Inspection Report

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

The Limes

Beverley Close, Basingstoke, RG22 4BT

Tel: 01256363451

Date of Inspection: 16 October 2012

Date of Publication: November 2012

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Bliss Residential Care Limited
Registered Managers	Mrs. Tracy Clare Mrs. Tracy Ann Clare
Overview of the service	The Limes is a residential home for people with a learning disability. The property is a detached house in a residential area of Basingstoke, The Limes can accommodate up to five residents.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 October 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We were welcomed into the house by one of the residents. Three people showed us their rooms which they told us they liked. We saw that they were full of personal items. At the time of our visit the house was undergoing redecoration to the communal areas. The people who lived in the house had been involved in choosing the décor and had each chosen the colour of a room.

The people who live in the Limes have complex needs and as such were not able to talk to us about all aspects of their care. They were spoken to with dignity and respect and were actively encouraged to make choices about their care and their activities. There was lots going on at the time of our visit and the people told us about the activities they were participating in that day.

People's needs had been assessed and support was provided in line with their individual requirements. This was clearly recorded in their support plan. Medicines were given safely and in accordance with policy and training.

Staff were supported and encouraged to undertake further training. We spoke with three staff who told us that they felt management were "approachable and supportive" and had an "open door policy". They also said that they were confident that any issues would be dealt with appropriately.

People knew how to make a complaint and the manager had arranged a system to make it easier for people who live in The Limes to raise issues. These were dealt with promptly and appropriately.

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

Consent to care and treatment ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We observed staff interacting with the people who lived in the house in a positive way. People were involved in what was going on in the house and continually given choices. We asked to observe a person being supported to take their lunch time medication. The process was explained to them and the staff member waited for them to consent before continuing.

We looked at three care plans and saw that they had been written in a person centred way. The individual had helped to write the support plan and had, where possible, signed it. Each section had identified the risks involved, objectives of support and how to achieve the support. There were relevant risk assessments for each support plan. One of the people living in the home was diabetic. We followed their plan for supporting them to maintain their insulin and glucose levels in a healthy range. There was clear guidance for staff on how to do this and what to do if the person refused to inject their medication. There was also an up to date risk assessment for this support. The plan and risk assessment evidenced that the person had been involved in deciding how this support would be provided and had agreed to it.

One of the plans we looked at hadn't been signed by the person it was about. However it had been noted that the person was present when it had been written, it had been explained to them and they had indicated it had been understood. Each file had a behaviour support plan. This clearly set out information for staff under the headings of 'When I do…' 'It means…' and 'You need to do….' This meant that all staff members were aware of the range of behaviours and communication displayed by each of the people living in the house and what it meant. Each section of the plan had been read by staff and they had signed to state that they had understood the information. The provider may wish to note that one of the behaviour support plans had not been reviewed since April 2011 and not all of the staff had signed each section.

Each plan referred to the capacity for people to make decisions. It was noted in the plans that the individuals were capable of making most of their 'daily life' decisions however

certain activities would require a capacity assessment and possible best interest decision. Guidance on how to do this and who needed to be involved was documented.

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

We were welcomed into the house by one of the people who lived there. The manager gave us a guided tour of the house after checking with the people who lived there that they were happy for us to walk around their house. Three people showed us their rooms and told us that they had chosen how they were decorated. We saw that they were full of personal items and things that were important to the individual.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. The support plans were clear and detailed. There was a section for each element of support the person required such as physical health, mental health, behaviour, social interaction and personal care. We saw one plan for a person who did not communicate verbally. The information in their plan was in an accessible 'easy read' format. Each plan had appropriate risk assessments which had been agreed with the individual, recently reviewed and signed by all staff to indicate they had read it.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The support plans had been written with the person it was about and described what the person could do for themselves and what they needed support to achieve. Where appropriate the plans included information from family members. The guidance for staff was clear, and detailed what support was required and how to deliver the support. The daily notes recorded what support had been given and how involved the person had been. This allowed the provider to monitor if a person was requiring increased prompting or support with tasks. This analysis was reflected in the monthly review and used to plan how best to support the person. The manager told us that not all people were involved in their formal monthly review because this had caused them increased anxiety. Instead their key worker would use one-to-one time to ensure that they talked about their support in an informal way.

The Deprivation of Liberty Safeguards (DoLS) were only used when it was considered to be in the person's best interest. One of the people living at The Limes had an approved DoLS application. This was clearly documented in their support plan and the appropriate people had been involved in the review and renewal.

There were arrangements in place to deal with foreseeable emergencies. The Limes had regular fire alarm tests and fire drills so that the people living in the house knew what to do. One person had a DoLS application and at times, when in the community, had refused

to come back to the house. The person was supported by two care staff at all times when in the community. The staff always carried a 'passport pack' for this person. This contained a copy of the approved DoLS application and why it was necessary. It also contained information about the person and their support needs. The provider told us that this had been invaluable when working with the emergency services in order to maintain the safety and welfare of the person.

