to, speak with and interact respectfully, supportively and in confidence with service users.

2.3	A live record of significant events in the life of each person is maintained, including the refusal of an aspect of the service. Staff recognises and maintains confidentiality in respect of information about service users. Accurate records relating to service users are completed in a timely way and stored in a safe place.	Clearly Meets
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Recommendation

None identified.

Observed Evidence

We looked at the daily records for three residents. We found these were a description of significant events through the day that covered specific care needs. For example, what the resident had to eat, bowel movements and were a description of the staff actions for example, asleep at start of shift.

We found daily records written in a factual and accurate way and support the dignity of service users. The daily records included where residents had refused aspects of care and what actions had resulted to ensure the appropriate support for the resident. We saw our observations were accurately reflected in the daily records. Important events were recorded. For example, GP visits were recorded and appointments for dental, GP or hospital. Residents' records linked together clearly together to create effective picture of care and support.

We spoke with staff regarding when and how long they get to complete daily records. They told us they complete them when they can, usually completed by the end of their shift. We spoke with the manager how they use daily records to review residents' care. They told us, "We use the records to review map out the where the residents are with their goals". We asked the manager how refusals are recorded. They told us, "They are recorded on the daily logs or medication MAR sheets". We looked at the daily logs and MAR sheets and confirmed this to be true. For example, we saw refusal was recorded for taking part in activities and for PRN medication. We observed staff completing daily records at the start and end of their shift or as events occurred.

We spoke with staff regarding how they kept up to date with changes in resident's needs. They told us, "We use the handover notes, their care plans and daily record logs, we also observe the residents, and this tells us a lot". We observed a handover procedure and saw that each resident was discussed in detail, appointments were allocated and 1:1 and 2:1 allocations for staff were also covered.

We looked at the storage of residents' records and found they were kept securely and confidentially in the care office. They were accessible and maintained resident's right to confidentiality. Records were kept in a manner which staff could access quickly. We looked at the document archive and found documents were kept securely. The storage system supported the retention schedules.

This means a live record of significant events in the life of each person is maintained, including the refusal of an aspect of the service. The staff recognise and maintain

confidentiality in respect of information about service users. Accurate records relating to service users are completed in a timely way and stored in a safe place.

2.4	Service users are afforded a choice of suitable nutritious food and in sufficient amounts for their needs in accordance with their identified needs and wishes.	Clearly Meets
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Recommendation

None identified.

Observed Evidence

We spoke with residents regarding the quality and choice of food. They said, "It is generally okay".

We observed the lunchtime meal and found the food looked appetising. Residents previously selected their choice of meal for the day. We observed residents being assisted by staff to eat their meal. Members of staff were patient and engaged the resident in conversation whilst supporting them. Equipment was provided to support residents in remaining independent with eating and drinking. For example, adapted plates and cutlery.

We found the dining experience to be relaxed and free from interruptions. All staff members are provided a meal to be taken at the same time as the residents, with the residents. We saw that food and drink was freely available throughout the day and we saw residents using these facilities and requesting drinks and staff responding.

For looked at the care plans for three residents. We found consideration had been given to nutrition and hydration for those identified as being at risk in this area. We saw that nutritional screening was undertaken every day. We found actions had been identified to mitigate the risks and had been analysed to ensure residents were being supported effectively. Our observations of mealtimes found that these actions were being carried out by staff. We spoke with staff who confirmed this to be true. Where changes in needs had been identified, we saw action had. For example, referrals to external support services had been undertaken.

We spoke with the kitchen staff regarding their understanding of balanced diets. We found staff competent in this area. Staff demonstrated an awareness of the diverse needs, culture, religious and personal choices of residents in their discussions with us. We looked at the menus and saw that this was reflected in the planning. Records of resident's meetings demonstrated that residents' preferences and choices were considered when menus were formulated. We spoke with the manager regarding how they were assuring staff competency in this area. They told us competency is checked on a regular basis fed into their supervisions. We looked at the provider's training records and found this to be true.

This means residents are afforded a choice of suitable nutritious food and in sufficient amounts for their needs in accordance with their identified needs and wishes.

Standard Three: People are protected from harm

People are protected from abuse or the risk of abuse, including financial abuse and the safe handling of their medication. People live in an environment which is clean and hygienic, and they are protected from acquiring healthcare associated infections. People have access to suitable equipment, which is clean and well maintained.

