

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

33a Forest Road

33A Forest Road, Kingswood, Bristol, BS15 8EW

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Date of Inspection: 14 May 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Ocean Community Services Limited
Registered Manager	Mr Jason D'Arcy
Overview of the service	33a Forest Road is a care home for nine people with a range of learning disabilities
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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 14 May 2014, 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

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found which describes what we observed, what the staff told us, and the records we looked at.

If you want to see the evidence that supports our summary please read the full report.

Is the service safe?

There were enough staff on duty to meet the needs of the people who used the service and they had all received relevant training in order to carry out their roles. We saw that staff ensured people's personal safety was maintained whilst parts of the building were being refurbished by ensuring some areas were not accessible to people. We also saw that these areas were only out of bounds for limited periods of time and as soon as it was safe to do so, people were able to access the whole building again. We saw that people's care plans detailed where their safety might be at risk, and what staff should do to prevent this.

Is the service effective?

Due to communication difficulties and because some people were out for part of our inspection, we were unable to speak directly with people who used the service. However, the people we saw and met, appeared smart, comfortable and calm and were interacting well with the staff. The atmosphere was friendly and calm and people appeared well cared for. Staff we spoke with confirmed that they had received service specific training such as positive behaviour management to help them in their role.

Is the service caring?

We spoke with four members of staff; one support worker, one senior support worker, one team leader and the registered responsible person. The staff told us "I love my job, helping people with supported living and making a difference to people's lives" and another told us "it's a lovely home, with lovely people" and "I really love working with people with learning difficulties". We observed staff talking and sitting with people. We also saw that people were encouraged with activities.

Is the service responsive?

Records contained people's individual preferences and personal care needs and behaviour assessments and people were supported to access activities. We were told that one person who used the service enjoyed cooking and so they were assisted and encouraged to make some of their own meals with staff help.

Is the service well led?

There was no registered manager available at the time of our inspection. We were told that a new manager had been appointed, but we had not received an application at the time of the inspection.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People were supported in promoting their independence and community involvement.

Five people were using the service at 33a Forest Road during our inspection. All of these people had their own rooms with en-suite facilities and each door was fitted with a door bell for people to ring before entering. We saw staff knocking on doors before entering on several occasions. We observed staff speaking to people by their first name in an unhurried and caring manner.

We asked staff how they ensured that people's dignity and privacy was promoted and they told us "We always ensure people's privacy is respected, but we also balance that with any health needs". We were told about one person who used the service who suffers from severe epilepsy. Staff told us that they always ensured somebody was with the person for close monitoring. We observed this happening during our inspection.

Staff told us that people were able to make choices about what time to get up, what to wear, and any activities. We saw evidence of people's choices documented in their care plans and we also saw that staff documented these choices on a daily basis. As an example, we saw that one person who used the service preferred to sleep late in the morning and we saw that staff let that person get up and dressed when they chose to do so.

We saw an activities board at 33a Forest Road that listed different activities that were available to people. We also saw that each person had an activities calendar within their personal care plan. One person's activity plan stated that they would go to college on the day of our inspection, but when we asked if this was the case we were told that they no longer attended college. This showed us that not all of the activity calendars were up to date.

We saw that some people did carry out activities according to their plans. During our inspection one person went for a walk with staff in the morning and attended hydrotherapy

during the afternoon; this was in line with their plan.

During our inspection, there was significant refurbishment work being carried out. This meant that some areas of the building had been blocked off in order to promote people's safety. The provider told us that they had taken over from a previous provider in the last six weeks and that work was being undertaken in order to make more use of the space. We were told of plans to create more user friendly communal areas, including separating the lounge and dining areas and increasing the garden space for people to use.

Staff told us that they planned to hold "Resident meetings" in order to involve people that used the service in how the service was run. No meetings had taken place at the time of our inspection and the provider might want to consider implementing these as soon as possible.

We discussed capacity to consent with the provider, in particular staff training. This was because we observed one person's plan where staff had documented a required medical procedure was due, but that the person did not have the capacity to consent. The care record stated that a best interests meeting had been requested but there was no record of any follow up, and staff seemed unsure of whether it had been arranged or not. The provider told us that as part of the takeover they had identified areas for improvement; these included the refurbishment work, staff training and development and a review of all documentation. They provided us with a copy of their action plan. This gave more detail of this and timelines and showed us that areas of concern had been identified and were being dealt with in a timely manner.

All of the above showed us that people who used the service were treated with respect and had their dignity maintained. It also showed that people were able to make choices on a daily basis.

People should get safe and appropriate care that meets their needs and supports their rights

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.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Five people used the service at 33a Forest Road. We saw the care records of three people and saw that all three contained comprehensive records detailing why they were using the service, their individual likes and dislikes and personal behaviours. We saw details of interaction with other health care providers, such as GP's and hospitals. During our inspection we observed that a dentist visited one person for assessment and we saw that their recommendations for follow up care were documented.

Although the care plans were written in detail, we saw no evidence that they had been updated or reviewed. The Team Leader on duty told us that plans should be reviewed monthly and that all of the paperwork needed to be reviewed in line with the new provider's documentation. We saw that people had nutritional assessments and risk assessments completed, but again these had not been reviewed or updated. This meant that people that used the service could be at risk of not having their care or nutritional needs met, or that people could potentially be at risk of harm. This was discussed with the provider at the time of inspection, and we were told that this would be addressed as a matter of urgency. We saw that this was included within the provider's transition plan.

