

# Review of compliance

West Sussex County Council Tozer House	
<b>Region:</b>	South East
<b>Location address:</b>	Tozer Way Chichester West Sussex PO19 4NX
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	September 2012
<b>Overview of the service:</b>	Tozer House is a care home registered for the regulated activity Accommodation for persons who require nursing or personal care. It can accommodate up to 15 people with learning disabilities. It does not provide nursing care.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Tozer House was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 16 August 2012, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

We spoke with three people in the home. We were told that they were happy in the home. One person told us that their keyworker would solve any problems, "I would tell if I had a problem". We were further told "I do like it here, I have a lovely room and the staff get me things".

To understand life experienced by people in the home we also spoke to relatives, representatives and health professionals.

We spoke to 4 relatives and 1 representative. We were told by all that they were very happy with the care in the home. One relative told us "I am extremely happy, the staff are wonderful and caring. They are very thoughtful, my [relative] is very happy and settled there"

Relatives knew how to complain and could discuss any concern which would then be put right. Activities and outings were confirmed as were the completion of surveys. One relative said that sometimes there may be a delay in acting on requests but this was not something the other relative and representative spoken with corroborated.

Relatives were in general happy with the keyworker system but one did say that it would be good if keyworkers had more time available for one to one time with the people living in the home. One other relative also agreed with this and also commented on frequent changes of keyworker.

The representative spoken with told us that the home respected the person's wishes.

A social care professional told us that people placed in the home have their needs met very well as set out in their support plans. We were told that the home communicates well with them and that the home works well with people to develop individuals' independence skills.

## **What we found about the standards we reviewed and how well Tozer House was meeting them**

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

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

The provider was meeting this standard.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

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.

The provider was meeting this standard.

### **Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The provider was meeting this standard.

### **Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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

The provider was meeting this standard.

### **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider had an effective system to regularly assess and monitor the quality of service that people received.

The provider was meeting this standard.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People told us they were well looked after in the home.

##### Other evidence

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Prior to moving into the home people were given information about Tozer House in written, symbol or other formats. Prior to moving in all people underwent a detailed pre-admission assessment and were invited to visit the home on a number of occasions. Information was sought from all family and representatives. We saw documentation for a person planning to move in the weekend following the visit and saw a full social services assessment as well as the homes documentation. This process ensured that people knew and understood the home and also met with other people living there and the staff. It also ensured that the service was confident the person's needs would be met.

We looked at care and support records for three people we saw that needs were assessed on an ongoing basis and systems were in place to record that these needs had been met. There were clear daily and weekly charts that recorded all needs met. These were up to date. We were shown detailed handover sheets which ensured the staff were informed of up to date information for all people living in the home.

The plans had details of medical conditions and the professionals involved in peoples

care; general practitioners, speech and language therapists, dieticians, chiropodist, mental health team and the community team for people with learning disability.

Risk assessments were drawn up in accordance with the residents chosen lifestyle and capabilities and looked at perceived risk against the possible harmful effects of certain activities. Risk assessments seen covered going off site, travelling in cars, road safety, bathing, choking, mobility and use of stairs.

Social needs and activities were set out clearly and people were helped to access a variety of pursuits. People were able to access swimming, spa baths, arts and crafts, bowling, concerts, discos, meals out, train trips and trips to visit family. The home endeavoured to organise an annual holiday for people. People were able to access nearby churches. The majority of people attended day centres on a daily basis. Likes and dislikes were recorded.

Best interests meetings were held for people to ensure they were receiving the most appropriate care to meet their needs. There was ongoing review to ensure people living in the home were correctly placed. This avoided unlawful discrimination and ensured individuals' needs were met.

#### **Our judgement**

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

The provider was meeting this standard.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

Because of peoples complex needs we were not able to speak with them about this outcome on this occasion.

We spoke with relatives and they told us they felt people were safe in the home and that they had not witnessed anything untoward. We observed three people in one house and they appeared relaxed and happy and were well presented.

##### Other evidence

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.

