Inspection Report

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

Maitland Terrace

39-40 Maitland Terrace, Newbiggin-by-the-sea, NE64 6UR

Tel: 01670812714

Date of Inspection: 20 December 2012

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

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

Details about this location

Registered Provider	Community Integrated Care
Registered Manager	Mrs. Maureen Mason
Overview of the service	Maitland Terrace is a purpose built bungalow complex which provides places for up to seven people with learning disabilities who need care and support.
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 20 December 2012, 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 represent the interests of people who use services, talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

People using the service had complex needs which meant they were not able to tell us about their experiences.

We saw people were relaxed and engaged well with staff. One staff member said, "We have to remember that this is their home and we are just visiting." We established there was a lack of independent advocacy for people in meetings and no specific plans detailing how people's rights were respected. We concluded there was a risk people may receive care or treatment they or their representatives had not consented to.

We established people in the home had comprehensive assessments of need and risk. Staff had developed memory boxes which contained photographs of events encouraging people to think about their lives. We found that care was delivered in a way to meet individual's needs.

We saw medicines were kept securely and signatures were in place to indicate a medicine had been given. We found people were protected against unsafe administration of medicines.

The staff rota confirmed four staff on duty in the mornings and three in an afternoon. We established there was a mix of carers and senior carers on duty across the week. We concluded there were sufficient numbers of skilled, qualified and experienced staff on duty at all times.

We saw the home had a written complaints procedure that detailed the process to be followed in the event of a complaint. This indicated that complaints should be documented, investigated and responded to within a set timescale.

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 19 February 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.

Before people received any care or treatment they were not always asked for their consent and the provider was unable to demonstrate they always acted in accordance with their wishes.

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

Three people who lived at the home were there on the day we visited. We saw they were relaxed and engaged well with staff. We observed people were asked for their opinion and about what they wanted to do and the provider acted in accordance with their wishes. For example, people were offered a choice of what they wanted to drink and the carer responded to their indications. One staff member told us, "You learn what people's responses are. You know by how they respond what they do and don't like." Another staff member said, "We have to remember that this is their home and we are just visiting."

We examined three files of people who used the service. We saw people had detailed care plans and risk assessments which covered a range of care aspects. We noted, however, these plans were not signed by the person concerned, or their next of kin, to indicate they had agreed to the care being given. We spoke to the manager and the care manager involved with all seven people in the service. They told us that only one person's relatives were actively involved in their care. This meant that other people's relatives would not normally give consent or sign care plans. They informed us that when decisions had to be made best interest meetings were held between the care staff and the care manager. We saw records of these meetings. The manager told us only in exceptional circumstances would the person's consultant or general practitioner be involved in these meetings.

The manager told us they did not currently use advocates within the service. An advocate is someone who represents people's views about what they want and need when they are unable to do so themselves. The manager told us they had previously used advocates to support users of the service but found they would only attend meetings for major decisions.

We established there was no independent representative to advocate for people who used the service in meetings or care plan reviews. We also noted there were no specific care

plans in place detailing how decisions were made and how people's rights were protected. We concluded that existing arrangements to obtain valid consent and monitor best interest decisions were insufficient.

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

People using the service had complex needs which meant they were not able to tell us about their experiences.

We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw people in the home looked well cared for and were wearing clean clothes.

We established people in the home had comprehensive assessments of their needs. We found risk assessments had been undertaken and people had detailed care plans. These covered a range of areas including food and fluid intake, skin care and moving and handling plans. We saw each person had their own individual hoist to take account of their particular needs. We noted advice had been taken from other professionals, where necessary. For example, one person had recently been assessed by a physiotherapist and had regular stretching exercises that staff helped them perform. This meant the provider was helping people manage their health.

We saw care plans were reviewed every six months, or when significant changes occurred, and that these reviews involved a person's care manager. The provider may wish to note that in care plan updates there was regular use of the phrase "no change", which is unspecific and does not reflect in detail how the individual's care plan has been reviewed.