We spoke with one team leader, one support worker and one senior support worker during our inspection. During our discussions it was clear that staff had an excellent knowledge of people's care needs and knew the people who used the service very well. Staff worked 1:1 with people and we observed staff talking with people, and helping people to eat their lunch.

We saw examples of good practise within the care records; as an example we saw that one female who used the service had it clearly documented in her care plan when she preferred a male or female support worker. This showed us that care was well planned with the individual person's needs taken into consideration. We also saw that individual plans were written for emergencies and that fire evacuation plans were personalised and detailed.

All of the people that we observed during our inspection were clean and well presented. Due to communication difficulties, and people not being available to speak with us, we were unable to have a conversation with any of the people who used the service. However, from our observations we saw that people were calm and relaxed and were interacting with their support workers.

All of the above showed us that people were well cared for by staff who had an excellent knowledge of their care needs. We discussed the lack of care plan reviews with the provider who acknowledged that this had been identified internally, and would be addressed during the transition to the new provider's documentation. They also told us of their plans to introduce easy read documents for people who use the service and to introduce a system for recording the offer of care plans for people to keep in their rooms.

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.

Reasons for our judgement

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.

We saw the training records of three staff members and saw that all three had attended safeguarding training in the past twelve months. We spoke to staff about safeguarding and asked them what they knew about safeguarding and what they would do if they had any concerns about abuse. All three staff members demonstrated an excellent knowledge of safeguarding. They all gave good examples of what types of abuse they could be alerted to, what they would do about it and how they would report it.

We saw posters around the building which detailed the reporting process if any person had concerns about abuse.

Staff told us about positive behaviour management training that they had undertaken and how this helped them when dealing with conflict. Staff were able to give good examples of how they dealt with different behaviours in order to avoid a conflict situation and the type of language and behaviour that they would use.

During our inspection the atmosphere was calm. Staff were aware that the noise as a result from the refurbishment work could upset some people and so they had implemented activities to either take people out for the day or to distract them.

All of the above showed us that staff had attended training on abuse and also had the knowledge of what abuse is and how to report it.

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.

We spoke with three staff members and saw the training records of four other staff members. We saw that all staff had a training file, and had attended training in the past twelve months. Training had included topics such as learning disabilities, positive behaviour management, safeguarding and sudden illness as well as mandatory training such as fire safety, health and safety, moving and handling and infection control. There was no training plan for the year available for us to see because of the recent change in provider; however, the new provider showed us that training was part of their transition action plan. We suggested to the provider that they might like to consider Mental Capacity Act and Deprivation of Liberty standards training for all staff too. The provider told us that they had their own training department and that their induction programme lasted for eight weeks with mainly classroom training, supported by some e-learning and that our recommendations were a standard element of staff training.

One staff member told us "It's a lovely place to work, with lovely residents and a great team too" and another told us "I enjoy working here; it's a nice place to be and I feel like I'm really making a difference to people's lives". All of the staff said they felt well supported and that they all worked "as a team".

The manager was not present during our inspection. We were told that they were new in post. We saw evidence of planned supervision dates for all staff, and all three staff members that we spoke with confirmed that they had been informed of their individual dates. No dates for appraisals had been set at the time of our inspection.

The provider told us that the supervision and appraisal systems were being reviewed and that the providers own system was going to be implemented as part of the transition plan.

All of the staff we spoke with during our inspection were friendly and approachable and all told us that they enjoyed their jobs. One told us "I dedicate my life to this job" and another said "This is a friendly, kind place to work".

All of the above showed us that staff had received training pertinent to their role, and that the provider intended to ensure that their performance was supported and reviewed. The new provider was aware of improvements that could enhance the level of support staff received and showed us their plan to implement these improvements.

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 in place to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Decisions about care and treatment were made by the appropriate staff at the appropriate level.

Each person who used the service had a named key worker who was responsible for writing and reviewing the person's care plan in accordance with their needs and wants. At the time of our inspection, no plans had been reviewed or audited.

We were told that there was a plan to implement "Resident meetings" for people who use the service to give their views on how the service is run. Staff told us that they hoped to gain people's views about things such as meal choices, activities and outings and that staff planned to use easy to understand language and pictures to enable people to make informed choices.

We asked to see details of any complaints received by the provider since registration and were told that none had been received.

We asked to see an audit plan for the year, but none was available. The provider informed us that there was a quality assurance team in place and that this was also an area identified for improvement as part of the transition plan.

We asked the team leader about trend analysis of incidents, but they were unable to provide us with any detail on whether this had taken place. We saw evidence in people's records of incidents being reported and we were told that the manager reviewed these and assessed them for notifications to CQC or the local safeguarding team. However, we saw no evidence of this during our inspection due to the manager not being present.

We were told that a new manager had been appointed recently. We asked staff if they felt able to raise any concerns they had and all stated that they felt confident to do this and that any concerns would be listened to.

The new provider was keen to impress on us that they were aware of limited information

available in relation to quality assurance. We were told that their own internal systems were in the process of addressing this and that they were aiming to obtain the historical log of complaints and incidents from the previous provider in order to have a baseline to assess progress going forward.

This showed us that the new provider was aware of the actions they needed to implement in order to provide evidence of compliance in this area.

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.

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.

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