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

Medicines were handled and kept appropriately. The medicines were kept in a locked cabinet in the office and people came into the office with their support worker to take their medicines. The Limes used a blister pack medication system for each individual. Medication items that were not in the blister packs were kept separately for each person and well labelled. There was information about how to safely handle and store medicines on the office wall. Items which needed to be stored at a specific temperature were held in a locked fridge. The temperature was monitored twice a day. We saw this had been done and was within the recommended range.

There was a medication file which had a section for each person. This described the person and their condition. There was useful information about common symptoms of the conditions the people had and what aspect of their condition their prescribed medication was treating. This meant that staff had an understanding of why each person required their medication and the common side effects. Records showed that staff had all received recent training in administering medication. The staff we spoke with confirmed that they were trained to administer medication and that they were confident in the process that was used.

Medicines were prescribed and given to people appropriately. Some of the residents had been prescribed PRN (taken as required) medication. There were clear protocols for the use of this medication and guidelines for staff to follow in the medication file. There was guidance to enable staff to determine at what point in the persons behaviour or condition that medication should be considered. There were clear guidelines on what processes should be employed before medication. Detail was recorded on how to obtain consent for the person to take the medication and what to do if they refused. PRN medication was kept in a separate locked cupboard and stocks were checked by two members of staff weekly. A note was made each time PRN medication was given in both the medication administration record (MAR) chart and the support plan. The provider may wish to note that although the PRN medication review had been completed regularly and was up to date in the medication file, the most recent review had not been updated in the support plan.

We saw that the MAR charts were completed correctly and that any unused medications were recorded and returned to the pharmacy for destruction. It was the responsibility of one of the staff to count all the medicines at the end of each day to ensure that the correct

number of tablets were in the boxes; the manager told us that this was most important for the medication that wasn't in the tamper proof blister packs. The provider may wish to note that this had been completed daily until recently when the person responsible had been on leave which meant that there was the possibility for some medication errors to remain undetected.

One of the people living at The Limes administered their own medication. There was a comprehensive risk assessment and clear guidelines for the person and staff to follow in order to ensure that the correct medication was given at the right time of day. It was noted in the person's key team meeting that they were pleased with being able to administer their own medication and it had made them feel more in control.

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

Staff received appropriate professional development. Staff completed an induction program on starting work at The Limes. They also had to complete mandatory training such as health and safety, safeguarding, first aid, fire safety and food hygiene. This was monitored by the manager who kept a check list of who had completed what training and when it needed to be renewed. There was a chart on the wall which the manager told us needed to be updated with the latest training completed. This showed that the majority of staff had completed most of the training. Staff we spoke with told us that they were happy with the training program and that they felt that they had sufficient training for their roles.

All staff had supervisions with either the manager or deputy manager every eight weeks where they could discuss the person they were key worker for and ideas that they had. There were also able to raise any issues. All the staff we spoke with confirmed that these took place and that they found them really useful. They also said that there was an 'open door policy' so they didn't have to wait if they needed to talk about something. All staff had an annual appraisal which took place in April. This was to talk about progress, aims and objectives and how these could be achieved. The staff we spoke with told us that these had been completed.

Staff meetings were held approximately every two months, however recently some meeting had been cancelled. We saw minutes from April's meeting which was well attended. All staff members had signed the minutes to show that they had read them. The manager also showed us that there was a signed copy in each persons file to show that they had been given the information. The next meeting had been scheduled for June and August however these had not taken place. The agenda for the next meeting, to take place at the end of October, was on the wall in the office and staff members were invited to add ideas for discussion to it.

Staff were encouraged and able to obtain further qualifications. The manager told us that the provider had a policy that all staff had to enrol on a National Vocational Qualification (NVQ) course within six months of starting their employment. The manager also told us that the NVQ assessor came to the house regularly and updated them with the progress of the staff members. This meant that the manager was kept informed of the progress of their training and was aware of strengths and weaknesses which were addressed with in house training when necessary.

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 were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system and this was provided in a format that met their needs. There was a copy of the complaints policy and service user contract in each person's care and support plan. This was in both written and 'easy read' format.

The manager told us that they had taken steps to encourage the people living at The Limes to raise issues and tell them when they were not happy. There was a post box in the hall way and cards that people could fill in and post. This was checked regularly and the comments, if negative, treated as an official complaint. The brief details, complainant, date, time and outcome were recorded in a book. The actions taken and all confidential correspondence in relation to the complaint were filed away securely. We saw that two residents had used this system to request a change which had been resolved and recorded properly.

The home had a complaints policy. When looked at an example of a complaint and saw evidence that the policy had been followed and the issue resolved to the satisfaction of the complainant.

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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