Inspection Report

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

Cordwainers

Chase Lane, Off Chase Road, Lindford, GU35 0RW

Date of Inspection: 04 September 2013

Date of Publication: September 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment	✖ Action needed
Care and welfare of people who use services	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Solor Care Group Limited
Overview of the service	Cordwainers provides residential care and support for eight ladies with physical and learning disabilities. The home is situated in Lindford near Bordon, Hampshire.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Cordwainers had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Staffing
- Records

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 4 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider and talked with other authorities.

What people told us and what we found

Due to the complex needs of the people living at Cordwainers they were not all able to tell us about their experiences.

We observed that staff checked with people before providing any care or support to make sure that they were happy with what was planned. Staff understood that people could withdraw their consent to care at any time and they would respect that. However we did not see any evidence of consent for certain medical procedures. There had been no consideration given to people's capacity to consent to these and no evidence that best interest decisions had been discussed or recorded.

During our visit we observed staff supporting people in a calm and patient way. We spoke with two staff who told us of the changes that had taken place recently. One of the staff told us: "We feel better now we have a manager we have less pressure." They went on to explain that they now had more time to spend supporting people.

Records were kept securely and could be located promptly when needed. During this visit we saw that people's files had recently been moved into the staff office. This meant that current information was no longer stored alongside out-dated, archived information.

We observed that people appeared happy and relaxed. They were well dressed in their own particular style. All the people's rooms were personalised and reflected their own interests, preferences and choices.

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

What we have told the provider to do

We have asked the provider to send us a report by 01 October 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Consent to care and treatment ✖ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

Staff asked people's permission before providing care and understood that people could withdraw their consent at any time. However the provider had not acted in accordance with legal requirements when people did not have the capacity to consent.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

During our visit we spoke with three people who used the service. Due to the complex needs of these people they were not all able to tell us about their experiences relating to this standard.

We observed that staff checked with people before providing any care or support to make sure that they were happy with what was planned. We observed that staff were able to understand and acknowledged people's wishes, for example, one person communicated that they wanted to move to another room to listen to music. Staff supported them to play the tracks of their choice.

During our visit we spoke with two staff, the manager and the operations manager. These staff had some understanding of the issues relating to the Mental Capacity Act 2005 (MCA). Staff told us that they were able to communicate with people in order to gain their consent for day to day care, support or activities. They understood that people could withdraw their consent to care at any time and they would respect that.

We looked at five people's records. Three people's health care records contained details of medical interventions they had experienced at the service. We did not see any evidence that people had given consent for these procedures. We did not see any record of best interest decisions being discussed or recorded if people had not been able to give consent. There was no reference, within the care plan or health action plan, that the Mental Capacity Act 2005 (MCA) had been used to arrive at decisions about people's care and support.

One person's health needs support plan stated: 'would need to be decided by a best interest decision'. This meant that this person's lack of capacity had been assumed. There

was no mental capacity assessment to support this statement. Another person's records contained a decision making profile, but this had not been completed. This document asked how the person liked to be given information about decisions, what was the best way to present choices, what could be done to help the person understand and the best or worst time to make decisions. This meant that although consideration had been given to the person's capacity to make decisions there was no direct reference how this might impact on consent, the use of the MCA or when best interest decisions may be needed.

Care and welfare of people who use services ✓ Met this standard

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

At our inspection of 23 January 2013 we found that people's care and support needs had not been regularly reviewed. The provider wrote and told us that each person would take part in a person centred review of their care. They also told us that all needs assessments would be reviewed to ensure they accurately reflected each person's current needs. They told us these reviews would be complete by 31 May 2013

At this inspection we found people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. During our visit we looked at the support and health records of five people. We saw that each person had taken part in a review of their care and support needs within the last 12 months. Where possible these meetings had included their care managers, family and support staff who knew the people well. This meant that staff had been able to re assess people's care needs and to ensure their needs were accurately recorded in their support plans. We saw that documents such as positioning information had been reviewed by the occupational therapist and physiotherapy assistant. This meant that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Support plans contained risk assessments and support guidelines for daily activities and for emotional and behavioural support. According to the care and support records we looked at each person was supposed to have a key worker meeting each month. A key worker is a designated staff member who assists in co-ordinating the person's care and support. The provider may find it useful to note that although people had met with their key worker these meetings had not been recorded. The provider's action plan following our inspection in January 2013 declared that these meetings would be used to review and update support plans. This meant that support plans had not been reviewed as frequently as the provider had intended.

