Inspection Report

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

Clements House

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Tel: 01243869004

Date of Inspection: 29 January 2013

Date of Publication: March 2013

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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Allied Care (Mental Health) Limited
Registered Manager	Ms. Alison Middleton
Overview of the service	The home provides support and accommodation for up to seven people with mental health needs, older people, people who misuse drugs and alcohol, people with an eating disorder, physical disability, sensory impairment
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 29 January 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People using the service told us that they were happy with the care and support being provided by the home.
Comments included. "This is a good place to live. I don't have to walk upstairs and the staff are really nice to us."

For each person living in the home there was a detailed plan of care in place that included people's individual needs and wishes and also included both physical and emotional healthcare needs.

The home's staff worked with a variety of health care professional including learning disability and mental health teams. We were shown evidence that advocates and specialist consultants were used where appropriate.

People were protected from risk of abuse or harm by there being safeguarding procedures in place and by staff knowing how to use them.

Evidence we saw showed that people were supported by an experienced and well trained staff team.
Comments included. "I live here now and it's a lovely place. I like the garden and having a cat. We get help from staff and when I am having a bad day, they help pick me up. They encourage me a lot."
A regular cycle of quality audits was undertaken to ensure that the home was kept under review. Records showed us that people using the service and their families were consulted.

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

From talking with people using the service and our examination of records, we found that people were involved in choices about their lives and they told us that their opinions were respected.

The company had a placement's team that supported people during the pre-admission assessment process up to moving into the home. Records showed us that there was a comprehensive assessment process carried out. People told us that they and their families had been involved.

We were told that compatibility was very important to the safety and wellbeing of people. We were told that multi-disciplinary meetings were held to ensure that new individuals moving into the home were suitable. There was a phased introduction to the home. Records for one person showed us that they had been able to visit the home for a meal and then for a week-end stay, prior to making a choice about moving in. Minutes from service user meetings showed us that the other people living in the home had been informed prior to the visits and we saw that their views and opinions had been listened to and recorded.

People had their individual needs and wishes recorded in a Person Centred Plan of care. Our inspection of three care plans showed us that they were regularly reviewed and updated with the involvement of the person they related to.

People told us that they had monthly meetings with a key worker where they were encouraged to make their needs and feelings known. We saw that the meetings were recorded. In addition people were able to attend a monthly service user meeting. Minutes of the last meeting were pinned on the notice board for reference. The notes showed us that people had the opportunity to discuss how the home is run, what meals they liked and which outings and activities they wished to attend. We saw that house rules and roles and responsibilities were also discussed.

People told us that they were able to access a variety of social and educational activities including local colleges, attending church and visits to family and friends. One person told us that they were a volunteer for a local charity.

Staff on duty were seen to treat people with dignity and respect, we observed them knocking on doors before entering people's rooms and calmly explaining and supporting people with household chores. We observed one person going to the freezer and choosing what they wanted to eat for lunch. Staff then supported the person to prepare and cook the meal.

Each person living in the home had been given a copy of the service user guide. This clearly explained people's rights and responsibilities and what support they could expect from the staff team.

From speaking with staff we found that they had received training in areas such as deprivation of liberties and mental capacity training. The acting manager told us that the people living in the home were very independent and accessed the community when and how they wished. The manager said it was therefore important that the home supported people's independence while ensuring risks to their safety were carefully managed.

Where people had identified risks, for example risks to them managing their own money, we saw that meetings had been held with relevant agencies to ensure the person's best interests were upheld.

Examination of records showed us that people's life choices were recorded and respected. This included choice of religion, end of life wishes and sexuality. This information showed us that people's diversity, values and human rights were respected.

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, treatment and support that met their needs and protected their rights.

Reasons for our judgement

For each person living in the home there was a detailed plan of care that was regularly reviewed and updated.

The care plans covered all areas of people's lives including physical and mental healthcare needs, risk assessments, social and educational choices, nutritional and medication assessments.

We looked at the plans for three people and saw that these had recently been reviewed and updated to reflect changes to care or to people's needs and choices. Changes to the plans had been agreed and signed by the person it related to. The information provided in the care plans enabled staff to carry out their duties safely and in accordance with the needs of each individual. Three staff that spoke with us told us how they were made aware of changes to care plans at shift handover and staff meetings.

Care and treatment was carried out and delivered in a way that ensured people's safety and welfare. For example detailed risk assessments were in place to ensure the safety and wellbeing of people and these included areas such as sexual vulnerability, risk of absconding, safety in the community and behavioural plans. One person had assessed mobility needs. We saw there was a falls risk assessment in place; they had a ground floor room and equipment to aid them when walking. From looking at the risk assessments we saw that they were reviewed every three months and were also agreed with people's care managers or family members if relevant.
Comments from a family member included. "Staff talking to me (as mum and carer) is an asset and time has been made to do this. I can telephone at any time without feeling a nuisance."

From talking to people and our examination of care records we saw that a variety of healthcare professional were involved with people and this included local doctors, mental healthcare teams and psychiatric services. People told us that they regularly saw their GP and visited a dentist and optician. For some people we saw that specialist mental health services had regular involvement. This meant that people were supported to have access to and received appropriate expert advice in relation to their care needs.

Records showed us that people's changing healthcare needs were recorded and acted upon. An example of this was that one person had recently become unwell and had been admitted to hospital. The person was being re-introduced to the home in an assessed and monitored way by spending the day in the home and going to the hospital at night. Daily notes showed that the visits were recorded in detail and the home was liaising with the hospital in order to support the person in a safe, phased return. The person told us that they were happy with the plan and said that they were looking forward to fully returning home.

