

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

## The Care Division - Poole

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Date of Inspections: 28 July 2014  
22 July 2014  
21 July 2014  
18 July 2014  
17 July 2014

Date of Publication:  
September 2014

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

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Meeting nutritional needs</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	The Care Division Limited
Registered Manager	Mrs Helen June Spencer
Overview of the service	The Care Division - Poole is a supported living service that provides personal care to people with learning disabilities.
Type of services	Domiciliary care service Supported living service
Regulated activity	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

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### Why we carried out this inspection

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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 announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 July 2014, 18 July 2014, 21 July 2014, 22 July 2014 and 28 July 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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One inspector carried out this inspection and the registered manager was present throughout our visits to the office. The Care Division – Poole provided a service to 57 people at the time of our inspection.

The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at. If you want to see the evidence that supports our summary please read the full report.

We considered our inspection findings to answer questions we always ask:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

This is a summary of what we found.

Is the service safe?

People's care was planned and delivered in a way that was intended to ensure their safety and welfare. For example, we saw that care plans covered people's physical health needs, including epilepsy and swallowing difficulties, and set out how staff should support them to remain safe. Although we did not observe any intimate care, we saw that people were receiving support as specified in their care plans. For example, when we arrived to visit one person, they were tilted in bed in the position that their care plan said they needed to help drain fluid from their chest. Their care notes recorded that staff had tilted them each day in accordance with their care plan.

Where people displayed behaviours that challenged others, care plans contained behaviour guidelines that set out how they behaved when they were feeling settled and happy and how their behaviour changed when they became distressed. The behaviour guidelines were set out in language that was positive about the person and gave clear instructions for how staff should respond to different types of behaviour.

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. One person told us they felt safe with their workers and that staff were careful with their property. The other people we met looked relaxed and happy with the staff who were supporting them. The five support workers we spoke with confirmed they received regular training in safeguarding vulnerable adults against abuse and were all aware of signs or issues that could indicate abuse.

Staff received the training they needed in order to perform their roles satisfactorily. We spoke with five support workers, who all confirmed that they received regular mandatory training. They said that staff from the office checked their training was up to date and called them in for any updates that were due.

Is the service effective?

People were provided with a choice of suitable and nutritious food and drink. Information was available for support workers about people's food preferences and dietary needs. People's care logs and food diaries recorded that staff had supported them to eat a range of healthy foods that were consistent with their food preferences and dietary needs. The person we spoke with told us their support workers helped them to make a menu plan every week and encouraged them to choose food they liked that was healthy.

People were supported to be able to eat and drink sufficient amounts to meet their needs. We observed that a person's support worker assisted them to sit in an upright position and supervised them while they were drinking, as their care plan specified. Another person's care plan stated that they were able to prepare snacks and cook meals with staff support to ensure their safety. The person told us they liked cooking together with their support workers.

Is the service caring?

The person we spoke with told us their support workers were kind and polite. During our visits to people, we saw that staff interacted with them in a respectful manner. Care plans gave detail about people's individual communication styles, including the gestures and facial expressions they used to indicate pleasure and displeasure.

Is the service responsive?

People's needs were assessed and care was planned and delivered in line with their individual care plan. The care plans we looked at reflected people's assessed needs and contained clear, detailed instructions so that support workers provided the help and support people needed. They were individualised, setting out details of people's daily routines and reflecting their known preferences and communication styles. Staff were familiar with people's care needs, which helped ensure that people received the support

they needed. A person told us that staff followed their care plan and that they were happy with the support they received.

There were enough staff to meet people's needs. The person we spoke with told us their support workers were "good" and said they had a regular team of staff. Records of care given for the previous three weeks for the people whose care we considered showed that people had a consistent team of support workers.

People were supported to be able to eat and drink sufficient amounts to meet their needs. Care plans set out any support people needed with preparing food and drinks and consuming them.

Is the service well-led?

