Inspection Report

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

Dalvington/The Oaks

Dalvington, 146 Lower Howsell Road, Malvern, WR14 1DL

Tel: 01886833424

Date of Inspection: 05 September 2012

Date of Publication: October 2012

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
Management of medicines	✓ Met this standard
Staffing	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	FitzRoy Support
Registered Manager	Mrs. Lisa Angela Louise Gething
Overview of the service	Dalvington/The Oaks is a service located in Malvern which provides accommodation with personal care to people who have learning disabilities, some of whom may also have physical disabilities.
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 5 September 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 carers and / or family members, talked with staff and talked with stakeholders.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

During the inspection we spoke with the relatives of five people who used the service, a visiting professional and five members of staff. We also spent some time in communal areas observing the interaction between staff and people who used the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We used SOFI to observe how people were feeling and their engagement with staff. We found that overall people had positive experiences. People who used the service appeared calm and relaxed in the environment and responded positively to interactions with support workers.

The individual needs of people were assessed and supporting plans had been developed which were reviewed regularly. But we found that there were not always sufficient numbers of suitably skilled staff available to ensure people could pursue interests outside of the service.

There were appropriate arrangements for management and administration of people's medication and people who visited the home told us that that they had no worries about the care of people who used the service. They said that they felt they were kept safe from the risk of harm.

We saw that there were arrangements for monitoring the quality of the service and people told us that they felt comfortable raising issues of concern with management if necessary.

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 07 November 2012, 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

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.

Reasons for our judgement

We were unable to speak to people who lived in the home about this standard because of their complex needs. We gathered evidence of people's experiences by carrying out observations, talking to people who visited the service and with some members of staff.

We saw that people responded positively to interactions from support workers and support workers cared for people in a way that respected their privacy and dignity.

We spoke with six people who visited the service five of whom had relatives living at the service. The people we spoke with were positive about the care people received.

Staff and visitors to the home told us that they felt people were supported to make choices wherever possible. The said that people who used the service were able to communicate to staff when they did not wish to do something.

The relative of one of the people who used the service told us about how support workers had supported the person to make choices about colour schemes in the service. During our inspection we were showed a visual design board which had been created for this purpose.

We saw that staff worked with people who used the service and specialist professionals to establish appropriate communication methods. By doing this people who used the service were enabled to express their views and make decisions about their care.

One person who visited the service spoke positively about how staff encouraged and supported people who used the service to keep in contact with their families.

We found that people who used the service or their representatives were not directly involved in the ongoing care planning process. When we spoke to the relatives of one person who used the service they told us that they were very satisfied with the care their relative received. They said they were involved in their relative's care reviews every 12 months but commented that staff did not always talk through any plans with them before making decisions about the person's care.

Other people we spoke with told us that they felt they received sufficient information about their relatives care and health care. One person told us that they did not receive routine updates about their son or daughter's care but were contacted on a "need to know basis". Another person told us that they contact the service regularly to find out about their relative's well being but staff would phone them when and if there should be a problem.

When we looked at people's care records we saw that people sometimes changed their minds about what they wished to do and that staff respected this.

Each person who lived at the service had their own private bedroom which was decorated and furnished to reflect their own individual taste.

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

When we inspected the service in July 2011 we had moderate concerns with the care and welfare of people who used the service. When we visited this time we checked to see what improvements had taken place.

We found that overall people had positive experiences. The support that we saw being given to people who used the service matched what their individual care plan said they needed.

We spoke to the relatives of five people who used the service and a visitor to the service. They all spoke positively about the care people received.

We saw that people's individual needs had been assessed and that care plans had been recorded to support those needs. The care plans we saw included details of the care and support to be given by support workers to ensure the person's needs could be met. In addition to this there were arrangements for a regular review of the person's needs.

Health action plans had been recorded for each person which detailed their current healthcare needs and we saw there were arrangements in place to deal with foreseeable emergencies.

We found that people's personal risks had been identified and that staff had a good understanding of these risks and any actions they needed to take to manage them. However the provider may find it useful to note that written information about the risks to one person who used the service was not up to date.

There were individual profiles for each person stating their likes and dislikes and reference to the important people in their lives. Additional information was included about the physical gestures they used to communicate their needs and what this may mean. The provider may wish to note that some of the documentation was not dated which meant that we could not always confirm how current it was.

There was an activities schedule recorded for each week which detailed the specific activities that each person was due to take part in each day depending on their individual needs and wishes. We saw that people engaged in a range of activities which included

activities of everyday living such as food shopping and household tasks and activities within the community such as swimming, horse riding or attending their local church service.

When we observed staff and spoke with them they showed a good understanding of people's individual needs and preferences and the support they needed from them. In the majority of cases the information they gave us matched the information we found in people's care records.

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

When we inspected the service in July 2011 we had moderate concerns with safeguarding people who use services from abuse. When we visited this time we checked to see what improvements had taken place and we looked at the arrangements for ensuring people who used the service were safeguarded against the risk of abuse.

The atmosphere in the service was very relaxed and people appeared comfortable in their environment. We spoke to the relatives of five people who used the service and a visiting professional. They told us that they had no worries about the care of people and that they felt they were kept safe from the risk of harm.

We spent some time in communal areas observing the interaction between staff and people who used the service. We saw that people who used the service had good relationships with staff and that staff appeared to know them well.

The provider had written policies on protecting vulnerable adults from abuse. Information about local safeguarding protocols and procedures for reporting suspected abuse was easily accessible for staff. In addition to this there was a whistle blowing policy. This meant that staff would be supported by the provider when raising any concerns about care practice.

