

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

The King's Centre

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Date of Inspection: 11 March 2013

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2013

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	Prospects for People with Learning Disabilities
Registered Manager	Mr. David Burt
Overview of the service	The Kings Centre provides personal care to people with learning disabilities who live in their own home, including group living arrangements.
Type of service	Domiciliary care service
Regulated activity	Personal care

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 11 March 2013, 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

During our visit we saw that people were treated with dignity and respect and peoples' independence was encouraged. People were spoken to in a respectful way. We spoke with seven people who use the service provided by Prospects. They told us that "we are very really happy with the staff".

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

We saw two case files which had very thorough and comprehensive care and support plans. These provided detailed information about people's support needs. We saw that the issues in the care plans were focussed on the individual needs of the person using the service.

People told us that they felt safe when being supported by staff from the Kings Centre. They told us that they if they had any concerns they would speak to staff or the manager who they knew personally. They also told us that they could tell family members or their social worker if they were worried about anything.

We found that staff received ongoing training and supervision which provided them with the skills and knowledge to meet the needs of the people they were supporting.

We found that there were good systems for assessing and monitoring the quality of service provision which protect people using the service against the risks of inappropriate or unsafe care, treatment and support.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We spoke with seven people who use the service provided by Prospects. They told us that "we are very really happy with the staff". Another person told us that "I can choose what I do during the day, today I am at the Bay Centre and then I am going for tea with my best friend". Another person told us that they asked to change their key worker and the manager agreed with them and made the change. We saw people's weekly plans which showed us that what each person planned to do that week. All the plans we saw were different and individual to the people receiving the service. People told us that they made a choice about where they went on holiday last year and some had already decided on their holiday plans for this year, 2013. This means that people expressed their views and were involved in decision making about their care and support.

During our visit we saw that people were treated with dignity and respect and peoples' independence was encouraged. People were spoken to in a respectful way. People who spoke to us said that they did their own shopping and cooking. Two other people told us that they will be moving into a flat together soon, a decision supported by staff at Prospects.

We spoke with two staff members who provided care to people receiving a service. They told us that they felt well trained and prepared by their manager to deliver care with dignity and respect. They gave good examples of how personal care such as washing and toileting is delivered with dignity. We saw two care files which showed us that individual preferences, like and dislikes were recorded. This means that people's needs, wishes and preferences are placed at the centre of planning and delivery of care and support.

People who use the service understood the care and treatment choices available to them. We spoke with people using the service who told us that they had a weekly meeting with their key worker when they discussed what care they would be receiving and where they would be going. We saw records of these meetings in the two case files we looked at. We

also saw that people had signed their overall care plans to show their agreement and that they understood the care and support they would receive.

People who use services can influence how the service is run as they are given opportunities to take part in decision making through monthly tenants meetings with the manager. We saw records of these meetings which showed us that there had been discussions about outings, activities, Christmas party arrangements, relationships between people who used the service, and information about staff shifts. In addition the manager told us about a "Forum" which Prospects hold quarterly at their Headquarters and representatives from each service attend and share their views. People told us that "we can say what we feel to the staff and they listen to us".

Staff recognise and respect the diversity and human rights of people who use services. We spoke with people who use the service about their religious and cultural preferences. Some people told us that they go to church on Sunday and midweek where they feel well accepted; others told us that they chose not to go to church. People said that they could choose their diet according to their individual preferences. One person told us how they keep in touch with their family who live outside the UK through visits and regular email.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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

We saw two case files which had very thorough and comprehensive care and support plans. These provided detailed information about people's support needs. We saw that the issues in the care plans were focussed on the individual needs of the person using the service. We also saw that the structure of the care plans gave clear guidance to staff about what actions were required. We saw plans to meet the health needs of people including "Health Action Plans" and records about some of the people who saw psychiatric staff who specialised in learning disabilities. We saw records of medication prescribed and administered to people living at the service. We also saw and risk assessments regarding any transfer or moving and handling needs, also we saw risk assessments of the environment in which people lived. These were seen to give good information to help the carer deliver care safely. We saw that people experienced safe and effective care based on detailed care plans and risk assessments that met individual needs.

We spoke with two staff members who told us that they found the care plans easy to follow. They told us that the care plans and risk assessments are reviewed monthly by staff at Prospects and then annually in consultation with the care manager for each person. This means that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw in the care plans that there was an assessment of people's capacity to make decisions about specific issues such as finance, medical care and personal care. We saw records of some best interests' discussions where people's views were recorded alongside those of professionals and a decision was recorded. Also in the care plans we saw a record of peoples' likes, dislikes, choices and preferences recorded and signed by the person. This means that peoples' choices are respected unless a person does not have the capacity to make that decision.