We were told that there was training in place for safeguarding adults. We were shown evidence of this training.

We saw that up to date policies and procedures were available in the home for staff to consult

Staff demonstrated an awareness of safeguarding adults' policies and procedures. All incidents are reported promptly to West Sussex Adult Services and to the Commission. Records were kept in the home of past allegations and we were shown these.

A health professional told us that people were looked after and supervised in the home.

This ensures incidents were at a minimum.

**Our judgement**

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.

The provider was meeting this standard.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

Because of peoples complex needs we were not able to speak with them about this outcome on this occasion.

We spoke with relatives and one relative told us they visited frequently and were involved in the persons hospital appointments; they were aware of the medicines prescribed which they said were administered correctly

##### Other evidence

Appropriate arrangements were in place in relation to obtaining, recording, administering and disposing of prescribed medicine.

The staff we spoke with confirmed that only the senior staff on duty administered medication to people. They also confirmed that all staff had received relevant training. We were shown evidence of this training. We observed the administration of some medicines and this was completed correctly.

We examined medication records. We noted that medication that had been received, administered and disposed of had been appropriately recorded. Medication administration records were up to date. The home held the current West Sussex medication policy which staff could consult.

We were shown how and where medication had been stored. The home did not have

any controlled drugs at this time but did have facilities for storing these. Other prescribed drugs were however, contrary to the West Sussex medication policy, stored in locked domestic kitchen cabinets in the two houses. The senior on duty held the keys. On discussion with the manager and the Duty officer (Senior support worker) we were told that this was done to make the home more homely and less clinical. Since the inspection the manager has discussed this with the area manager and a plan to install correct cupboards has been agreed.

We discussed the administration of 'as required' medication that had been prescribed for intermittent use. For one person we did not see a care plan detailing the individual needs of the person, including the circumstances when the medicine should be administered. We were told for this individual the general practitioner would normally be contacted before administering the drug.

The provider might wish to note that not all people prescribed 'as required' medicines had clear care plans to support the use of these medicines.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The provider was meeting this standard.

**Our judgement**

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The provider was meeting this standard.

## Outcome 14: Supporting workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting workers

#### Our findings

##### What people who use the service experienced and told us

People spoken with told us that staff were very good to them. Relatives confirmed that staff take very good care of people in the home.

##### Other evidence

Staff received appropriate professional development.

There was an ongoing training programme in place which was up to date. Staff received training in moving and handling, food hygiene, infection control, health and safety, first aid, safeguarding adults and fire.

Other training on offer for staff was medicines, bereavement support, communication skills, dementia, epilepsy and care of a feeding tube to the stomach.

Staff spoken with confirmed that they had received this training.

There was an induction programme in place and staff spoken with confirmed that this took place.

We saw a supervision matrix and records and this was up to date. Staff confirmed that they found the supervision process useful.

Staff told us that they felt supported and that they could approach the registered manager with any problem.

**Our judgement**

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

The provider was meeting this standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

Relatives confirmed that they were asked their opinions of the home. We were also told that any comment or concern would be dealt with.

##### Other evidence

People who use the service, their representatives and staff had been asked for their views about their care and treatment and they had been acted on.

We were shown the results of the last year's residents, relatives, general practitioner and social worker survey. These had been used to help prepare the action plan which also included the training for the year.

Social events were organised periodically to include relatives and friends.

We were told that the area manager visits monthly for supervision with the manager and to meet staff and people. We saw some notes of these meetings which noted if people were happy. Staffing, pharmacy, training, safeguarding and maintenance issues were noted. It had been noted that the kitchen required a food only sink and this had been completed.

A health and safety audit was being completed six monthly.

Medicines were audited monthly and untoward incidents, accidents and complaints

were recorded. There had not been any complaints but many complimentary letters were on file.

Electrical items had been tested in January 2012.

A fire risk assessment was being conducted annually.

There was a staff training and development programme.

**Our judgement**

The provider had an effective system to regularly assess and monitor the quality of service that people received.

The provider was meeting this standard.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA