

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

Linda Grove

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Date of Inspection: 09 October 2014

Date of Publication:
December 2014

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	Community Integrated Care
Registered Managers	Mr Oliver Bower Mrs Deirdre Renata Saunders
Overview of the service	Linda Grove provides care and accommodation to four people who have a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 October 2014, observed how people were being cared for and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

During our inspection we spoke to three care staff, the new registered manager and the outgoing registered manager. The outgoing registered manager was leaving the day after the inspection and the new registered manager had already taken on responsibility for the day to day running of the home. They are referred to as the manager throughout this report. We met all four of the people who lived at the home and spent time in the communal areas with two of them. We also observed staff supporting people throughout the inspection.

We looked at three people's care plans and other records relating to the running of the home.

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five 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 were treated kindly and with dignity and respect by staff. Staff were clear they would report concerns to the manager and these would be acted on. There was a system in place for recording of incidents and accidents.

CQC monitors the operation of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The staff and managers we spoke with had a good understanding of MCA and DoLS and their responsibilities in this.

Is the service effective?

The service was effective because people and their representatives were involved in their care planning. Their individual needs and preferences were recorded in their care plans,

for example, religious and cultural needs and preferences. We saw people were supported to express their individuality

Is the service caring?

Staff spoke about people in a caring and respectful manner. They knew people well and treated them as individuals. From our observations we saw staff had a good understanding of people's needs and the support they required. We saw staff were kind in their approaches when supporting people.

Is the service responsive?

People's health and care needs were assessed and care plans were developed to enable staff to support people in the way they chose and needed. Where there were risks associated with people's care and treatment, these had been assessed and actions to reduce these risks had been identified.

Is the service well led?

We saw there were systems in place to monitor and assess the quality of the service, including regular audits by a regional manager. The management were open about the improvements they intended to make and their plans to continue to improve the service. Staff we spoke with said they thought the service was well led.

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

We observed the care and treatment of all four people who lived at the home. We saw that staff consulted people and respected their choices in relation to their care. For example, we observed that people were offered choices about their activities and the options offered matched what was recorded in people's care plans.

People were encouraged to be independent in line with the goals set out in their care plans. Staff respected people's privacy, for example, knocking on their bedroom doors before entering and not speaking about people in front of others.

People were supported to exercise their rights and make choices. Communication support plans were in place so that staff could understand people who may not be able to express their views verbally. Staff we spoke with and observed clearly knew people well and could promote people's choices using this knowledge.

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. We looked at the care and support files of three people who lived at the home. We saw that their needs and wishes were set out in a personalised and accessible format, for example, using pictures and photographs. Care plans were detailed and promoted the individuality and diversity of the person they were written for. People's religious and cultural needs were recorded and plans were in place to ensure these were respected.

People's health care needs were recorded including the details of their GP and any other health care professionals involved in their care and treatment. Where other professionals were involved, such as dieticians, their advice was incorporated into the care plans. We saw that staff followed up any health concerns about people and sought treatment where necessary. Staff also kept in touch with people's relatives, if appropriate, and informed them about health issues as they arose. We saw there was documentation about any specific conditions people had and staff we spoke to about these were knowledgeable and compassionate in the way they described them.

Where there were risks associated with people's care and treatment, these had been assessed and actions to reduce these risks had been identified.

We saw that staff interacted with people in a friendly and relaxed manner. They were respectful and polite and spent time chatting to people and offering them choices. Care was delivered in line with people's individual care plans and independence was promoted. For example, one person was supported to prepare their own lunch. Another person liked to tidy up and staff supported this while at the same time ensuring this did not impact on other people in the home.

One person had recently had a birthday; they showed us their cards and birthday cake and talked about what they had done on the day. Staff had made an effort to make the person feel special. They cared about people and this was evident in their interactions and in the written records we looked at. For example, we saw an entry in the daily notes for one person which said staff had got their winter duvet out "because she feels the cold".

We saw that people had planned activities according to their individually assessed needs and preferences. The provider might find it useful to note that due to a staffing vacancy people had not always been able to attend their planned activities. We were aware recruitment was in process and that some staff had been working extra hours to ensure people could go out as much as possible.

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

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 home had access to an up to date copy of the local multi-agency safeguarding procedures as well as their own in-house policies. We saw that staff had signed to say they had read and understood the policies.

We viewed the home's staff training record. We saw that safeguarding training had been completed. Staff we spoke with demonstrated awareness of the different types of abuse, and were aware of the procedures for reporting. This meant the home had taken reasonable steps to train staff, so that they could identify the possibility of abuse and prevent it from happening.

There were no on-going safeguarding matters in the home.

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 told us they had regular supervision and annual appraisals. Records we viewed confirmed this. Staff said they felt well supported and could talk to the manager any time they needed to.

We looked at a sample of training records and saw that staff were suitably trained to meet the needs of the people they supported. For example, in moving and handling. We observed a person being moved from a chair to their wheelchair. Staff spoke to them about the manoeuvre and were confident and competent in what they were doing. We saw that the service had a training schedule which clearly showed which training staff had received and what was due.

Staff were able, from time to time, to obtain further relevant qualifications. We saw that staff were supported to acquire qualifications such as the National Vocational Qualifications (NVQ). Some staff at the home had achieved NVQ levels two and three.

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

We saw records of the most recent quality monitoring audits undertaken by the regional manager in May and July. We saw a range of documents were audited including, care plans, incident records and staff records. We also saw that staff were spoken to and time was spent observing the care and support given to people. Improvements were discussed with the manager and actions were set as necessary. We saw that actions from previous quality monitoring visits were followed up at subsequent visits.

Staff told us it was a good place to work, they said they felt involved in the running of the home and had responsibilities delegated to them. We saw records that showed people's families were involved in their care and the running of the home. The manager told us surveys were not sent out to relatives because they saw them regularly and had formed good relationships with them. We saw that the home had a suitable complaints procedure. No complaints had been made, however we saw several compliments had been received.

There was evidence that learning from incidents and accidents took place and appropriate changes were implemented. There were processes in place to record and monitor accidents and incidents. We saw that these were reviewed by the regional manager. We saw from the audits that the home learned from accidents and incidents and action was taken to reduce the risk of them happening again.

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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