

## Key inspection report

### Care homes for adults (18-65 years)

<b>Name:</b>	36 Martin Close
<b>Address:</b>	36 Martin Close Oakridge Basingstoke Hampshire RG21 5JZ

**The quality rating for this care home is:**

two star good service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Peter McNeillie	1 3 0 8 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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## Information about the care home

Name of care home:	36 Martin Close
Address:	36 Martin Close Oakridge Basingstoke Hampshire RG21 5JZ
Telephone number:	01256327894
Fax number:	01256327894
Email address:	martinclose@c-i-c.co.uk
Provider web address:	www.c-i-c.co.uk

Name of registered provider(s):	Community Integrated Care
Name of registered manager (if applicable)	
Miss Tracey KimBugg	
Type of registration:	care home
Number of places registered:	5

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	5	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 5		
The registered person may provide the following category/ies of service only: Care home only - PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Learning disability - LD		

Date of last inspection									
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Brief description of the care home

36, Martin Close is a care home registered to provide accommodation care and support for up to five persons with a learning disabilities. The service which is owned and managed by Community Integrated Care (CIC) operates from a detached house in a residential area close to local shops and community facilities close to the town centre of the North Hampshire town of Basingstoke and the M3 motorway. All residents have their own bedroom have access to a sitting room, dining room, two bathrooms, a

**Brief description of the care home**

kitchen and laundry facilities. The safe garden provides additional recreational space, with a lawn and patio.

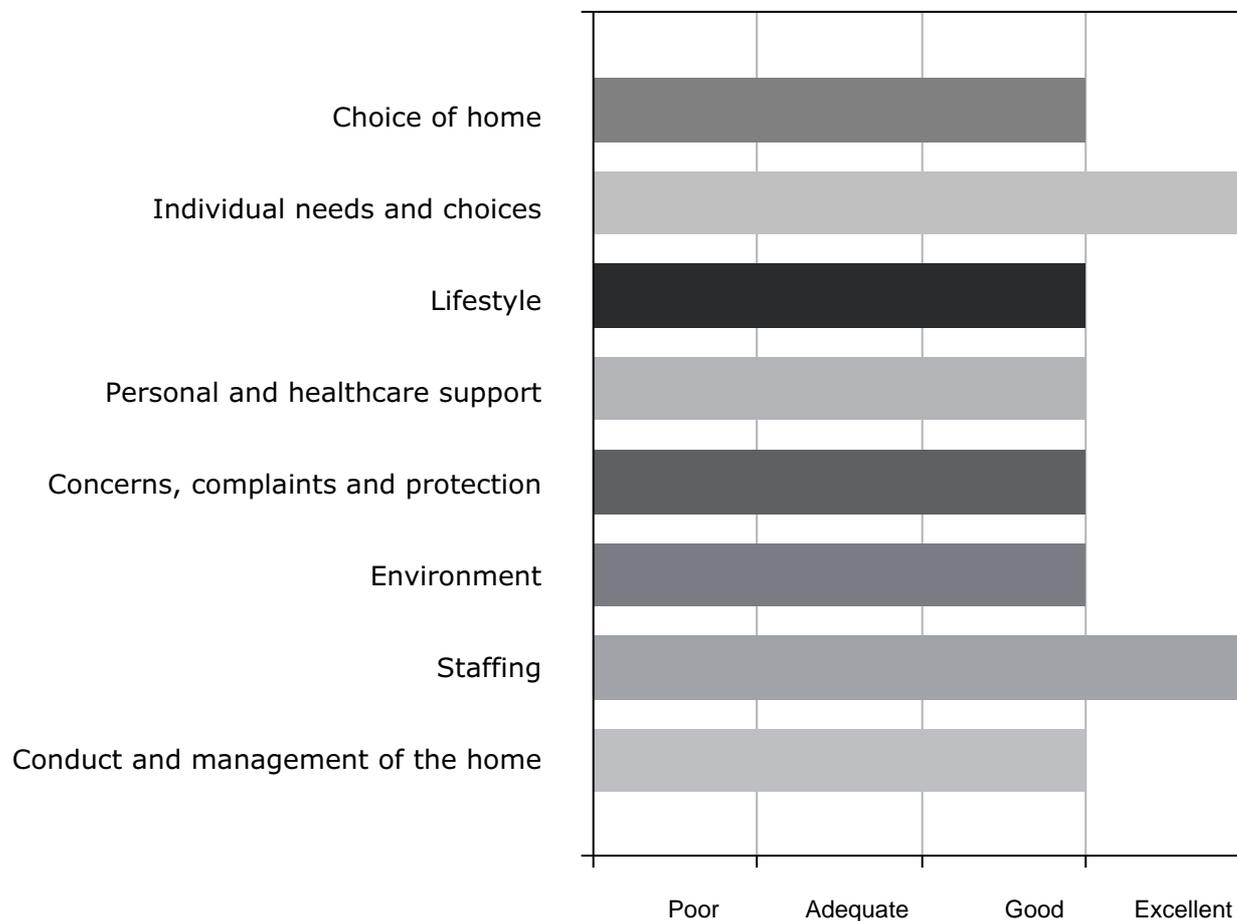
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