3.1	Service users are protected from abuse or risk of abuse and their human rights upheld through the effective operation of safeguarding arrangements, which identify and prevent abuse, respond appropriately if suspected and report in line with local and national requirements. Where the service user is subject to Deprivation of Liberty Safeguards, the requirements are met.	Clearly Meets
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Recommendation

None identified.

Observed Evidence

We spoke with residents regarding whether they felt safe. They said, "Yes". Our observations identified that residents were able to freely move around their home.

We asked the provider to send us a copy of their adult safeguarding procedures prior to our visit. They complied with our request. We looked at these procedures and found they were robust and up to date. We spoke with staff regarding their understanding of adult safeguarding and found they were able to describe what abuse is, how to report it and local reporting requirements. We looked at their safeguarding records and found Notts County Council, CQC statutory notifications were made.

We asked the provider to send us a copy of their Deprivation of Liberty procedures prior to our visit. They complied with our request. We looked at these procedures and found they were robust and up to date. We looked at the records of one resident subjected to a DoLS. We found the provider was compliant with the requirements. We found care plans appropriately identified where limitations of freedom and choice has been identified.

We looked at the provider's training records for adult safeguarding and DoLS and found 80% of staff had completed training in this area. We spoke with staff regarding their understanding of DoLS. They told us, "MCA is about how everyone is deemed to have capacity unless proven otherwise".

This means residents are protected from abuse or risk of abuse and their human rights upheld through the effective operation of safeguarding arrangements, which identify and prevent abuse, respond appropriately if suspected and report in line with local and national requirements. Where the service user is subject to Deprivation of Liberty Safeguards, the requirements are met.

3.2	Service users are protected from financial abuse.	Partially Meets
Recommendation		
None identified.		
Observed Evidence		
<p>We asked the provider to send us a copy of procedures regarding safe keeping of resident's money prior to our visit. They complied with our request. We looked at these procedures and found this was robust and up to date.</p> <p>We looked at the records of resident's money for three residents. We found appropriate systems were in place to safeguard residents from financial abuse. The records were accurate and understandable.</p> <p>We spoke with the manager regarding how often residents money is audited. They told us, "I audit their money monthly". We looked at the audits for this and confirmed the audit takes place monthly.</p> <p>We looked at the records for one resident who were identified by the MCA as lacking the capacity to manage their own finances. We found the requirements of the MCA 2005 had been met.</p> <p>This means that residents are protected from abuse.</p>		

3.3	There are systems in place to ensure medication is obtained, stored, and administered, reviewed documented and disposed of effectively and safely.	Clearly Meets
Recommendation		
None identified.		
Observed Evidence		
We requested that the provider send us their medication policies and procedures prior to our visit. They complied with our request. This also included policies regarding the		

administration of covert medication. We saw the policy and procedures were up to date and robust and in line with best practice guidelines.

We looked at the care plans for three residents and found that these included consideration of the medication. We saw that where changes in medication had been made, care plans were updated accordingly. Care plans described how residents preferred to receive their medication, and our observations demonstrated this to be true.

We found that where people were identified as lacking the mental capacity to make decisions regarding their medication, best interest decisions were appropriately completed by an appropriately qualified healthcare professional.

We looked at the storage of medicines and found that this was in line with the provider's policies and procedures. There was a daily record of fridge and treatment room temperatures, and these were in line with best practice guidelines or responded to correct as appropriate.

We looked at the system for ordering residents' medicines. We found the system ensured there was sufficient quantities in stock to meet individual residents' needs and in line with their prescriptions. We looked at the system used for the disposing of medicines, and found the records matched the quantities of medicines held awaiting return. We spoke with staff and their description of the process for returning medicines matched the provider's policies and procedures.

We looked at the medication administration records (MAR) for three residents. We found that record of medicines being administered matched those identified in their care plan. We looked at the quantities of medicines held and found these tallied with the MAR charts. Where medicines were not administered, the records indicated the reasons for these. Our observations of staff during the medication round found that they were administering medicines safely and in line with prescribing instructions. Residents were informed by staff of what was happening prior to administration and we saw that staff ensured the trolley was safe when not being attended.

Where residents had been identified as requiring their medicines PRN, we found them in line with requirements. Our discussions with staff assured us they understood the provider's policies and procedures in this area. We looked at the MAR charts and found the records were correct. We looked at the residents' care plans and found that reviews of PRN medicines were taking place monthly. We saw that records of residents' prescriptions were kept and a current copy of the BNF was accessible for reference.