Staff told us, and records confirmed that people in the home had regular appointments with the dentist, optician and the chiropodist. We saw there was regular involvement by people's general practitioners. We concluded that people using the service had access to a range of care to help maintain and improve their wellbeing.

Detailed plans were in place to deal with particular aspects of care. For example, how staff should respond to emergencies and for the evacuation of individuals from the building. We saw these comprehensive plans were written in the care record so all staff could be sure of taking the correct action. We noted files contained an information passport. This maintained all the relevant information required should someone have to attend hospital. This meant that staff in other services would have detailed information about the person easily available. We concluded there were effective arrangements in place to deal with

foreseeable emergencies.

We saw staff had developed memory boxes which contained photographs of events such as trips out and parties. These encouraged people to think about and remember where they had visited and what they had done. There were also photographs on display and evidence of trips to the theatre. Four people were away on the day we visited attending day centres or out for lunch. Staff told us that an aromatherapist and a music therapist visited the service on a weekly basis. This indicated people's social and mental wellbeing was being promoted.

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

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining and storage of medicines. We saw all the medicines in the home were kept in a locked cupboard in the office area. We noted there was a separate locked cupboard to store creams and lotions.

Medicines were ordered on a regular basis from a local pharmacy and were supplied to the home in dosette boxes. This is a method of delivering medicines to services where tablets are pre-packed by the pharmacy.

We noted signatures were in place to indicate a medicine had been given and that there were no gaps in these records. We also saw there were plans in place to deal with medicines taken occasionally or 'as necessary' and for homely medicines. These are medicines that can be bought over the counter. We noted one person was given their medication covertly with food. We saw that there was a plan covering this matter and written confirmation from a doctor that this was allowable.

We saw that where prescriptions had been hand written on to the medicine administration record there were two signatures confirming the details were correct. We confirmed there were daily audits of the medication and the recording systems. This meant that plans were in place to reduce the risk of errors and mistakes when giving medicines.

We verified staff working in the home had completed a medicine administration course and saw copies of the certificates confirming this.

We concluded appropriate arrangements were in place in relation to the recording of medicines and they were given to people correctly.

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

There were three people at the home on the day we visited, with two staff on duty. Additional staff were out with people who were attending other services and events elsewhere. We looked at the staff rota and confirmed there were usually four staff on duty in the mornings and three in an afternoon. We also established that there was a mix of care workers and senior staff on duty across the week.

We noted that, at times, staff were supernumerary to allow them to manage the service. We saw shift patterns were designed to ensure that more staff were available at key times of the day. For example, one staff member working on the late shift stayed until 11.00 pm to help people retire to bed. Staff told us that they felt there were enough staff on duty.

We noted the night rota showed there was one waking staff member and one person who slept on the premises. Staff told us that although they were on 'sleep in' duties they regularly got up to help with hoisting and care for people. One staff member told us, "Yes, we are often woken during the night, but that is what we are here for. We are here to help the residents."

We concluded there were enough qualified, skilled and experienced staff to meet people's needs.

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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We saw the home had a written complaints procedure that detailed the process to be followed in the event of a complaint. This indicated that complaints should be documented, investigated and responded to within a set timescale.

We noted no complaints had been received by the home, to date, in 2012. Staff told us that due to the small size of the home many issues were resolved on an informal basis. We noted the recent introduction of a book to record comments and compliments to help detail these more informal issues.

We saw there were pictorial copies of the complaints procedure in people's files that had been given to them when they first came to the service.

We viewed copies of minutes from residents' meetings. These showed that a range of matters were discussed and people able to could comment or raise issues about how the service was run. For example, one person had suggested more trips out. We saw that these suggestions had been acted upon.

We concluded people were made aware of the complaints system and this was provided in a format that met their needs.

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 activity	Regulation
Accommodation for persons who require nursing or personal care	**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 care and treatment provided for them. Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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 19 February 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 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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