During our visit we observed people receiving care and support which reflected the contents of their individual support plans. Staff demonstrated by their actions that they knew people well. They were able to tell us of peoples likes and dislikes. They also described to us people's health, mobility and communication needs.

We observed that people appeared happy and relaxed. They were well dressed in their

own particular style. All the people's rooms were personalised and reflected their own interests, preferences and choices.

There were arrangements in place to deal with foreseeable emergencies. Each person's support plan included a Personal Emergency Evacuation Plan (PEEP) which provided details for their emergency evacuation of the building. These had been completed in May 2013. Each person's health action plan contained a 'Hospital Passport'. This document had been completed to provide an overview of the person's needs should they need to stay in hospital. This meant that hospital staff would be better able to understand the person's complex needs.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Our inspection of 23 January 2013 found that the service was unable to respond to unexpected changing circumstances such as sickness and staff vacancies. This meant there were times when there were insufficient staff available to ensure people were able to take part in planned community activities. Insufficient staff also meant that people's care and support needs had not been reviewed and recorded. The provider wrote and told us that they would continue their on-going recruitment programme and would review rotas to ensure that a minimum of four care staff were on shift each day. The provider stated they would appoint a temporary manager until such time as a suitably qualified and experienced manager could be recruited. They told us that a full time manager would be in place by 31 July 2013.

On the day of our inspection we saw that there were four care staff on duty supported by the home's new manager. Two of the care staff supported five people to go to The Grove day centre and two care staff remained in the home to support the other three people who lived at Cordwainers.

There were enough qualified, skilled and experienced staff to meet people's needs. We looked at staff rotas for the three weeks before our visit and the following week. We saw that all shifts had operated with four or more care staff during the day and two staff during the night. The manager was available to provide extra support if necessary. We saw from rotas that the service ensured that there was always a trained first aider on duty and that there was an appropriate mix of care workers and senior care workers. This was confirmed by staff who told us that they were able to cover all the shifts. The service had not required agency staff to cover for holidays and sickness as they had bank staff who had worked for the service in the past and knew all the people well.

Staff told us that they had recently taken everybody to the theatre. Staff rotas confirmed that staffing levels had been increased to support this activity. We spoke to three people who used the service about this activity and those that could communicate indicated they were happy to have taken part.

During our visit we observed staff supporting people in a calm and patient way. We spoke with two staff who told us of the changes that had taken place recently. One of the staff told us: "We feel better now we have a manager; we have less pressure." They went on to

explain that they now had more time to spend supporting people. They also told us that if a member of staff was absent at short notice, the manager provided immediate cover. This meant people were still supported to take part in their chosen activities

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At our inspection of 23 January 2013 we found that care and support records had not been maintained and updated to reflect people's current needs. The storage of care records was such that staff, unfamiliar with the service, were at risk of referring to out of date information. The provider wrote and told us that they would renew needs assessments and health action plans. They would also remove and archive any out of date information. They told us that these improvements would be complete by 8 March 2013.

At this inspection we found records were kept securely and could be located promptly when needed. During the visit we saw that people's files had been moved into the staff office. This meant that current information was no longer stored alongside out-dated, archived information. All the care files had been reviewed and rewritten using the new corporate format.

At our last inspection each person had a person centred plan, a monthly recording book, a physiotherapy folder and a healthcare folder. We had concerns that some of the records were not up to date. At this inspection we spoke with the new manager who told us that the service had updated people's support records and the number of separate files for each person had been reduced. We saw that each person had a person centred plan (PCP), which contained their support plans. They also had a health action plan which held all their medical information and a monthly diary.

We looked at the records for five people. We found that information had been reviewed and updated since our last visit. The provider may find it useful to note that we found that relevant information was sometimes difficult to track across the files and in one case there was conflicting information in the health action plan and the PCP. We also saw that although monitoring charts had been introduced for people these had not always been completed. The manager explained that monitoring charts were not necessary for everybody but had been added to everybody's records. They said they would audit the use of monitoring charts in people's support and health records.

We spoke with two staff, the manager and the operations manager who all told us that work was continuing on record keeping within the home, especially in relation to eliminating the duplication of information.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	**Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010** **Consent to care and treatment** **How the regulation was not being met:** The provider did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care provided for them. Regulation 18

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 by 01 October 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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