This report was written after taking into consideration a number of sources of evidence and information, including a site visit to the premises.

In the course of our visit, we viewed a sample of residents and staff records, we talked with residents, staff and management and received a response by the manager to a pre inspection Annual Quality Assurance Assessment. (AQAA). during our visit which took place on 13/08/09 between the hours of 09:00am and 12:45pm all of the key standards for younger adults were inspected The results and findings contained in this report will determine the frequency and type of future inspections.

**What the care home does well:**

The home provides care and support by a well-managed supported, trained and qualified staff team who work in a manner that recognizes residents desire and need for personal privacy, dignity and to live in an environment that will help them achieve or regain independence.

Outcome areas of particular note were the care planning processes and staff training which we rated as excellent.

**What has improved since the last inspection?**

The home had maintained the previous standard and improved in the outcome areas dealing with care plans and staff training both of which have increased to excellent from good.

**What they could do better:**

There were no requirements or recommendations made however, the quality control procedure would be improved if health and social care professionals who deal with the home were asked their views on the quality of the service and the manner in which it was delivered.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk).

You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## Choice of home

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home has a well-developed system of assessing and identifying residents needs which ensures residents safety and assessed needs can be met.

Evidence:

There have been no admissions since the last inspection.

We were informed by the registered manager that all admissions are carried out in accordance with an admissions policy and procedure that requires that no resident is admitted without a full assessment of needs their and attendant risks being carried out.

This included the participation and consultation with the prospective resident where possible prior to a place being offered. Where to prospective resident is unable to understand the procedure a relative or another representative would be consulted.

In their AQAA the homes registered manager told us: "Pre admission assessments carried out are kept in individual service user care files. Monthly key worker meetings

Evidence:

are held with each service user and recorded." "Daily evaluation records are completed." "Care Plans are reviewed regularly and amended where necessary."

To confirm the above and ensure the standards were being complied with, we viewed four residents files chosen at random.

All included, an initial assessments covering a number of topics including housing related support, personal care support, daily living skills, looking after their physical and mental health as well as areas of risk. External health and social care professionals also contributed to the assessments process including a pre placement review where appropriate. All assessments of need and risk were reviewed on a regular basis.

## Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There is a clear and consistent care planning system in place which ensures residents needs are met within a risk management policy that involves residents in decisions that affect them .

Evidence:

Not all of the residents of the residents were able to read and understand the complexities or the meaning of a care plan and understand the concept of risk and risk taking.

To ensure compliance with the standards and regulations we viewed all of the residents records and care plans which were available in both a written and pictorial format.

These indicated that all of the plans were reviewed on a regular basis and confirmed the resident had been consulted and participated in drawing up the plan. In the absence of the resident being unable to participate and fully understand the process a

## Evidence:

relative or their representative would be involved and consulted.

All plans viewed were based on an initial assessment of needs and risk ( The previous section of this report refers) which took into consideration resident's needs, wishes, choices, aspirations, risks, abilities, details of any health care professional involved, communication methods, dietary needs , help required with eating and drinking and number of staff required to safely deliver the plan.

We noted that one resident could read. In this instance the care plan was was only in a written format recognising the person as an individual with a skill and preserving their dignity.The individual concerned was very proud of the fact they could read and write. Those responsible for this example of best practice are to be commended.

Residents right, and the opportunity to take risks is seen as fundamental, however it was clear from records and our observations all of residents would have difficulty in totally understanding the concept of risk and risk taking. Despite this, residents were encouraged and supported by staff to make decisions for themselves within a risk assessment framework. This process identified individual risks and how they were to be managed, enabling residents to take part in activities in a safe manner. Where restrictions were in place these were clearly recorded in the care plan.

