

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

La Marsh

9 Crowlands, Cottenham, Cambridge, CB24 8TE

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services



Met this standard

Care and welfare of people who use services



Met this standard

Requirements relating to workers



Met this standard

Assessing and monitoring the quality of service provision



Met this standard

Complaints



Met this standard

Details about this location

Registered Provider	Caretech Community Services (No 2) Limited
Registered Manager	Mrs. Judith Bond
Overview of the service	La Marsh provides accommodation and support for up to six people with physical and learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our inspection of La Marsh on 19 December 2013, we found that people who lived there were involved in setting their own personal goals and in planning how their care needs were met. One person we spoke with told us: "This is my home. They look after me".

We found that care records were current and reflected the needs of people who lived in the home.

The provider had a recruitment procedure in place to ensure that staff employed were suitable to work for the provider.

There were systems in place to check that people were satisfied with the care and support they received and regular audits in place to monitor the quality of the services provided.

There was an effective system in place to deal with any complaints or concerns people who lived in the home or their relatives might raise.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During our inspection on 19 December 2013 we looked at two people's care records. These records gave detailed information for staff about people's care and support needs and included their personal goals along with the action needed in order to achieve them.

We saw that people were involved in developing their own plan and this ensured that they received their care in the way they liked. The care records we saw were based around people's needs and what they wanted to do.

The atmosphere at the home was welcoming and friendly. Four people currently lived in the home and on the day of our inspection, two people were out attending a local day centre and two people were at home. We sat and spoke with one person and they told us how they: "Loved living in the home". We talked about their day to day life in the home, about their relationship with the staff and how involved their family were in their care and how they visited every weekend. They also told us how they chose what activities they took part in.

We looked at people's bedrooms which were personalised and very homely and saw that the home had been decorated in readiness for Christmas.

People who lived there were involved in the way their care was planned and staff promoted their independence as much as possible. Weekly menu planning meetings took place so that people were able to sit down with staff and plan their meals and shopping trips. We saw evidence in people's care records that people were given a choice about what food they wanted.

Overall, people's needs were respected and they were fully involved in decisions taken about their care. There was a person-centred approach taken when staff supported people.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at two people's care records during our inspection. We found that the records gave detailed guidance to staff so that they could offer consistent care that met the person's needs. A wide range of information was recorded which reflected people's physical needs as well as their emotional needs. This included how people liked to be supported with their personal care, their daily routine for getting up in the morning and going to bed at night, communication needs, eating and drinking and managing challenging behaviour.

These records had had an annual review and had last been reviewed in December 2012. We spoke with the manager who informed us that these would be reviewed in January 2014. They would be updated with new information where indicated. This would ensure that staff had the correct up to date information available which would allow them to deliver care and support to people which was appropriate.

Staff completed a monthly summary for each person who lived in the home which contained information which included, activities undertaken, appointments attended and any changes in a person's general health.

The care records we looked at contained assessments of any risks that had been identified, both to the person who received the service and to staff. Risk management plans had been put in place so that people and staff remained as safe as possible. These included risk assessments for management of medicines, moving and handling and a personal fire evacuation plan. These had all been reviewed and were in date.

We also saw that annual reviews took place with the person about their care and support needs and their general health. These reviews were conducted by a multi-disciplinary team which included, for example, a GP, a psychologist and a speech and language therapist. This meant a holistic approach was taken when reviewing and planning people's care.

We spoke with the manager and observed a member of staff who was assisting two people who lived in the home and it was evident that they understood the needs of people

using the service and were able to respond quickly to changes in people's physical and mental wellbeing.

Detailed records were in place about visits from or to healthcare professionals, which included GPs, chiropodists, opticians, dentists and learning disability specialist staff. This demonstrated people were supported to access a range of healthcare professionals which ensured their general wellbeing was maintained.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We checked the personnel files of four members of staff. Each contained an application form, two suitable references, proof of their identity and a criminal records check to ensure they were suitable to be employed to work with vulnerable people. A record of their interview had been kept with a note of the answers given.

All staff had completed an induction which covered all the basic skills needed for their role which included how to move people safely; medication; food hygiene, first aid and protecting people from harm. Staff then spent time 'shadowing' an experienced member of the team before they worked alone.

We spoke with the manager who informed us that they currently had several vacancies and that they were in the process of recruiting to these posts. They were using agency staff to supplement the staffing numbers, however, they tried to have the same staff to ensure continuity in care for people who lived in the home. We were told that the manager was currently part of the staffing numbers on duty and was working clinically each week and that this would continue until further staff were recruited.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

During our inspection we saw records that demonstrated that regular checks had been undertaken which ensured that the provider monitored and assessed the quality of the service it provided to people.

We saw records which confirmed that audits were undertaken of medication administration charts, infection control and health and safety checks on the property. We saw that there was a fridge and freezer monitoring log book in the kitchen which staff completed on a daily basis. This ensured that the temperatures were checked for any fluctuations and that food was kept at the correct temperature to ensure it was safe for people to eat.

We looked at a formal quality survey which had been carried out in September 2012 for people who were supported by the provider, their friends and families, staff and healthcare professionals. The results of the survey were positive about the care and support that people received. We looked at one that had been completed by a person who lived in the home which included comments about how staff helped them to make choices every day and that they felt they were treated with respect by staff. The manager told us that the next survey would be carried out in January 2014. This confirmed that the provider had a system in place to check and monitor if people were satisfied with the care they received.

People who lived in the home had regular meetings and 'talk time' with staff where they could raise any concerns or issues. Staff meetings took place on a monthly basis and this was confirmed by staff we spoke with.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

During our inspection we reviewed the local complaints policy for the home which included timescales and guidelines for responding to complaints. The manager told us that all complaints were acknowledged, fully investigated and resolved where possible.

Information on how to raise a concern was available in the reception area for people who lived in the home and for people who acted on their behalf and also in people's care plans. This information was in an easy to read format. Staff also had 'talk time' with people who they supported and this was an opportunity for people who lived in the home to raise any concerns or issues they might have.

A complaints log was available however, the manager informed us that no complaints had been received since our last inspection.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.


In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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