From speaking with people and looking at records we saw that the home supported people to access a wide range of activities, educational opportunities and community involvement. These included local colleges, swimming, cinema, gardening, cooking and day care opportunities.

One person told us. "We get lovely food and I help with the housework and cooking. I wasn't allowed in the kitchen where I lived before. I go to a knitting group and on the bus to see my family. I go to two different churches and like to go shopping. The staff are really nice and I have my own things in my room".

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

There was a safeguarding policy and procedure in place and we saw that the local multi-agency policy was displayed on the notice board for staff reference. We were told that there was also an 'easy read' version available for people using the service should it be required. Minutes of meeting that we saw showed us that safeguarding issues were also discussed and recorded at service user meetings. This showed us that people and the staff supporting them had easily accessible information and telephone numbers should they need to report a suspected abuse or concern.

From talking with staff we found that they had attended regular safeguarding training. Training records that we examined confirmed this. Staff also received training in equal opportunities and mental capacity. Three staff who spoke with us demonstrated that they had knowledge of the process to follow and gave us examples of when it would be appropriate to report concerns.

Staff told us that they were aware of the whistle blowing policy and said they would not hesitate to report any suspected abuse or neglect to people. On staff member said. "If you do not report concerns, you are as guilty as the person carrying out the abuse."

There were policies and procedures in place regarding keeping people safe within the home. An example of this was safety of people's monies. From observation, looking at records and speaking to people, we saw that there was a clear and detailed process in place. Money was safely stored, receipts gained and individual transactions recorded. There were daily checks undertaken at shift handovers.

Three people that we spoke with told us that they managed their own money. We saw that this choice was respected, recorded in care plans and risk assessed. Regular unannounced audit checks were carried out by the company. These procedures meant that people using the service could be confident that they would be kept safe.

The acting manager told us that where people were deemed not to be able to make informed decisions about some areas of their lives, multidisciplinary meeting were held in order to ensure that people's best interests were upheld.

We were told that no recent deprivation of liberties referrals had been made by the home and no restraint plans were in place.

People said that they felt safe living in the home. They told us they would feel comfortable making a complaint or voicing concerns.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

From our examination of records and speaking to staff, we found that people are being cared for by an experienced and well supported staff team.
Staff received training appropriate to the people they were supporting. In addition to regular updates in mandatory training we saw that this included areas such as epilepsy, Aspergers, substance abuse, sexual offending, diabetes and self harming awareness.

Staff were encouraged and supported to gain formal qualifications. Of four staff who spoke with us, three held the National Vocational Qualification (NVQ) in care. The other person was undertaking the award. Training records that we examined confirmed this.

Records showed that new staff received a comprehensive induction programme that complied with the Skills for Care common induction standards. A staff member who had recently joined the team confirmed that they had undertaken the induction process. They told us that they had been given time to read policies and procedures and had become familiar with care plans and risk assessments before beginning to work with people using the service.

Staff that we spoke with were knowledgeable about the people they were supporting. We observed them carrying out tasks in an unhurried, calm and friendly manner. There was a good rapport between staff and people living in the home. People's choices and changing needs were respected by staff. An example of this was that staff were able to demonstrate how they had worked with people's changing mental healthcare needs by being aware of and responding to small changes in habits and behaviour.

Examination of records showed us that staff received regular monthly supervision and annual appraisals. Staff told us that the acting manager was very approachable and accessible. They felt very well supported.
We asked how staff were supported when dealing with unexpected adverse events. An example of this was dealing with difficult or aggressive behaviours. Staff told us that incidents were reported to the manager or deputy and recorded. Staff said they were given an opportunity to de-brief and were offered support by the management team.

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.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Reasons for our judgement

There were processes in place that ensured that the quality of the service being provided was regularly assessed and monitored.

Examination of records showed us that the manager carried out and recorded weekly and monthly audits checks. There was an organisational cycle of audit and review in place. These were carried out by unannounced visits undertaken by the quality audit department of the company. We saw records of the audits that included medication, fire, care plans, risk assessment and people's money management. During the visit there was an audit being undertaken by the company in order to re-assess and update the home's emergency plan.

Where areas for improvement or change had been identified, we saw that action plans were written and these were kept under review by the audit team.

Records that we examined showed us that the home was responsive to dealing with accidents and incidents. Examples of this included actions to be taken in the event of a missing person or emergency admission to hospital.

We saw that each person living in the home had a copy of the Service User Guide and people told us that they felt able to challenge the quality of the service being provided. There was a service user forum in place. Minutes from the last meeting included a section entitled, 'is your voice being heard?'

An emergency plan was in place regarding unforeseen adverse events. This included a 'disaster plan' for use in the event of the home becoming uninhabitable. We saw that there were telephone numbers and contact names for staff reference. Alternative accommodation had been identified and agreed with a local hotel.

An annual survey was carried out by the company. Questionnaires were sent to people using the service, families, advocates, staff and other professionals involved in peoples' care. We saw that outcomes from the audits were collated and published.

Outcomes from the last quality check in 2012 were positive. Comments we saw from families included. "Staff are very nice with a welcoming cup of tea when I visit. My relative is happy and has not said a bad word about the home."
A professional who visited the home wrote. "Staff are always friendly and helpful. They have a good rapport with clients and have a creative approach."

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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