The provider had an effective system to regularly assess and monitor the quality of service that people receive, and to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. There was a system in place to ensure that staff followed The Care Division - Poole policies and procedures, and staff had opportunities to give their views about the running of the service. The staff we spoke with told us they received regular supervision. Records of supervision meetings showed that staff discussed their performance in their role and had the opportunity to raise any issues that they wished. Audits were regularly undertaken to check that staff and records complied with the provider's policy and procedures. There was evidence that learning from incidents took place and appropriate changes were implemented. Incident records showed that each report had been reviewed by a senior member of staff, who had taken action where necessary. A member of staff who participated in the "on call" rota told us that the managers were "definitely" supportive if they needed to contact them.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### 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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

We considered five people's care in some depth. Their care packages meant they had support workers throughout the day; some had workers who stayed in their home overnight also. We looked at their care records and spoke with staff about their care. We met three of these people and observed how their support workers interacted with them. The other two people were unwell and were not able to meet with us. We spoke with one of people we visited about their experience of the care and support they received. The other two people did not communicate verbally. We also met another person who lived in the same house as one of the people we visited.

People's needs were assessed and care was planned and delivered in line with their individual care plan. Where people needed support workers of a particular gender, staff of the appropriate gender were provided. The care plans we looked at reflected people's assessed needs and contained clear, detailed instructions so that support workers provided the help and support people needed. They were individualised, setting out details of people's daily routines and reflecting their known preferences and communication styles. For example, one person had a severe learning disability and was not able to communicate verbally; their care plan was illustrated with pictures of the facial expressions and gestures they used to communicate what they liked and disliked. The plans had all been written and reviewed, and where necessary updated, since November 2013. One person had moved shortly before the inspection and their care plan was in the process of being updated.

People's care was also planned and delivered in a way that was intended to ensure their safety and welfare. For example, we saw that care plans covered people's physical health needs, including epilepsy and swallowing difficulties, and set out how staff should support them to remain safe. There were specialist swallowing assessments and guidelines from speech and language therapists for the two individuals whose care we considered who had swallowing difficulties. Care plans also specified any moving and handling assistance and equipment that people needed. Although we did not observe any intimate care, we

saw that people were receiving support as specified in their care plans. For example, when we arrived to visit one person, they were tilted in bed in the position that their care plan said they needed in order to help drain fluid from their chest. Their care notes recorded that staff had tilted them each day in accordance with their care plan. Records of care given showed that staff had followed epilepsy guidelines from people's health professionals, such as calling emergency services for particular types of seizures if they lasted longer than the time set out in their care plans.

Three people whose care we considered sometimes displayed behaviours that challenged others. Their care plans contained behaviour guidelines that set out how they behaved when they were feeling settled and happy and how their behaviour changed when they became distressed. The behaviour guidelines were set out in language that was positive about the person and gave clear instructions for how staff should respond to different types of behaviour.

Staff were familiar with people's care needs, which helped ensure that people received the support they needed. The person we spoke with told us they had a regular team of staff who followed their care plan. They said they were happy with the support they received. The staff we spoke with told us they found care plans clear. One commented, "If we're in any doubt we'll phone up The Care Division for assistance." The records of care given for all five people showed they had teams of care workers who regularly supported them.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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People were provided with a choice of suitable and nutritious food and drink. Information was available for support workers about people's food preferences and dietary needs. This was included in the care plans for all five people whose care we considered. Two people had swallowing difficulties and needed their food prepared to a particular consistency, with certain foods that could make them choke excluded from their diets. This information was readily available for staff in their home. For example, one person's meal guidelines were stuck on the inside of their food cupboard door. The two staff working with the person were familiar with the person's preference to have each component of their meal, such as meat and different types of vegetable, liquidised separately.

People's care logs and food diaries recorded that staff had supported them to eat a range of healthy foods that were consistent their food preferences and dietary needs. The person we spoke with told us their support workers helped them to make a menu plan every week and encouraged them to choose food they liked that was healthy.

People were supported to be able to eat and drink sufficient amounts to meet their needs. Care plans set out any support people needed with preparing food and drinks and consuming them. Two of the people whose care we considered had swallowing difficulties and needed support to reduce the risk of choking. We saw that their care plans were consistent with guidelines from speech and language therapists following specialist assessments. One of the people had a drink while we were visiting them. We saw that their support worker assisted them to sit in the upright position specified in their care plan and supervised them while they were drinking. Another person's care plan stated that they were able to prepare snacks and cook meals with staff support to ensure their safety. The person told us they liked cooking together with their support workers.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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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. The person we spoke with told us they felt safe with their workers and that staff were careful with their property. The other people we met looked relaxed and happy with the staff who were supporting them. The five support workers we spoke with confirmed they received regular training in safeguarding vulnerable adults against abuse and were all aware of signs or issues that could indicate abuse. They were aware of how to report safeguarding concerns to their managers and to statutory agencies, such as the local authority and Care Quality Commission. They were also aware of the correct procedures to follow if someone offered them gifts or money. The supervision records we looked at for six members of staff showed that senior staff discussed safeguarding and whistleblowing policies and procedures to check that staff understood them.

