

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

## Individual Care Services - 1 Dexter Way

Birchmoor, Polesworth, B78 1AZ

Tel: 01827331713

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

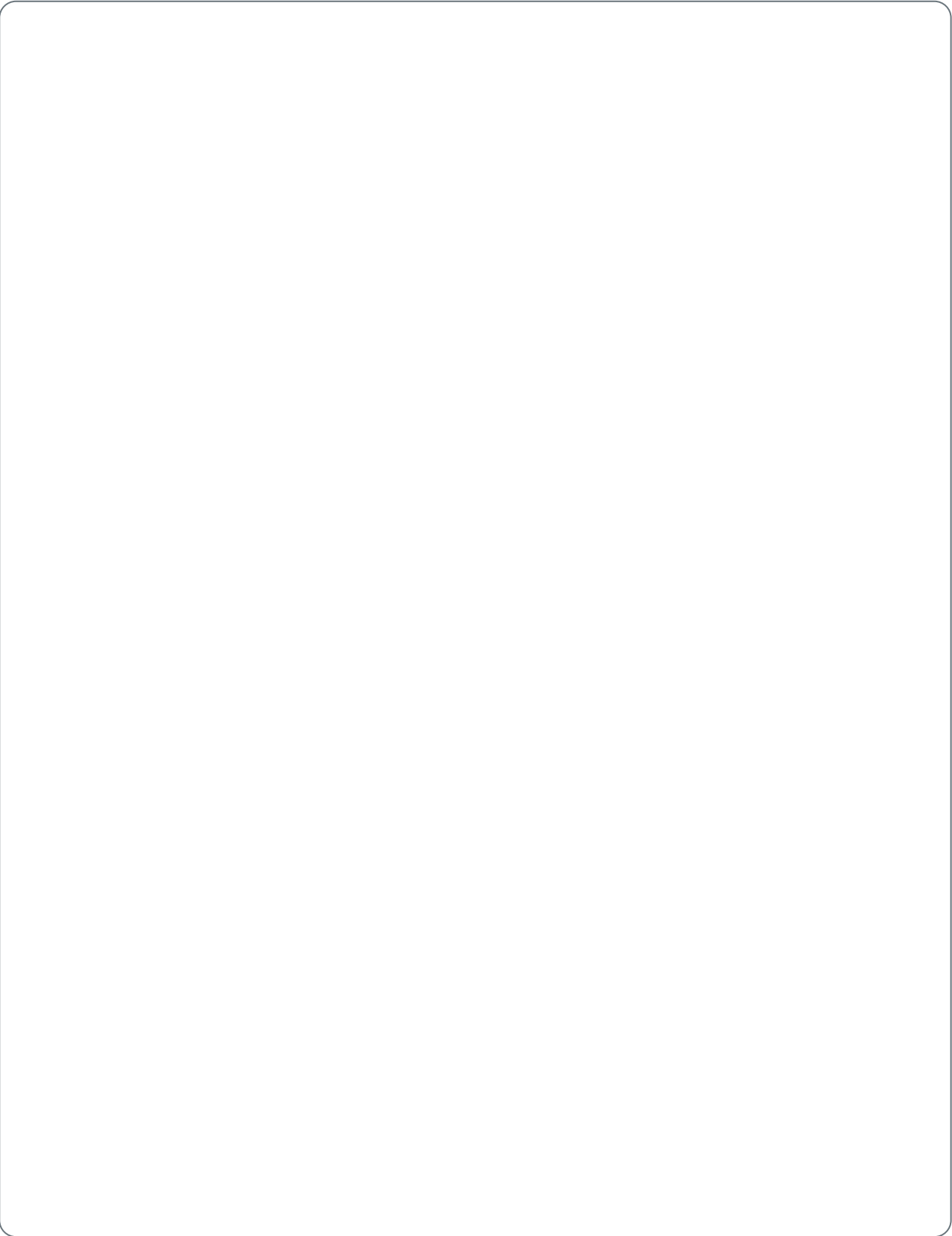
<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard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

## Details about this location

Registered Provider	Individual Care Services
Registered Manager	Mrs. Susan Partlow
Overview of the service	1 Dexter Way, Polesworth provides accommodation and personal care for up to five people. The home does not provide nursing care.
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

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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 unannounced 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 7 September 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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

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### What people told us and what we found

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During our inspection we spoke with the staff on duty, the manager and a relative.

