Inspection Report

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

Disabilities Trust - 52 Porthcawl Green

Tattenhoe, Milton Keynes, MK4 3AL

Tel: 01908507149

Date of Inspection: 06 March 2013

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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
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Disabilities Trust
Registered Manager	Mrs. Christine Why
Overview of the service	Porthawl Green provides 24 hour care and support for a maximum of three adults with a learning disability. The house is located in a residential area in Tattenhoe, Milton Keynes.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 6 March 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

People who use the service were given appropriate information and support regarding their support and care. People expressed their views and were involved in making decisions about their care and treatment. Their interests and particular needs had been taken into account and changes made to the delivery of care where appropriate. Appropriate communication techniques were identified and used to enable people with limited verbal and written communication skills to be involved with their care as much or as little as they wanted.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Assessments of need, care plans were up to date and comprehensive. Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

There were enough qualified, skilled and experienced staff to meet people's needs. People using the service told us that they got on well with staff and could talk to them. Staff had received a wide range of training during the last year.

There was an effective system to regularly assess and monitor the quality of service that people receive. A programme of regular audits was undertaken with action taken to remedy any areas for improvement.

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 privacy, dignity and independence were respected. 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

People who use the service were given appropriate information and support regarding their support and care. Easy read and pictorial information on the home and the types of support offered was available to people who used the service. Pictures of staff on duty were on the noticeboard along with any important information such as activities taking place.

People expressed their views and were involved in making decisions about their care and treatment. We looked at the care plans and assessments for the two people living in the home. These showed that both people had been involved in developing and planning their care and support. Their interests and particular needs had been taken into account and changes made to the delivery of care where appropriate. For example one person is now supported to go bowling instead of swimming due to changes in their personal preferences. We saw some examples of how people had been involved in decisions about daily living. One example was when people had been involved in choosing their own weekly menus and preparation of meals.

Appropriate communication techniques were identified and used to enable people with limited verbal and written communication skills to be involved with their care as much or as little as they wanted. .A communication profile was used for both people using the service that had been developed with their involvement.

People's diversity, values and human rights were respected. Each person using the service had a key to their room and each care plan included information on the way in which the person wanted staff to enter their room. We observed that staff spoke with people using the service in a respectful and dignified manner.

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.

People experienced care and support that met their needs.

Reasons for our judgement

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. We reviewed the care plans and assessments for the two people living in the home. The assessments of need and care plans were up to date, considered all aspects of the person's circumstances and were centred on them as an individual. The care plans were regularly updated and comprehensive. Clear and detailed information was given on how to provide care so that all carers could give consistent and the most effective care. For example the giving of personal care was broken down into detailed different tasks and given in the order the person most liked to receive care.

Easy read and pictorial health action plans that covered all aspects of the person's health needs had been completed with the two people using the service. These had been developed with input from other health and care professionals working with the people using the service. For example one plan gave clear information on how to manage the person's diabetes including how the person concerned wanted to be supported in self care.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. Potential areas of risk had been identified for each person using the service and plans to manage these risks had been developed and were being updated again when we visited. Some plans involved other agencies. For example the positive physical intervention plan for one person who had challenging behaviour had been developed with a multi professional team.

Daily progress notes had been completed for all people living at the home. The notes included when support had been given, what activities the person had participated in and people's behaviours at particular times. Monthly keyworker reports on progress for people using the service informed reviews of care plans and risk assessments.

People using the service told us the care and support provided at the home was good and that they got on well with staff who were helpful and listened to them.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People using the service told us they felt safe and said they could talk to a member of staff if they had any concerns.

The Disabilities Trust's policy and procedure on safeguarding vulnerable adults (SOVA) at risk (November 2011) was available for anyone in the home. Contact details of the local SOVA team were clearly displayed on the information board.

A staff training record showed that all staff had received SOVA training within the last year. We were told that training is either provided through a quality assurance person from the Disabilities Trust or from Milton Keynes Council. Three staff that we spoke with told us they had attended SOVA training and showed a good understanding and experience of what action they would take should a safeguarding event occur.

A SOVA/notification file was available with details of recent incidents. There had been no recent SOVA notifications.

We saw documentation confirming all the three people living in the home had financial capacity assessments completed. Capacity assessments had also been carried out for both people using the service consenting to take medication. A deprivation of liberty safeguards indicator tool had been completed for both people using the service to ensure any deprivation of liberty was authorised and/or agreed at a best interests decision meeting.

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

People using the service told us that they got on well with staff and could talk to them. One person told us "they always help me" and glowingly described the birthday party staff had organised for him recently.

Staff told us that they thought there were sufficient staff and that should additional staff be required they could be sourced through the Disabilities Trust bank service. They told us this happens rarely as they are fully staffed. The manager confirmed two staff work on each shift, with one person working at night and another member of staff sleeping in at the home. An additional member of staff was allocated to work at night as a result of one person using the service being regularly awake in the night and sometimes showing agitated behaviour. The home has eight permanent staff and no vacancies. .

We saw staff performance and support mechanisms in place, including induction. Staff told us they had regular supervision and they found this helpful. They also told us that they have very regular informal supervision and that members of staff give valued peer supervision and support to each other.

A staff training record showed that all staff had received a wide range of training during the last year. This included autism awareness, medication, person centred approach and effective communication. Some equine facilitated training had been delivered for some staff during the last year and more was planned for 2013.

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.The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The Disabilities Trust has an audit index that is used by the home. A programme of regular audits was undertaken with action taken to remedy any areas for improvement. Regular audits include: medication, service user files, nutrition and participation. Monthly and yearly health and safety checks had taken place, for example: gas and electric at the home and daily monitoring of fridge temperatures and food.

A monthly visit had been made to the home by a senior member of the Disabilities Trust. The last visit had been on the 31st February 2013 and the visitor had, as examples, spoken to people using the service, reviewed staff files/supervision and service user files. Actions identified from previous visits were followed up and progress noted.

The complaints policy and how to give a compliment was available for people who used the service and visitors. An easy read and pictorial version was also available. There had been one recent complaint from a neighbour of the home regarding parking. This had been investigated, discussed with the complainant and a response sent. .

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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

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