We looked at the records of medicines controlled by the Misuse of Drugs Act (1971). We found that the records were accurate and reflected the quantities of medicines

held. The storage and administration of controlled drugs was in line with the provider's policies and procedures. We found systems in place for the safe disposal of controlled drugs. We spoke with staff regarding their understanding of how to administer and safely dispose of controlled drugs. Their description assured us they were ensuring residents were being administered to safely.

We spoke with staff regarding how they would deal with an adverse medication incident. Their description of the actions they would take matched the provider's policies and procedures.

We looked at the provider's records of training, and found that all staff had received recent training in the safe handling of medicines. We saw that prior to staff undertaking medication administration, their competency was checked. We spoke with the manager regarding their actions should issues be identified with staff administration practices. They told us they ensured they were competent prior to them starting administering medication. We looked at the records of competency checking, and found this to be true.

We looked at the records for residents who self-medicate. We saw care plans and risk assessments completed for this procedure. We also saw consent forms signed by the resident for residents to administer their own medication, with support from staff. We saw that residents stored their own medication in locked cabinet in their room.

This means that there are systems in place to ensure medication is obtained, stored, and administered, reviewed documented and disposed of effectively and safely.

3.6	Equipment used is in accordance with assessed needs, suitable for its purpose, suitably cleaned and maintained and used correctly.	Clearly Meets
Recommendation		
None identified.		
Observed Evidence		
<p>We looked at the quantities of equipment available. We found sufficient to meet the needs of residents.</p> <p>We requested the provider send us copies of their maintenance checks prior to our visit. They complied with our request. We looked at the records of equipment maintenance and found they were performed regularly and in date. We looked at the equipment and found it to be clean, well-maintained and fit for purpose.</p>		

We spoke with staff about the cleaning of the equipment, they said, “It is cleaned as and when it is needed, or the night staff will clean it”.

We looked at the care plans of three residents and found consideration of their equipment needs had been recorded. Where equipment needs had been identified, these were reviewed every month or if their needs changed. The equipment identified in care plans matched that used by the resident. We saw that the equipment was also well maintained. We looked at the provider's records of training and found that 80% of staff had been trained in moving and handling.

This means the equipment used is in accordance with assessed needs, suitable for its purpose, suitably cleaned and maintained and used correctly.

Standard Four: People who use services are supported by competent staff

People are supported and cared for by sufficient numbers of staff who are suitably recruited and sufficiently inducted and trained to provide them with the knowledge, skills and experience to be competent and professional.

4.1	Staff have the knowledge, experience, qualifications and skills to support the service users. Staff are supported by their manager, or other appropriate individual within the organisation.	Clearly Meets
Recommendation		
None identified.		
Observed Evidence		
<p>Our observations of staff interactions with residents showed us that staff were competent, friendly and calm. We spoke with staff regarding their understanding of why they support residents. They said, “To ensure they have a safe and homely place to live”. Our observed confirmed their understanding matched their care practices.</p> <p>We looked at the provider’s training records and found that staff were being checked that they were competent in the training being provided. We spoke with the manager regarding competency, they told us, “We have supervisions every other month, in the middle month we test competencies, either observations and or questions”. We looked at the competency testing and confirmed this to be occurring every other month each one on a different subject. We observed staff when moving residents and found they were safe practices. We looked at the care plan for the resident the staff was supporting and found staff were following the instructions given in the care plan.</p>		

We observed staff supporting residents whose behaviour presented in a manner which challenged staff. We found staff competent in prevent escalating incidents. We looked at the care plan for the resident we observed and found the guidance matched the practice. For example, we saw staff was to distract a resident if they presented agitated or verbally aggressive.

We spoke with staff regarding the support they receive from the home manager. They told us they received formal supervision every other month. We looked at the provider's supervision plan and found supervisions planned for every two months. We looked at the record of supervision for the last 12 months for three staff members and found it was robust leading to an annual appraisal.

This means staff have the knowledge, experience, qualifications and skills to support the service users and the staff are supported by their manager.