Staff demonstrated to us that they had a good understanding of the contents of the care plans and risk assessments and were able to explain how this was translated into day-to-day practice.

After reading responses to our pre admission satisfaction survey, talking with the staff and residents, we formed the view that staff saw themselves more as supporters and enablers not carers and were there to assist residents in achieving their personal goals, aspirations and independence within a risk taking framework.

## Lifestyle

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The social activities family, contacts and the provision of varied and nutritious meals were well managed and reflected residents interests and choices.

Evidence:

Any decision taken that affects individuals always seeks to empower them by taking into consideration their choices, wishes, aspirations and independence . These were reflected in the manner in which the home is run and day to day life conducted.

This is in line with the staffs perception of themselves as enablers first and carers second. We observed staff interacting with residents in a positive, respectful non-patronizing manner. It was evident that caring for the residents was more than a job for the staff who expressed and demonstrated a total commitment to their residents who clearly enjoyed living in the home.

## Evidence:

Residents who are free to make and receive telephone calls, receive visitors in private and choose who they wish to see, are supported in maintaining family contacts and establish friendships.

Due to problems of access by the parents of one resident, to ensure the person is able to continue to maintain contact with their family the home makes special arrangements to transport the person to visit in the morning and collect them later that day. This takes up a great deal of time but illustrates the home's commitment to maintaining family links.

There is an expectation in the home that residents share in the responsibility for keeping the home clean and tidy (especially their own rooms), and to participate in the choosing, buying and preparation (with assistance) of the meals. A daily menu based on residents' likes and dislikes was displayed. We were informed a weekly meeting with individual residents takes place to ensure the menu fully reflects residents' preferences and choices.

The home's staff and management recognized that alternatives to a written menu may be important for some residents who may find the addition of pictures beneficial to their understanding of the food available on a particular day and demonstrate that they had exercised a meaningful choice in what they wished to eat. However in response to the assurances given above we are satisfied despite the absence of a menu in an alternative format residents are fully aware of what is available and have exercised choice. The manager gave us a verbal assurance, should the position change arrangements would be made to display menus in a format that all residents could understand.

Residents are responsible where possible for choosing and arranging their own social activities with help, support and encouragement from staff.

Residents confirmed they were not forced to participate in any activity unless they wished to do so. The range of activities currently being undertaken include, shopping, day trips, theatre, hydro, gardening, social club, music, television, and holidays. Currently one resident also has paid employment.

## Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

### This is what people staying in this care home experience:

#### Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Satisfactory arrangements are in place, ensuring the personal emotional, health care and medication needs of residents are met.

#### Evidence:

For most of the time residents are independent with regard to their personal health care needs and only require prompting with regard to personal hygiene.

Should assistance is required staff told us this would be delivered in private. This was confirmed by some residents who also told us they could take care of themselves.

Residents informed us were able to see the doctor of their choice or any other health and social care professional when they needed to. The records viewed indicated that apart from doctors, district nurses, physiotherapists, occupational therapists, and the local community disability team other specialists would be consulted as required.

Records were kept of appointments with GPs, dentist, optician, chiropodist and any other external health and social care professional and included details of any advice

Evidence:

and treatment given.

All drugs are which securely stored are administered disposed of and recorded in accordance with an in house medication policy and procedure that includes a provision for residents to assume responsibility for their medication following a risk assessment.

At the time of our visit no residents were self-medicating.

Records of administration and disposal of unwanted drugs and medicines viewed were complete and accurate.

## Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home has clear policies and procedures in place which ensures residents are able to complain and are protected from abuse.

Evidence:

No complaints have been received by us since the last inspection.

Staff spoken with of stated they felt confident in discussing any concerns, complaints with management (either in house or external) on behalf of any resident and were confident any issues raised would be dealt with promptly and fairly.

The homes corporate adult protection policy is designed is designed to safeguard residents from abuse and work in tandem with the procedure produced by Hampshire County Council as the lead agency responsible for safeguarding residents.

Management and staff who were spoken with confirmed they had all received training in recognizing various types of abuse, this was confirmed by records viewed. All were able to demonstrate they knew the procedure to follow should they witness or suspect the abuse of any resident.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A safe, well maintained, clean and suitably furnished home is provided for residents which meets their needs.