All staff received training on protecting vulnerable adults from abuse. The staff we spoke with had an appropriate level of knowledge regarding safeguarding people from abuse and their roles and responsibilities whenever they should suspect abuse may have happened. This meant that staff would be able to recognise abuse if they saw it and would be enabled to report it.

Staff training included information on the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards and we found that staff that we spoke to about this had a good understanding of these processes.

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

When we inspected the service in July 2011 we had moderate concerns with the management of medicines. When we visited this time we checked to see what improvements had taken place and we looked at the arrangements for the safe handling and administration of medication.

We saw that there were appropriate arrangements for the secure storage of medication which included locked medication cabinets in some people's rooms. Regular checks were made of the room temperatures where medication was stored and of the temperature of medication fridges. This meant that medication would be stored at the appropriate temperature.

Information was available to staff about each person's medication, the reason for its use and any potential side effects. This meant that staff would have a good understanding of the individual needs of each person who used the service and when they might need medication.

During our visit we saw that one person was expressing signs of physical discomfort. Once staff had established that the person was in pain they offered them prescribed painkillers which they administered in an appropriate and safe manner.

Staff responsible for the administration of medication had received training to do so. In addition to this all of those staff were subject to supervision and competency checks every six months from the deputy managers. Records were kept of checks carried out. This meant that people who used the service would receive their medication from staff who were competent to do so.

In addition to this there were arrangements for regular medication audits to review practice and ensure policies and procedures for the safe handling and administration of medication had been followed.

Staffing ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

There were insufficient numbers of qualified and skilled staff to meet people's needs.

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

When we inspected the service in July 2011 we had moderate concerns with the staffing. When we visited this time we checked to see what improvements had taken place.

At the time of our inspection there were a total of 12 people using the service. With six people living at The Oaks and six people at Dalvington.

We spoke with six people who visited the service five of whom had relatives living at the service. Four out of the five people we spoke to told us that they felt there was usually enough staff on duty to meet people's needs . Some people said that they had seen an improvement in staffing in recent weeks but some people told us that they felt staffing at the weekends was not generally as good as in the weekdays.

When we spoke with staff who worked at the service they told us that they felt there was sufficient staff on duty but numbers were affected at times by unforeseen staff absence.

We saw that there were activities scheduled for each person which reflected their interests and preferences. A log was recorded of when any activities were cancelled. When we looked at the cancellation records for The Oaks we saw that there were a number of incidents where activities were cancelled at short notice due to staff shortages. In most cases a replacement activity was arranged which took place within the service rather than within the community.

When we spoke with staff they told us that this was often due to unforeseen staff shortages and in some cases a lack of qualified drivers on duty to drive the mini bus. This meant that people who used the service were not able to do planned activities as there were insufficient numbers of suitably qualified staff.

When we looked at the staffing rotas we saw an occasion on one weekend when there was only one member of staff on duty on one unit. We were told that this was due to unforeseen shortages and staff on the adjacent building would have been available to support if needed.

This was of particular concern as one person who lived on the unit needed two people to transfer and some people on the unit had been risk assessed as needing supervision when eating. In addition to this the staff had the added responsibilities of personal care, medication management and meal preparation which meant that staff would have been unable to ensure one person would be in communal areas to supervise people appropriately.

When we spoke with members of the management team they told us that this was an exceptional circumstance due to unforeseen staff absence. They said that they would normally have a person on call to cover the shift but they had already been needed to cover a night shift due to unforeseen absence.

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.

Reasons for our judgement

When we inspected the service in July 2011 we had moderate concerns with this outcome. When we visited this time we checked to see what improvements had taken place and we looked at the arrangements for assessing and monitoring the quality of the service.

We saw that the registered manager had arrangements for assessing and monitoring the quality of the service.

Following the last inspection to the service a system of daily and weekly checks had been introduced for deputy managers to complete. The checks covered a range of areas including staffing cover and accidents and incidents.

When we looked at the records we found an occasion where concerns had been identified about the staffing cover. We were told by staff responsible for the checks that the situation had been addressed and was now resolved. The provider may find it useful to note that there was no information on the records to show what the concerns had been and what action staff had taken.

Regular unannounced 'spot checks' were also carried out by the management team to review the service people received. We were shown records of spot checks that had been completed during night time hours. This meant that the provider was assessing the service people received at night to ensure people who used the service were cared for appropriately.

In addition to this the nominated individual for the service visited the home each month to complete a review of the service and records were kept of all visits carried out.

All three of the staff we spoke with told us that they felt confident raising any issues with the registered manager who has an 'open door' approach to management. They felt that any issues raised would be listened to and acted on if necessary.

Staff meetings were held each month with separate meetings taking place on each unit and staff told us that they were able to contribute to discussions and make suggestions for improvement if they wished. Minutes of these meetings were recorded.

We spoke with six people who visited the service five of whom had relatives living there. Most of the people we spoke with told us that although there was no specific forum for them to engage regularly with management they felt they could approach them with any concerns or suggestions they may have. One person told us that they felt members of the management team had become less visible in the service as their office was in a separate building. They said this was particularly noticeable at weekends.

We saw that there were arrangements for recording and responding to compliments and complaints about the service.

People who used the service were asked for their views about their care. Resident meetings took place on each unit once a month. Issues discussed and people's feedback were written on a flip chart and displayed in the service. We looked at the information from recent meetings and saw that they had principally discussed forthcoming events that were due to take place.

In addition to this we were told that four people who used the service were part of the organisation's service user's forum and attended meetings with other people living in other services to talk about issues that may affect them.

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 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: There were insufficient numbers of qualified and skilled staff to ensure people who used the service could be transported to scheduled activities within the community (Regulation 22).

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 07 November 2012.

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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