4.3	Staffing levels for the service are determined and deployed according to people's assessed needs.	Clearly Meets
Recommendation		
None identified.		
Observed Evidence		
<p>We spoke with staff regarding the staff levels to which they told us they thought there was sufficient members of staff on duty all the time.</p> <p>Our observations found there was sufficient numbers of staff. For example, the staff was able to deliver planned activities.</p> <p>We spoke with the home manager regarding how they determine the number of staff required. They told us, "The management team meet every Monday. We look at the needs and the moods of the service users. We also look at diary appointments for the week and the occupational therapy time. We have recently added another member of staff due to the needs of a service user increasing. We tried in the past to use a dependency tool but found this doesn't work with Mental Health service users". We looked at the staff rota and found the staff planned to be working on the day of our visit matched those who were at work. We also saw commissioned 1:1 hours were reflected in the daily record logs, handover documents showed allocated workers for the commissioned ours and recorded on the staff rota.</p> <p>We looked at how staff were deployed around the care home and found they were well distributed. Staff rotas documented the same staffing levels at weekends. We saw on the staff rota additional staff around 17:00 hours. We spoke to the manager about the</p>		

additional member of staff. They told us, “We looked at the accident and incident logs and found that incidents were occurring during this time, we increased the staff to meet the demand. We call this the twilight shift”.

We looked at how meaningful group and individual activities were planned. We found activities were planned and staff was available to facilitate these activities. We spoke with residents regarding how they spent their time. They said, “I like to make things”.

Residents’ care plans indicated their preferred getting up and going to sleep times. Their daily records indicated that this did occur. We spoke with staff regarding when residents get up and go to bed? They told us they go to bed when they want to. Staff rotas indicated there was sufficient numbers of staff to facilitate residents’ preferences. We observed residents going to their rooms when they chose.

This means staffing levels for the service are determined and deployed according to people’s assessed needs.

Standard Five: Services are managed effectively

People receive high quality care through an effective and professionally managed service. The provider/manager takes responsibility, is appropriately registered and accountable for their actions, and has an effective system for identifying, assessing and monitoring complaints and the quality of the service provision.

5.3	There is an effective system for identifying, receiving, handling and responding to and learning from complaints.	Clearly Meets
Recommendation		
None identified.		
Observed Evidence		
We requested that the provider send us a summary of their complaints from the last 12 months, they complied with our request. We looked at the provider’s record of complaints and found outcomes of investigations were recorded. We looked at the records of one complaint and found they were taken seriously and an investigation undertaken.		
We looked at the provider’s complaints procedure and found timescales, a responsible person, reference to the local authorities’ procedures, up to date and the CQC’s role. We saw copies of the complaints procedure on display in the care home. We looked at the resident’s minutes of meetings and found opportunities to raise complaints were recorded as being discussed.		

We spoke with the manager about the complaints, they told us, "I take complaints very seriously, it is more important with mental health to be seen to be taking the service users seriously, every complaint that is made I will conduct a thorough investigation and make sure the service user knows the outcome". We looked at the complaints and saw the manager does take each one seriously, follows the procedure and ensures the service user is informed of the outcome.

There were no relatives on the day of our visit to confirm the complaints procedure with.

This means there is an effective system for identifying, receiving, handling and responding to and learning from complaints.

5.4	There is an effective system for identifying, assessing, monitoring the quality of service delivery and risks to health, welfare and safety of service users.	Clearly Meets
Recommendation		
None identified.		
Observed Evidence		
<p>We requested that the provider answer this question prior to our visit. They complied with our request.</p> <p>We asked the provider to comment on how residents are consulted about the running of the service. They told us, "We hold weekly community meetings with the service users. We have a standing agenda to discuss complaints, abuse, smoking and meals etc." They went on to say, "We also hold an annual survey with the service users, but this didn't happen last year, before my time as manager. But I am due to send the next one out in April this year". We looked at the weekly community meetings and saw that the residents are able to contribute their views to the running of the service.</p> <p>We asked the provider to comment on the frequency at which audits are undertaken, and what they do with the findings. They told us, "The service has an audit schedule for the current year. A number of internal audits are conducted as planned into the schedule, these include; accident, incident, support plans, complaints and concerns, health and safety, infection prevention and control and a kitchen and catering audit". We looked at these audits and confirmed they are comprehensive and effective. We also saw action plans in place for actions identified as a result of the audits.</p>		

We asked the provider to comment on how they measure their effectiveness as a leader. They told us, “I like to think that I am firm but fair and approachable leading by example. I wouldn’t ask someone to do something I would do myself.

This means there is an effective system for identifying, assessing, monitoring the quality of service delivery and risks to health, welfare and safety of service users.