One person whose care we considered liked to use Facebook but needed support in order to remain safe, for example, avoiding exploitation by others. They had recently consented to a Facebook agreement, which set out how staff would support them to set up their account and "help me stay safe and help me have fun using Facebook".

We checked the financial records for the five people whose care we considered. They showed that senior staff regularly checked people's finances to ensure that, where staff supported people with their finances, all expenditure was accounted for and that there was a satisfactory explanation for any unusual or large amounts.

The provider responded appropriately to allegations of abuse. We looked at the service's records of safeguarding concerns that had arisen during 2014. These showed that managers had alerted local authorities if staff or other people had raised concerns that someone might have been abused or neglected. They also showed that staff who were alleged to have abused or neglected someone had been suspended while the issue was investigated.

The registered manager was aware of a Supreme Court judgement earlier in 2014 about

when people who live in supported living arrangements are considered to have been deprived of their liberty. A person is deprived of their liberty if they are subject to continuous supervision and control, and are not free to leave. A person living in a supported living arrangement can only lawfully be deprived of their liberty if this has been authorised by the Court of Protection. The registered manager informed us that they had not needed to apply to the Court of Protection to deprive the liberty of anyone receiving a service from The Care Division – Poole. During the inspection, they updated their policy on the deprivation of liberty safeguards to reflect the requirements of the Supreme Court judgement.

## Staffing

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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There were enough staff to meet people's needs. The person we spoke with told us their support workers were "good" and said they had a regular team of staff. Records of care given for the previous three weeks for the people whose care we considered showed that people had a consistent team of support workers. Staff rotas for five support workers for the first two weeks in July showed that staff had rest days and reasonable breaks between shifts.

Staff received the training they needed in order to perform their roles satisfactorily. We spoke with five support workers, who all confirmed that they received regular mandatory training. They said that staff from the office checked their training was up to date and called them in for any updates that were due. One support worker commented that office staff contacted them before they even realised themselves that their training was due. One support worker commented that additional training they needed, such as sign language, had also been readily available. We looked at six staff files, which showed that staff had attended the training that The Care Division – Poole required them to and that this training was kept up to date with periodic refresher courses. The training included: moving and handling, fire safety, food hygiene, health and safety, infection control, emergency first aid, handling medication and safeguarding. We also saw that staff had completed epilepsy awareness training.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The registered manager informed us that they sent out quality assurance surveys most months to a proportion of people who use the service. The returned questionnaires we saw for 2014 showed that people had given broadly positive feedback, and that a manager had reviewed the forms to ensure that any specific issues that needed addressing for individuals could be acted upon. Reply forms were coded so that managers could identify who had returned each form.

The provider took account of complaints and comments to improve the service. We asked to see the provider's complaints file. This contained details of two complaints received during 2014, both of which had been investigated and resolved within the 28 day timescale stated in the provider's complaints policy.

There was a system in place to ensure that staff followed The Care Division - Poole policies and procedures, and staff had opportunities to give their views about the running of the service. The staff we spoke with told us they received regular supervision. One support worker commented that they were able to speak with their supervisor between supervision sessions, and that their supervisor would take the appropriate action. All six staff files we looked at contained records of recent one-to-one supervision meetings with a more senior member of staff. Records of supervision meetings showed that staff discussed their performance in their role and had the opportunity to raise any issues that they wished. A member of staff who participated in the "on call" rota told us that the managers were "definitely" supportive if they needed to contact them.

Audits were regularly undertaken to check that staff and records complied with the provider's policy and procedures. The files for all the people whose care we considered contained records of frequent audits of medicines and finances, where staff dealt with people's money, as well as health and safety audits that checked people's home

environments were clean and safe. Any actions identified were highlighted on the audit report and had been addressed by the time the following audit was undertaken.

There was evidence that learning from incidents took place and appropriate changes were implemented. We looked at incident reports for June and July 2014. Incidents included seizures, behaviour that challenged others and other concerns reported by staff. The records showed that each report had been reviewed by a senior member of staff, who had taken action where necessary.

The provider had a system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. For example, the care records for all five people whose care we looked at contained assessments of the risks posed to staff and others in people's homes.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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