

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

Sudbury Care Homes Limited

67 Sudbury Avenue, Wembley, HA0 3AW

Tel: 02089225138

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

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

Details about this location

Registered Provider	Sudbury Care Homes Ltd
Registered Manager	Mrs. Danalutchmee Tyahooa
Overview of the service	Sudbury Care Homes Limited is a care home registered for a maximum of five adults who have a learning disability. The home has a registered manager.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 carried out a visit on 1 November 2012, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

At this inspection we were able to speak with one person in the home and two relatives by phone. People who use the service have learning difficulties and communication was limited. We were able to observe how they were being cared for by staff. Staff were respectful and treated people with dignity and respect. They talked politely to people who use the service and allowed them time to respond and express their wishes. People responded well to staff.

People told us that they engaged in various activities and had also been on holidays supported by staff. People were encouraged to be as independent as possible and assisted in household chores. Their care records contained details of appointments with healthcare professionals and their care plans had been regularly reviewed.

Relatives who spoke with us stated that the personal, social and healthcare needs of people had been attended to. They had been consulted and kept informed regarding the welfare and progress of their relatives. Their views can be summarised by the following comment, "I am satisfied with the care provided to my relative. The staff are good. My relative is happy in the home."

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

Reasons for our judgement

People who use the service have learning difficulties and communication was limited. We saw that staff were pleasant and treated people with respect. Staff were attentive and friendly towards people. We noted that people responded well to staff and were encouraged to do household chores. Two relatives who spoke with us by phone stated that people had been treated with respect and dignity.

The deputy manager stated that meetings had been held in the home for people who use the service and their relatives to enable them to express their views. The details of these meetings had been recorded. We were informed by the manager that with one exception, most of the staff had worked in the home for many years and they were aware of the preferences of people who use the service.

The home had a policy on ensuring equality and valuing diversity and ensuring that the rights of people who use the service were protected regardless of their background or individual circumstances. The manager stated that religious and cultural observances had been noted. She stated that various religious festivals and holy days were celebrated. Arrangements were in place to ensure that people could have special diets and attend their places of worship.

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

One person who used the service informed us that they were well cared for and had various activities organised for them. Two relatives we spoke with stated that people were well cared for and indicated that when they visited the home people looked well and were dressed appropriately. Their views can be summarised by the following comment, "I find the house is always clean and tidy and my relative is happy in the home. There are enough activities and when he is away from the home, he wants to return to the home."

We saw that staff were supervising people and attentive towards them. We observed that people were encouraged to be as independent as possible and participated in household chores. People had a daily programme of activities and this included outings and holidays.

Comprehensive assessments had been carried out regarding the needs of people. These included information regarding their cultural and religious background. Risk assessments had been carried out and recorded. These contained action for minimising potential risks such as the risk of seizures and self neglect. Plans of care had been prepared. These had been agreed and signed by either people who use the service or their representatives. There was evidence that professionals involved with people had carried out reviews and indicated that the needs of people had been met.

We examined care records of a person with diabetes. We noted that guidance had been given to staff on how to care for this person's specific needs and staff were knowledgeable regarding the potential risks. There was evidence that this person's condition had been monitored by staff and medical professionals.

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

Relatives we spoke with indicated that they had no concerns regarding the welfare and safety of people as people were well treated by staff. Their views can be summarised by the following comment, "I am very satisfied with the home. My relative is safe there. It is a nice home."

The manager informed us that staff had received training in safeguarding. This was evidenced in their training records. Staff were aware of action to take when responding to allegations or incidents of abuse. They stated that they would report it to their manager. They were also aware of the need to report allegations to the local authority safeguarding team.

The home had a safeguarding policy. However, the provider may find it useful to note that the policy had not been updated to mention the role of The Independent Safeguarding Authority. The manager was aware of the guidance document "Protecting Adults at Risk: London Multi-Agency Policy and Procedure to Safeguard Adults from Abuse".

The manager and staff had received training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and were knowledgeable regarding them. The home had a policy and procedure for meeting the requirements of The Deprivation of Liberty Safeguards.

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

Relatives we spoke with informed us that staff were capable and competent. They indicated that staff took good care of people and knew what they were doing.

We observed that staff worked well together and were seen assisting and encouraging people with daily living activities. Staff said the home was well managed and the staffing levels were good. They stated they had enough time to perform their duties and tasks.

Staff had been provided with essential training and updates needed. This was evidenced in the staff files and training records examined. We spoke with staff and discussed a range of topics associated with their work such as care of those with epilepsy and diabetes. They were noted to be knowledgeable regarding their roles and responsibilities. A record of formal staff supervision and staff meetings had been kept. There was documented evidence that new staff had been provided with a period of induction. Staff had signed to indicate that they had read essential policies and procedures. This ensured that staff were aware of important care issues.

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

Relatives informed us that they were satisfied with the quality of care provided at the home. They stated that staff regularly communicated with them regarding progress made by people and medical appointments made for them.

The manager informed us that the home had systems in place for gathering information and evaluating the quality of care and support provided to people. We were informed by the manager that meetings had been held for people who use the service and their relatives. Relatives were also informed of future plans for the home and had signed to indicate this. Staff meetings took place regularly during which care issues were discussed.

The manager provided us with the latest report following their recent survey. This indicated that relatives and representatives were satisfied with the care provided. An action plan was in place following this survey. We were also informed that care audits had been carried out by the manager and the arrangements for the administration of medication had been audited by a pharmacist. The pharmacy audit report indicated that there were no significant concerns.

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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