Glossary of Terms

The following standard abbreviations and terms are used within our quality audits.

Term	Explanation
2-stage test / mental capacity test	The Mental Capacity Act 2005 introduced a 2-stage functional test to assess whether a person has the mental capacity to make a particular decision. This is based upon the first underpinning principle of this Act, which instructs us to assume that a person has the mental capacity to make a decision until proven otherwise.
Appointeeship	An Appointee is a person who has been appointed by the Department of Work & Pensions (DWP) or a local authority to receive welfare benefits on behalf of someone who is unable to manage their affairs.
best interest decision	The Mental Capacity Act 2005 states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do this in the person's best interests. Principle 4 of the Act.
British national formula (BNF)	The BNF provides healthcare professionals with authoritative and practical information on the selection and clinical use of medicines, including information relating to correct dosage, interactions and side effects.
Braden Scale	The Braden Scale helps healthcare professionals, especially nurses, assess a person's risk of developing a pressure ulcer.
controlled drugs	Some prescription medicines are controlled to prevent them from being misused, obtained illegally or causing harm. These are called controlled drugs and are protected by the Misuse of Drugs Act 1971.
COSHH	Control of Substances Hazardous to Health (COSHH) is the law that requires employers to control substances that are hazardous to health.
covert medication	Where people lack the mental capacity, medication necessary for sustaining life can be administered covertly or hidden in food or drink in their best interests.
CQC	The Care Quality Commission is the health and social care regulator for England.
DBS	The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

DoLS	The Mental Capacity Act 2005 allows restraint and restrictions to be used, but only if they are in a person's best interests. The Deprivation of Liberty safeguards introduce extra safeguards, if the restrictions and restraint used will deprive a person of their liberty.
DNACPR	The k is an instruction to healthcare professionals to not attempt to revive a person whose heart might have stopped, for example, in the case of a heart attack.
GSF	The Gold Standards Framework supports care and nursing staff to provide a gold standard of care for people nearing the end of their life.
Intermediate care	Intermediate care enables a person to return home safely after a stay in hospital.
LOLER	Lifting Operations and Lifting Equipment Regulations 1998 are a set of regulations created under the Health and Safety at Work Act 1974. The LOLER regulations require that all lifting operations involving lifting equipment must be properly planned by a competent person, appropriately supervised and carried out in a safe manner. It also requires that all equipment used for lifting is fit for purpose, appropriate for the task and suitably marked, with suitable maintenance recorded and defects reported.
LPA	A Lasting Power of Attorney is a legal document that lets a person appoint another person (known as 'attorneys') to make decisions on their behalf. It could be used when the person loses the mental capacity to make their own decisions. There are two types of LPA, health and welfare, and property and financial affairs.
MAR	The Medication Administration Record is the report that serves as a legal record of the drugs administered to a person. The MAR is a part of a person's permanent record on their medical chart. The care or nurse staff signs off on the record at the time that the drug or device is administered.
MCA	The Mental Capacity Act 2005 provides a framework to empower and protect people who may lack capacity to make some decisions for themselves.
MUST	The Malnutrition Universal Screening Tool is a five-step screening tool to identify adults who are malnourished or at risk of malnutrition.

NVQ	An NVQ is a National Vocational Qualification. It is a work-based qualification designed to measure competence in a professional role. This has been superseded by the Qualifications and Credit Framework (QCF).
NMC PIN	The Nursing and midwifery Council maintains the professional register of nurses. Suitably registered nurses are identifiable by their Personal Identity Number.
PPE	Personal Protective Equipment is equipment that protects care and nursing staff against health or safety risks at work. It can include items such as gloves, aprons and eye protection.
PRN	Medication that is not required by people on a regular basis, is sometimes referred to as a “when required” or PRN medication.
SALT team	The Speech and Language Therapy team provide a service for people with communication, cognitive, voice, or swallowing difficulties due to stroke, brain injury, progressive neurological diseases and other medical conditions.
SMART	The Specific, Measurable, Achievable, Relevant, Time-bound criteria are used to support the setting of objectives in business, for example with action planning.
SOVA	Safeguarding of Vulnerable Adults is a concept and training designed to help care and nursing staff properly protect the people in their care.
Waterlow Score	The Waterlow score gives an estimated risk for the development of a pressure ulcer in a given person.
Whistleblowing	Whistleblowing is when a staff member reports suspected wrongdoing at work.