Evidence:

The home is situated in a residential area within easy reach of the M3 motorway, local shops and public transport that allows access to Basingstoke town centre and communal facilities and the local sports centre and cinemas and theatres. A situation one resident described as "Great". Off street parking is available.

From the outside there is nothing to distinguish the home from its neighbours, there are no discriminatory signs and nothing to indicate it is a care home. A resident told this was good as they did not wish to be seen as different.

All areas of the home were clean and free from unpleasant odors and obvious hazards. Residents told us the home is always clean and smells fresh. Furniture was comfortable, homely and in a good state of repair in keeping with the decor and met residents individual and collective needs. All communal areas were accessible by residents including the well-tended established and safe garden. Residents have their own keys to both the homes external doors and their own rooms.

Evidence:

Residents commented how satisfied they were with the accommodation and how much they liked their rooms for which they chose the furniture and decorations.

An infection control policy and procedure was in place as were disposal aprons, gloves, antiseptic hand soap. and a washing machine fitted with a high temperature and sluice programme.

## Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Resident's needs are met by sufficient numbers of well trained and supported staff who are recruited and selected using a procedure designed to protect all residents.

Evidence:

In our view, at the time of the inspection the numbers and deployment of staff was sufficient to meet residents needs a view with which residents agreed.

In talking with residents they confirmed there was always staff available and they rarely had to wait for any help or assistance. Throughout our visit staff were seen to deliver in a prompt, non-patronizing and discreet manner.

The manager informed us staffing levels could be raised if residents needs increased or a particular days programme required additional staff.

To ensure that residents are protected by a staff selection and recruitment policy and procedure and a comprehensive staff and training programme we viewed four staff recruitment and training files selected at random.

All files viewed included evidence that staff are employed in accordance with a robust

Evidence:

equal opportunities recruitment, and selection procedure, which is designed to protect residents.

This involves the completion of an application form, the signing of a rehabilitation of offender's declaration, an interview, and satisfactory Criminal Record Bureau (CRB) disclosure, Protection of Vulnerable Adults (POVA) and reference checks.

Following their appointment, records seen confirmed that all staff are subject to an in house induction and a "Skills for Care" common induction and a training programme that include first aid, handling medication, food handling, moving and handling, safeguarding and infection control.

On completion of their induction programme all staff are expected to undertake a National Vocational Qualification (NVQ) Course. Information provided by the Manager indicated that 43% of staff had been trained to NVQ level 2 and 43 % to NVQ level 3. Those responsible for this result are to be commended.

## Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The management of the home ensures the health, safety and welfare of residents and staff are promoted and the home is run in the best interests of the residents whose views about living in the home are formally sought.

Evidence:

The experienced manager who has been in post since May 2008 and has been registered since our last visit is in the final stages of completing an NVQ in care at level four.

In talking with staff we were satisfied that the home has a clearly defined management structure. Staff were aware all of their responsibilities and the limits of their authority.

Staff described the management both internally and externally as supportive, approachable, accessible and willing to listen to any ideas they may have for the improvement of the service.

## Evidence:

Satisfaction Surveys are sent out centrally to residents, residents representatives and staff seeking their views regarding the service.

Views expressed are seen as important in contributing to policies and procedures that reflect best practice in service that seeks to evolve to meet the ever changing and complex needs of residents.

The manager was unable to confirm that surveys are sent to visiting health and social care professionals as designated in the standards (standard 39.9). She gave a verbal undertaking if surveys have not been sent to date, this oversight will be rectified in the future.

A health and safety policy and procedure was in place which protects staff and residents by ensuring the maintenance of a safe working environment including the regular maintenance and servicing of equipment/ machinery in use within the premises.

During our visit no obvious hazards to health and safety were seen. Protective clothing, gloves, control of substances hazardous to health (COSHH) assessments, risk assessments, equipment servicing and accident records were available as were training records to confirm all staff have receive training in the techniques of moving and handling first aid health and safety and the procedures to follow in the event of fire, including evacuation.

The home has a laundry procedure and a washing machine, which is capable of disinfecting soiled items.

We were informed that all of the hot water supplies to baths were fitted with thermostatic controls set at 43 degrees centigrade and all radiators and hot pipes were covered to protect both residents and staff from injury.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

## Helpline:

**Telephone:** 03000 616161

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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