

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

The Hall

Ashford Road, Hamstreet, Ashford, TN26 2EW

Tel: 01233713857

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

Assessing and monitoring the quality of service provision



Met this standard

Details about this location

Registered Provider	Nexus Direct
Registered Manager	Mr. Roy Edward Farren
Overview of the service	<p>The Hall provides a service for up to nine people with a learning disability. The service is provided in a detached house over two levels. It has small car park with additional on street parking. It is situated in the village of Hamstreet. Within the village there is a doctors surgery, shop/post office, pub and train station. There is a nearby bus stop. The service contracts with local authorities.</p>
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 looked at the personal care or treatment records of people who use the service, carried out a visit on 25 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

This inspection was undertaken to look at one outcome area. This was to support the previous inspection that was undertaken on 17 July 2012, which looked at four outcome areas. We spoke with four people who used the service, the manager and two staff.

People told us they were happy and "liked living" at The Hall. One person said the best thing was "I can do horse riding". Another person said, "I don't mind it here, it's better than my last place". People said they had opportunities to discuss any concerns and voice their opinions about the service provided. People told us they did not have any concerns, but if they had they would speak to the manager or staff. They said the staff were "good" and were confident any issues would be sorted out.

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

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 in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Reasons for our judgement

People told us they were satisfied with the care and support they received. We saw that there were regular house meetings where people discussed issues and voiced their opinions about the service provided. These meetings were also used to discuss any concerns people may have. We saw that when people raised points these were addressed by staff. For example, one person had raised a query why their morning routine was different to another person's living in the house. Staff had explained this was because of when one person needed to take their medication.

The manager told us that they planned to send out formal questionnaires during 2013, to gain the views of people who used the service and their relatives' on the service provided. We saw that formal questionnaires had been prepared ready to be sent out.

The manager told us that there had been a shortfall in staff receiving regular supervision. However we saw that they had taken action and had recently introduced a supervision matrix. The manager had also reviewed who supervised who, to help ensure staff received supervision in line with the service policy. Records showed this change had been discussed at staff meetings. Staff told us they felt well supported. We saw there were shift handovers and a communication book. Staff said they found these tools very useful in keeping up to date with what went on. Records showed there had been a recent staff meeting and a senior staff meeting held.

There was a system in place to monitor that staff received appropriate training in order that their knowledge and training remained up to date.

There were some audits and monitoring of the service. The provider undertook a periodical quality assurance visit to the service and produced a report on their findings. These showed that very few shortfalls had been highlighted. Where action was required the manager was able to talk through the action that had been taken. For example, it was recorded that an old wardrobe had been put outside, but not disposed of. The manager

told us this had now been disposed of. It was also highlighted that bedrooms needed new furniture and the manager told us that new furniture was in place. A periodical health and safety check was undertaken. We saw that some fixtures and fittings were in need of repair or replacement. The manager told us action had been taken in relation to this. In addition fire safety checks and water temperature checks were in place.

The provider may wish to note that not all systems, audits and checks were completed as frequently as stated in the service's policies and procedures.

The manager talked about a recent incident, which had happened in the home. Following the incident being reported and investigated the service had learnt lessons about relationships and boundaries between people who used the service and staff. We saw this knowledge had been used to improve practice by discussing and reiterating good practice at both staff meetings and house meetings.

There was a user friendly complaints procedure in place, which was displayed in the service. The manager told us that no complaints had been received in the last 12 months although all complaints information would be held and dealt with by head office. People told us they did not have any complaints or concerns. They felt able to speak to the manager, or staff if they did and were confident things would be sorted out. There were regular opportunities where people were asked if they had any concerns they may want to discuss. For example, house meetings and one to one sessions held with their link workers.

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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