People living in the home had complex needs which meant that they were not always able to tell us their experiences. We spent time during our visit observing care to help us understand their experiences.

A relative we spoke with told us that they were very happy with the service. One comment made was, "it has taken a huge weight off our shoulders, it's lovely." One person we spoke with who lived in the home answered "Yes" when we asked them if they were happy in the home.

We observed positive relationships between people living in the home and the staff on duty. We saw that people appeared comfortable and relaxed.

People had care plans in place that contained information to assist staff with meeting their care and support needs. Staff we spoke with knew about people's care and support needs and were able to tell us about them. We saw that personal care and support was provided in private.

We saw that people were being supported to lead active lifestyles with a variety of outings and activities being provided.

We saw that the organisation carried out an annual survey to find out people's perceptions of the service being provided. We saw the results for the survey undertaken in 2011 indicated satisfaction with the service provided. We saw that the health, safety and welfare

of people living, working and visiting the home were monitored through appropriate checks and measures.

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

**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**

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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People living in the home had complex needs which meant that they were not always able to tell us their experiences. We spent time during our visit observing care to help us understand their experiences.

We observed the staff on duty talking to people and including them in conversations. We saw that people were dressed in clean, smart clothes suitable for their age and appropriate for the weather. Staff were observed to ask people if they wanted drinks or something to eat throughout the morning and responded to the non verbal clues for people that were unable to answer.

Staff we spoke with had a good understanding of privacy and dignity. We were told that these were maintained for people at all times by offering choices, providing care behind closed doors and respecting people's confidentiality. One comment made was "Just because people can't talk doesn't mean they can't communicate or make choices." We saw that people were accompanied or taken to their bedrooms for support with their personal care, which was undertaken behind closed doors, and were offered a choice of drinks and meals.

Staff we spoke with told us that where people were not able to directly contribute to their care and support plans, their relatives were involved where possible. We saw information within one person's care records that we looked at which confirmed this.

We were told that although people were not able to be directly involved in their care and support planning, staff ensured that any observations which demonstrated that needs or preferences had changed were reported to the manager. The applicable care plan would then be updated as appropriate. We were given an example of one person changing their preference for where they like to sit to eat their meal. We saw that the person's care plan had been amended to reflect this change in preference.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Staff told us that where people were unable to contribute to planning their care, their relatives were encouraged to be involved. We were also told that staff were continuously observing people to ensure that they had a complete picture of their care needs and preferences.

A relative we spoke with told us that the home consulted them about the care and support needs of their relative. One comment made was "If there are any big decisions to be made the manager rings us and asks our opinion."

We were told that relatives were invited to review meetings and provided with copies of people's care plans. One relative we spoke with confirmed this.

We looked at the care records for two people. We saw that they contained information that enabled staff to provide the care and support people required. The provider may find it useful to note that although we saw that people's care plans were reviewed, they were not always dated or signed by the author. This made it difficult to confirm that the information was pertinent to people's current needs.

We saw that there were management plans and protocols in place for people with specific needs such as epilepsy. We asked to see the protocol for one person who enjoyed nights away from the service. The provider may find it useful to note that this protocol could not be located during our inspection. It was however forwarded to us following our visit.

We saw that people's healthcare needs were looked after with regular access to relevant healthcare professionals.

Staff we spoke with told us that they provided day care for the majority of the people living in the home. The manager told us that she had introduced weekly activity planners for people to ensure that they participated in at least one activity or outing each day. We looked at people's daily diaries and saw that people were being provided with a variety of outings and activities, which included going to the cinema, visiting local attractions, meals out, sensory sessions, cooking sessions and nights away.



