

INDIVIDUAL QUALITY STANDARDS OUTCOMES

In relation to the individual standards themselves;

- 4 of the 10 standards achieved 100%.
- An improvement has been identified in the number of homes achieving standards 1, 3, 6, 7, 8, & 10
- A reduction has been identified in the number of homes achieving standards 4, 5 & 9.
- Standard 2 remained the same as last year.
- 5 care homes have failed standards they failed last year.

Standard 1 – Effective recruitment procedures.

This standard looks at staff recruitment processes, reference & DBS checks, and induction process including the completion of the Care Certificate within 12 weeks of start date. (The officers check the files of staff who have been recruited in the last 12 – 18 months).

4 homes failed this standard compared to 5 last year. All 4 failed this last year.

The homes that failed this standard had either no evidence or insufficient evidence to demonstrate that staff had commenced and completed the Care Certificate within the recommended 12 week timeframe.

In addition to this, there were anomalies identified in respect of recruitment checks such as gaps in employment, references from previous employers, and a lack of training needs assessments.

Standard 2 - Staff Development Requirements.

This standard looks at training and development, including staff members having a learning and development plan, 75% of staff having NVQ qualifications, bi-monthly staff supervisions and annual appraisals.

4 homes failed this standard which is the same as last year. 3 of the homes failed this standard last year.

The common shortfall in this standard remains the same as in previous years, in relation to the staff having no learning and development plans, and an inadequate number of supervisions & appraisals. 1 home did not have the required number of staff trained to NVQ level 2 or above. 3 homes demonstrated shortfalls in the number of staff trained on end of life and dignity in care.

Since last year's visits 3 of the 4 homes have had a change in management, and from experience this is one of the first areas to suffer when there are management changes in the home.

Standard 3 – Social and Leisure Outcomes.

This standard looks at social activities, activities in the home, and how those are co-ordinated social and leisure outcomes for residents, including resident's involvement in care planning and risk assessment.

All homes passed this standard.

Standard 4 – Plan of Care Requirement's.

This standard looks at key workers, risk assessments, care plans, and the requirement for a pre-assessment of needs followed by full assessment of the resident's need being completed within

48 hrs of admission. Care plans for physical, mental health, social, emotional needs are required to be completed within 72 hours of admission & reviewed monthly as a minimum.

4 homes failed this standard, compared to 1 last year. 1 home also failed this standard last year.

The common shortfall in this standard is in the area where we look at the assessment of needs and care plan requirements. 3 out of 4 failed to have the assessment of care needs done within the 48 hour timeframe, and care plans completed within 72 hours. Risk assessments for 2 out of 4 were not completed monthly.

1 home had no key workers that could be identified at the time of the visit and had stopped doing monthly reviews since they had introduced a new e-record keeping system in January 2019 because they didn't know how to do this. They had also stopped using paper records at this time so had no back up system in place.

Standard 5 – Nutrition.

1 home failed this standard

This standard is monitored by the Focus on Under Nutrition officer (FoUN), who has provided training and support to care homes on this initiative. They visit each home annually and if they meet the requirements of FoUN the home is given a certificate. If they do not meet the required standards the home will not be issued with a certificate until it does. Willow Green were given a lot of support from the FoUN Officer, and a number of re-audits but still failed to pass.

Standard 6 – Management of Medication.

This standard looks at the Policies and Procedures for medication management in the home, and that these correspond with the medication system the home adopts. This includes six-monthly competency checks for all staff who undertake medication administration, reviewing residents who are on anti-psychotic drugs, staff signature checks, and clear identifiable information on the Medication Administration Records (MAR) for each resident.

4 homes failed this standard, which is less than last year, however all 4 homes had also failed this last year.

The common failure in this standard across 3 homes is in relation to competency checks for staff responsible for administering medication. None of the homes had undertaken the required number of competency checks.

1 home had not undertaken any competency checks for agency staff that worked in the home and could not evidence that the individual's competency had been checked via the agency.

1 home had a variety of issues identified, including not having photographs of individuals on all their medication files, not having the side effects of anti-psychotic drugs documented in a care plan that identified how staff needed to monitor the side effects, and a medication policy that did not cover all 8 areas as required contractually. They also had no audit trail to demonstrate which staff had received training from the pharmacy.

Standard 7 – Safeguarding & Whistleblowing.

This standard looks at training in respect of adult safeguarding at both level 1 and Level 2, Mental Capacity Act (MCA) and Deprivation of Liberty's (DoLS) training and how the home manages safeguarding.

All homes passed this standard.

Standard 8 – Health & Safety.

This standard looks at Health & Safety (H&S), risk assessments, actions plans for heat wave, cold weather and business continuity, H&S training, moving and handling training, food hygiene, safeguarding. It also includes inspection reports & service checks in respect of fire, gas and electric, water, food hygiene, and service records for lifting equipment.

All homes passed this standard.

Standard 9 – Monitoring & Quality of Service.

This standard looks at customer satisfaction, stakeholder feedback, audit checks, comments and complaints, and staff misconduct investigations.

2 homes failed this standard, which is an increase since last year and are different homes.

Both homes could not present evidence of stakeholder feedback, or how they measure service outcomes, or demonstrate lessons learnt from safeguarding incidents.

In addition, 1 home did not complete the National Minimum Dataset.

1 home stated that they had not had any safeguarding incidents, which officers had records of. These incidents had not been reported to CQC. (CQC were asked to verify this, which they did and are in communication with the home regarding this breach of regulations).

Standard 10 – Clean and safe environment.

This standard looks at the recruitment, induction, supervision and appraisals for ancillary staff, cleaning plans and records in respect of deep cleaning, and the quality and quantity of furnishings, bedding, and towels.

All homes passed this standard