

<b>Home Name:</b>	Derbyshire House Care Home		
<b>Provider:</b>	WJ Yapp Trust Homes		
<b>Type:</b>	Residential		
<b>Home Address:</b>	Station Road		
	East Leake		
	Loughborough		
	LE12 6LQ		
<b>Home Manager:</b>	Sharon Smith (CQC registered)		
<b>Date of Audit:</b>	29 October 2015		
<b>Quality Band:</b>	5	<b>Previous Band:</b>	5

### Summary of Audit Findings

<b>Standard One</b>	People who use the service experience person-centred care
We found the provider <b>clearly met</b> 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.	
<b>Standard Two</b>	The lived experience of people who live in the care service
We found the provider <b>clearly met</b> this standard. 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.	
<b>Standard Three</b>	People are protected from harm
We found the provider <b>clearly met</b> this standard. 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.	
<b>Standard Four</b>	People who use services are supported by competent staff
We found the provider <b>clearly met</b> this standard. 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.	
<b>Standard Five</b>	Services are managed effectively
We found the provider <b>clearly met</b> this standard. 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.

### **Recommendations**

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

<b>Standard One</b>
<ul style="list-style-type: none"><li>• No recommendations given.</li></ul>
<b>Standard Two</b>
<ul style="list-style-type: none"><li>• No recommendations given.</li></ul>
<b>Standard Three</b>
<ul style="list-style-type: none"><li>• Ensure temperature recordings are completed daily.</li><li>• Ensure all handwritten MAR charts contain two signatures.</li></ul>
<b>Standard Four</b>
<ul style="list-style-type: none"><li>• No recommendations given.</li></ul>
<b>Standard Five</b>
<ul style="list-style-type: none"><li>• No recommendations given.</li></ul>

**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.

<b>1.1</b>	Service users and/or their families have been supplied with information about the aims, objectives and purpose of the service, along with the facilities available for their care and support, arrangements for review, the cost of services, how to raise a concern or complaint and feedback and local advocacy services.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"><li>• None Required</li></ul>		
<b>Observed Evidence</b>		
Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.		

<b>1.2</b>	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
<b>Recommendation</b>		
<ul style="list-style-type: none"><li>• None Required</li></ul>		
<b>Observed Evidence</b>		
Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.		

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
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None Required</li> </ul>		
<b>Observed Evidence</b>		
<p>Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.</p>		

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
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None Required</li> </ul>		
<b>Observed Evidence</b>		
<p>Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.</p>		

**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.

<b>2.1</b>	Staff always refer to, speak with and interact respectfully, supportively and in confidence with service users.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"><li>• None Required</li></ul>		
<b>Observed Evidence</b>		
Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.		

<b>2.2</b>	Service users are supported with dignity through individual stages of life, by staff respecting their choices and preferences.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"><li>• None Required</li></ul>		
<b>Observed Evidence</b>		
Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.		

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 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.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None Required</li> </ul>		
<b>Observed Evidence</b>		
<p>Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.</p>		

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
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None Required</li> </ul>		
<b>Observed Evidence</b>		
<p>Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.</p>		

2.5	The accommodation is safe, comfortable, and suitable for the service delivery and promotes their well-being.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None Required</li> </ul>		
<b>Observed Evidence</b>		

Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.

<b>2.6</b>	Service users have access to a safe enclosed garden area which is stimulating and free from hazards.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None Required</li> </ul>		
<b>Observed Evidence</b>		
<p>Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.</p>		

**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
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None Required</li> </ul>		
<b>Observed Evidence</b>		
<p>Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.</p>		

3.2	Service users are protected from financial abuse.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None Required</li> </ul>		
<b>Observed Evidence</b>		
<p>Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.</p>		

3.3	There are systems in place to ensure medication is obtained, stored, and administered, reviewed documented and disposed of effectively and safely.	Partially meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• Ensure temperature recordings are completed daily.</li> <li>• Ensure all handwritten MAR charts contain two signatures.</li> </ul>		
<b>Observed Evidence</b>		
<p>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.</p>		
<p>We looked at the care plans for 6 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. We found care plans described how residents preferred to receive their medication, and our observations demonstrated this to true. We looked at the provider's medication policies and procedures, and found these were in line with best practice guidelines.</p>		
<p>We found that where people were identified as lacking the mental capacity to make decisions regarding their medication, best interest decisions were completed by an appropriately qualified healthcare professional. Where best interest decisions indicated that the resident should receive their medication covertly, we saw that the pharmacy had been contacted to confirm the chosen method was acceptable for that medicine.</p>		
<p>We looked at the storage of medicines and found that this was generally in line with the provider's policies and procedures. We saw that medication trolleys were secured to a wall when not in use. We saw there was a daily record of fridge and treatment room temperatures, and these were generally in line with best practice guidelines or responded to correct as appropriate, although we found that for 5 days out of the month's recordings the temperatures had not been recorded.</p>		
<p>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 homely remedies and found these were being managed appropriately. 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.</p>		
<p>We looked at the medication administration records (MAR) for 20 residents. We found</p>		

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. We found though that not all handwritten (MAR) Charts had two signatures to confirm the handwritten instructions were correct. We spoke to the manager about this.

