

Review of compliance

The Royal Star & Garter Home
The Royal Star & Garter Home - Solihull

Region:	West Midlands
Location address:	Tudor Coppice Monkspath Hall Road Solihull West Midlands B91 3DE
Type of service:	Care home service with nursing
Date of Publication:	December 2011
Overview of the service:	The Royal Star and Garter Home is registered to provide accommodation and nursing care for 60 people. People living in the home have either served or are the spouse of a person that has served in the armed forces.

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

Our current overall judgement

The Royal Star & Garter Home - Solihull was not meeting one or more essential standards. Improvements are needed.

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

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 3 November 2011, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We spoke to three people living in the home. We observed the care given to people on one wing of the home. We spoke to the relatives of three people living in the home.

People told us they were happy with the care they received. They thought the building was very good. They said the physiotherapist services available on site had improved their medical condition.

People had some individual attention from care workers. Care workers involved people in activities. We were told that there were activities arranged on a daily basis and that they could go on trips out. We saw a full programme of events for November 2011.

People's relatives were happy with the care that was given. One relative told us: "They treat people (in Roundel wing) like proper people. The care workers are extremely kind. They have a great understanding of people's medical condition. They do not sit people around the edge of the room."

Everybody we spoke to said the food was very good. We saw care workers taking time to ensure that people who needed assistance ate well.

What we found about the standards we reviewed and how well The Royal Star & Garter Home - Solihull was meeting them

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

and supports their rights

People living in The Royal Star and Garter Home have safe and appropriate care that meets their needs. This is not always reflected in the care records.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

Medicines were handled safely and securely. Medicines were given as prescribed. The systems for recording medicine administration were not robust enough to ensure that the balances of medicines were correct.

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

The registered provider ensures that there are systems in place to monitor the quality of the service people receive. They ensure that risks to people are identified and managed. People's views are listened to and acted upon.

Actions we have asked the service to take

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

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

Other information

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We visited the Royal Star and Garter Home on 3 November 2011 without notice. We spent some time on Roundel wing observing how care workers cared for people. People who lived in Roundel were mostly unable to tell us about their care due to the nature of their illness.

People looked well cared for and had their hygiene needs met. We saw some women were having their hair done. Women had jewellery and make up on if they wanted. We were told: "The staff that work here at the moment are very good. They make sure my relative is showered every day and is dressed appropriately. The home's physiotherapist comes twice a week to assist my relative to do a couple of steps. The noise level used to be bad but it is getting better. Some staff are brilliant with them."

The staff team had been involved with consultants to develop the care and environment on Roundel wing. It was now a homely environment for people with dementia.

There was plenty for people to see, touch and to be involved with. There were a good number of staff to meet the needs of people. We saw care workers spending individual time with people. For example care workers were engaging people in hand massages, doll therapy and conversations.

We saw care workers talking to people whilst assisting them with tasks. For example when they were helping people to eat, drink, attending to their hair care or involving them in activities. Care workers responded to people's concerns or anxiety quickly and

this helped to lessen any incidents.

We were told: "They treat people (in Roundel wing) like proper people. The care workers are extremely kind. They have a great understanding of people's medical condition. They do not sit people around the edge of the room. There are lots of things to do."

People were assisted with meals if needed. Some people had difficulty with swallowing. We saw that appropriate prescribed thickeners for drinks were used at all times. Care workers sat next to people and assisted them at the pace the individual wanted. People were also encouraged to be independent where possible. Care workers sat and had meals with people. This helped to promote a family atmosphere and reminded people with memory difficulties to finish their meal.

Food was available at all times. There was a fridge that displayed food so people could see sandwiches, biscuits and drinks. They were able to have these when they wanted. Records showed that people in Roundel were maintaining their body weight.

The manager told us that one person had their liberty restricted as a result of a Best Interest Assessment under the Mental Capacity Act. We looked at the independent assessment records and found that appropriate safeguards were in place to protect the person's rights under the Mental Capacity Act.

We looked at the care records of two people. We found that people's needs were assessed before they came into the home. Risk assessments were completed where necessary. For example when people were at risk of falling. Plans were put in place to minimise this risk.

Individual care plans were developed to assist care workers when giving personal care. There was little evidence to show that a person's care plan had been discussed with them or their relative.

We looked around the rest of The Star and Garter Home. We found it to be clean and pleasant throughout. The managers told us that their experience in developing Roundel had made them look again at the rest of the home. They intended to make the rest of the home look more homely.

People living in the home had access to a small team of physiotherapists. A speech and language therapist attended the home twice a week. People and their relatives told us they were happy with these services.

We spoke to three people. They told us:

"I am new here. It's beautiful and the food is very good. I get lost here when I am out of my bedroom."