People using the service told us that they got know the staff very well and said that "I get on very well with my key worker, we go shopping together sometimes". They also told us that "we get on well with all the staff here". We saw records of the handover between staff which takes place every day which contained practical information about what had

happened in the day and what may need specific attention later in the day. We spoke with staff who told us that they receive good information from the practice team leader and the manager about how to care for the people using the service. This means that there is continuity of care, treatment and support as a result of effective communication between the carers those provide it.

There were emergency plans in place for people who used the care and support provided by Prospects which ensured continuity of care. The manager told us that people who lived in the group living situations could move temporarily to other premises if necessary.

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

We spoke with seven people who used the service. They told us that they if they had any concerns they would speak to staff or the manager who they knew personally. They also told us that they could tell family members or their social worker if they were worried about anything. We spoke with people who use the service about the money and they told us that they keep their own money locked in their room which they believe is safe. They told us how they choose to spend their money for example on clothes, holidays and extra flooring. We saw that there were individualised records for each person showing details of money spent.

We spoke with two members of staff who told us that they understood the range of types of abuse which were possible and explained how they would report abuse if they saw it occurring. They told us that they had been on safeguarding courses recently and understood the boundaries of their roles as staff members. We saw a training plan for the service which identified the dates of the training they had attended along with other staff. They also told us that they understood the whistle blowing procedure so felt confident to make a referral outside the existing management structure if necessary.

We spoke with the manager who told us that normally they would handle the safeguarding referral process to the local safeguarding adult's team unless they had been implicated. In this case they would expect the whistle blowing procedure to be followed. The manager described how two incidents had been discussed with the Adult Safeguarding team. In both incidents the Adult Safeguarding Team asked the provider, Prospects, to investigate the matters and report back to them. Following this it was agreed that there was no further action required. The manager told us that she has regular contact with a member of the safeguarding team every six months to keep updated.

We saw the safeguarding procedure which contained all the information needed to identify and refer any incidents of abuse.

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.

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

We spoke with two staff who told us that they receive one to one supervision from the Practice Team Leader or manager once every three months. They told us that this was thorough and supportive. We saw records of supervision which summarised the issues discussed. These issues included key working issues, performance, progress objectives for the future and learning and development opportunities. The Manager told us that the appraisals are undertaken of all staff annually and records were seen which confirmed this arrangement.

The manager told us that spot checks are undertaken every 4-6 weeks and the Practice Team Leader visits weekly and provides "on-site" informal supervision. Staff told us that staff meetings are held monthly and they find this a useful forum to share issues about the delivery of care and support.

One staff member told us about their induction which they described as very helpful and stimulating. They told us that here was a combination of different learning arrangements such as online working, instruction from the manager and shadowing of other staff. We saw a copy of the induction workbook provided by Prospects based on the "The Refreshed Common Induction Standards" produced by Skills for Care and the Association for Real Change (ARC). This included topics such as "the role of the health and social care worker, communicating effectively, equality and inclusion, safeguarding, person centred support and personal development.

The manager showed us a computerised record of training undertaken over the past year which included general topics such as moving and handling, infection control, safeguarding adults and children, food hygiene, health & safety, the Mental Capacity Act, equality and diversity, risk assessment, medication administration, and first aid. Also we saw records of specialist courses including epilepsy awareness, and working with Autism. We saw certificates which confirmed attendance at these courses.

We found that staff received ongoing training and supervision which provided them with the skills and knowledge to meet the needs of the people they were supporting.

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 found that there were good systems for assessing and monitoring the quality of service provision which protect people using the service against the risks of inappropriate or unsafe care, treatment and support.

The manager showed us an overview of the system used to monitor quality at the service. It included audits of care plans, risk assessments and medication administration, also analysis of incidents, accidents and complaints. Also we saw in the quality assurance system a summary of staff training, supervision, staff disciplinary actions, and staff meetings.

The manager told us that they regularly undertook spot checks to ensure that observations were made of care and support received so that people could be reassured that care is being delivered as it should be delivered.

The manager told us that Prospects employs a "Practice Quality Manager" who undertakes an annual audit of the service and a Finance Manager who undertakes a financial audit also annually.

The manager showed us the annual questionnaires for people who use the service which have recently been revised. We saw the outcome from the previous questionnaire which had many positive comments about the service received. The manager also showed us the questionnaire for families which is due to be sent out at the end of March 2013.

People who used the service told us that the "tenants meetings are a good way for us to tell the manager what we think of how things are run". We observed that people were given the opportunity to express their views to the manager during our visit.

.People who use the service, their representatives and staff were asked for their views about their care and support, and they were acted upon.

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 dentists 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 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. 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.

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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