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.

We saw where residents had been identified as requiring their medicines PRN, we found these to be managed appropriately. Our discussions with staff assured us they understood the provider's policies and procedures in this area. We looked at the residents' care plans and found that reviews of PRN medicines were taking place on a regular basis. 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 consideration had been given to the placing of patches, to ensure residents did not receive double doses. 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. For those residents who were responsible for their own medication, we found appropriate systems in place for the assessment, safe storage and handling, whilst maintain the resident's independence. We saw there were six-monthly reviews in place.

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.

This means that there are systems in place to manage, store, administer and document

residents medication to ensure residents are protected, but this also means there are times when medication is not always signed for appropriately, and recording of the temperatures to ensure medication is stored safely are not always in place.

3.4	An appropriate standard of cleanliness and hygiene is maintained regarding the accommodation and any materials used to support service users.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None Required</li> </ul>		
<b>Observed Evidence</b>		
<p>Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.</p>		

3.5	The prevention, detection and control of health associated infections are maintained through the effective operation of a system to assess risk and manage.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None Required</li> </ul>		
<b>Observed Evidence</b>		
<p>Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.</p>		

3.6	Equipment used is in accordance with assessed needs, suitable for its purpose, suitably cleaned and maintained and used correctly.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None Required</li> </ul>		
<b>Observed Evidence</b>		
<p>Robust evidence was gathered and assessed relating to this standard during the</p>		

annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.

**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.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"><li>• None Required</li></ul>		
<b>Observed Evidence</b>		
Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.		

4.2	Structured supervision (6 times per year) and appraisal arrangements are in place for staff.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"><li>• None Required</li></ul>		
<b>Observed Evidence</b>		
Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.		

4.3	Staffing levels for the service are determined and deployed according to people's assessed needs.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"><li>• None Required</li></ul>		
<b>Observed Evidence</b>		

Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.

4.4	Staff have been recruited using robust processes to ensure the safety of service users and ability to meet their needs.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None Required</li> </ul>		
<b>Observed Evidence</b>		
<p>Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.</p>		

**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.

5.1	Care, support and/or treatment are coordinated, when the provider responsibility is shared, involves other professionals or transferred to one or more services, teams or agencies.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"><li>• None Required</li></ul>		
<b>Observed Evidence</b>		
Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.		

5.2	The service is registered for the appropriate regulated activities and managed by an experienced, suitably qualified manager who is registered with CQC and clinical lead, where relevant.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"><li>• None Required</li></ul>		
<b>Observed Evidence</b>		
Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.		

5.3	There is an effective system for identifying, receiving, handling and responding to and learning from complaints.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None Required</li> </ul>		
<b>Observed Evidence</b>		
<p>Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.</p>		

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
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None Required</li> </ul>		
<b>Observed Evidence</b>		
<p>Robust evidence was gathered and assessed relating to this standard during the annual audit process for 2014/15. Our judgement was that the standard was clearly met. We have received no evidence or intelligence since to challenge this judgement and therefore it has not been reviewed at this visit.</p>		

<b>Recommendations from previous audit</b>
<b>Standard One</b>
<ul style="list-style-type: none"> <li>• No recommendations given.</li> </ul>
<b>Standard Two</b>
<ul style="list-style-type: none"> <li>• No recommendations given.</li> </ul>
<b>Standard Three</b>
<ul style="list-style-type: none"> <li>• Ensure all medication that is administered is signed for. <b>Completed.</b></li> <li>• Ensure all handwritten MAR charts contain two signatures. <b>Not completed.</b></li> </ul>
<b>Standard Four</b>
<ul style="list-style-type: none"> <li>• No recommendations given.</li> </ul>
<b>Standard Five</b>
<ul style="list-style-type: none"> <li>• No recommendations given.</li> </ul>

## Glossary of Terms

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

<b>Term</b>	<b>Explanation</b>
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.