We saw that medication was stored securely in a locked wall mounted cabinet. We saw that it was clean, tidy and well ordered. We saw that medication was supplied by a local pharmacy in blister packs for each person on an individual basis. We looked at two lots of medication administration records (MAR). We saw that the member of staff responsible for administering the medication had signed these appropriately. We noted that there were no gaps in recording of medication when it had been administered. Staff we spoke with showed us their audit record for each time medication was administered. This demonstrated that there were processes in place for the safe management and administration of medication on the day of our visit.

**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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The people living in the home had complex needs which meant that they were not always able to tell us their experiences. We observed positive relationships between people and the staff on duty, which indicated that they felt comfortable and safe in their surroundings.

We asked one person if they felt safe in the home. They answered "yes" and gave us a thumbs up sign.

Staff we spoke with told us that they had completed training on safeguarding vulnerable adults. This was confirmed by the staff training records that we looked at.

Staff we spoke with were aware of the organisations policies and procedures on abuse and whistleblowing. They told us what might lead them to suspect that abuse was taking place and explained what they would do should abuse be suspected, witnessed or disclosed. They told us that they would feel confident in using the whistleblowing policy if it was necessary.

A relative told us that they were happy with the service, and that they had not had to raise any concerns, commenting "I have never had to complain but I can speak to the manager quite openly." Another comment made was "I feel quite confident that they would ring me if there was anything I needed to know."

**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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We asked one person if they were happy with the staff and they told us "yes."

Staff we spoke with told us that there was always a minimum of two staff on duty during the day, which rose to three and sometimes four depending on what was planned for the day. We were told that one member of staff undertook 'sleep in' duties in the home over night. We were told that any staff absences were covered via staff overtime.

Staff we spoke with told us that they tried to ensure that all of the people living in the home participated in some form of activity every day, and the flexibility of the staffing allowed for this to be planned into the rota.

We looked at the rota for the service which confirmed what the staff had told us.

No concerns about the staffing levels were raised with us the staff we spoke with.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and support safely and to an appropriate standard.

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## **Reasons for our judgement**

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During our visit we observed that the staff were able to pick up on people's non verbal methods of communication and respond accordingly. We saw that staff were confident in meeting meet people's needs effectively.

Staff we spoke with told us that the training provided was good, "The manager is really good on training, she's always making us update our training." Records we saw confirmed that staff had been provided with training which enabled them to carry out their roles effectively.

Staff we spoke with told us that they had individual supervision meetings with their manager to discuss their work on a regular basis. This means that staff had the opportunity to discuss their training and support needs to ensure that people received consistent care. Records we saw confirmed that staff received regular supervision meetings.

## 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.

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### Reasons for our judgement

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We observed that people living in the home appeared relaxed and comfortable. We saw that they smiled at the staff when they spoke to them, and that they approached the staff with ease.

During our visit we saw that the service employed a number of ways to measure the quality of the service provided to people. We saw that steps were in place to confirm that adequate measures to ensure people's health, safety and welfare were maintained. We sampled records that included fridge and freezer temperatures, food safety audits and cleaning schedules which we saw were being completed as necessary.

The manager told us that the organisation undertook an annual survey with people living in the home, their relatives and friends and associated professionals to find out if they were happy with the levels of care and support provided. A relative we spoke with confirmed that they had received surveys about the quality of the service provided by the home on a regular basis. "We get surveys quite regularly to complete."

We saw completed surveys for 2011 that had been returned from relatives and healthcare professionals. These all indicated satisfaction with the service being provided. Comments such as "I do not think it could be improved much more", "As far as 'x' is concerned their care is 100%", "Always a very well run home" and "Service users are respected and supported in a professional manner" were recorded within the surveys we saw.

The provider may find it useful to note that there were no completed surveys from people using the service available for us to see. The manager told us that surveys with 'smiley face' answers were usually completed with people using the service at the same time that the other surveys were sent out. We were told that she would ensure that the people using the service would be asked if they would like to complete a survey as soon as possible.

## 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, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.


In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We 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.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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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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