"I am looking through the books in the library I am trying to look for a good one."

"Staff are very good especially when I first came and I wasn't very comfortable. It is the best home with the best facilities. They leave me alone to do my own thing unless I use the buzzer for help. There is something to do everyday and they take you out. People living here get involved."

We looked at care plans where people had pressure ulcers. One person's records

showed some deterioration in the condition of the affected area. This did not result in enhanced checks and consideration for other treatments.

Other evidence

The service provider arranged for an independent survey of people's views about The Royal Star and Garter Home. We were given a copy of the report of this survey.

This survey found people to be very satisfied or satisfied with the care and personal help they received. They were happy with the activities they had. Some people thought that care planning could be improved.

The Royal Star and Garter Home received an excellent rating from the Food Safety Department.

Our judgement

People living in The Royal Star and Garter Home have safe and appropriate care that meets their needs. This is not always reflected in the care records.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are minor concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We looked at the administration of medicines on the Roundel wing. We looked at two people's medicines and the medicine administration records (MAR).

For one of these people we could not match the medicines with MAR. The person had, on occasions, refused medicines. We could not determine whether the balance of medicines was correct because the right codes were not always used.

There were no medicines dispensed from a monitored dosage system such as blister packs. Medicines came in boxes or bottles per drug per person.

Monitored dosage systems would make it easier to identify when medicines have been refused. The registered manager told us that they were intending to move to a blister pack system in the new year. They said that they had had a staff meeting about improving medicine administration. This was confirmed by staff.

We checked the homely medicines kept on Roundel wing. We found that for one medicine the records did not match the balance of medicines. We checked drugs that had to be stored more securely. We found these drugs matched the records kept.

Other evidence

On 15 February 2011 Solihull NHS Care Trust audited The Royal Star and Garter Home's medicines. They found that across the four wings of the home the medicine

administration could be improved. They found that balance of medicines was not always correct, audits of medicines needed to be improved.

Our judgement

Medicines were handled safely and securely. Medicines were given as prescribed. The systems for recording medicine administration were not robust enough to ensure that the balances of medicines were correct.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We looked at how the registered provider checked the quality of the service provided.

We looked at how staff were recruited, the turnover of staff and staff training. Staff had appropriate checks before working at the home. This protected people living in the home. Although there had been a large turnover of permanent staff some staff returned and others remained available on a casual basis.

There were good systems to check staff's attendance on training and when this training needed to be refreshed.

We looked at the audits undertaken by the registered manager. We looked at how accidents, incidents and injuries were monitored. We found there were good records of the individual incidents. This information was looked at for any trends on a three monthly basis.

We looked at the records of complaints. We found that there were few formal complaints and none in 2011. We have had no complaints about the service provided. There was evidence of a lot compliments, mainly thank you cards. Not all of these were dated making them difficult to use in their audits.

We looked at the comments book available to people at meal times. People made comments about the meals. These comments did not always have a recorded response. We found in other records and by talking to staff that the concerns raised had

been dealt with.

Resident meetings were held on a monthly basis. We found where issues were raised the managers tried to investigate and resolve them. The registered manager told us that the under floor heating had not worked consistently. We were told about measures they were taking to ensure that the home was always warm until a more permanent solution was found.

Other evidence

The service provider arranged for an independent survey of people's views about The Royal Star and Garter Home. We were given a copy of the report of this survey. Although the people surveyed stated there were improvements that could be made, 100% of them were satisfied with the care provided and would recommend the service to others.

Our judgement

The registered provider ensures that there are systems in place to monitor the quality of the service people receive. They ensure that risks to people are identified and managed. People's views are listened to and acted upon.

Action we have asked the provider to take

Improvement actions

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

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: People living in The Royal Star and Garter Home have safe and appropriate care that meets their needs. This is not always reflected in the care records.	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: People living in The Royal Star and Garter Home have safe and appropriate care that meets their needs. This is not always reflected in the care records.	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: People living in The Royal Star and Garter Home have safe and appropriate care that meets their needs. This is not always reflected in the care records.	

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

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

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

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

Compliance actions

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

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: Medicines were handled safely and securely. Medicines were given as prescribed. The systems for recording medicine administration were not robust enough to ensure that the balances of medicines were correct.</p>	
Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: Medicines were handled safely and securely. Medicines were given as prescribed. The systems for recording medicine administration were not robust enough to ensure that the balances of medicines were correct.</p>	
Diagnostic and screening procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: Medicines were handled safely and securely. Medicines were given as prescribed. The systems for recording medicine administration were not robust enough to ensure that the balances of medicines were correct.</p>	

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

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

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

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

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

What is a review of compliance?

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

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

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

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

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

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

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

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

Information for the reader

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