Inspection Report

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

The Care Division - Poole

Unit 4 -5 Concept Park, Innovation Close, Poole, BH12 4QT

Tel: 08455210424

Date of Inspections: 22 January 2013
17 January 2013
09 January 2013

Date of Publication: March 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
Records	✓ Met this standard

Details about this location

Registered Provider	The Care Division Limited
Registered Manager	Mrs. Helen June Spencer
Overview of the service	Supported living service providing personal care to people with learning disabilities.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

Contents

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'.

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 reviewed all the information we have gathered about The Care Division - Poole, looked at the personal care or treatment records of people who use the service, carried out a visit on 9 January 2013, 17 January 2013 and 22 January 2013 and checked how people were cared for at each stage of their treatment and care. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We carried out an unannounced visit on 8 January 2013. The service provided care for people with complex needs. On this occasion we did not meet people who use the service but spoke with three family representatives, two care workers and three health professionals on 17 and 22 January 2013.

The care provided by was person centred, which meant it was focussed on meeting people's needs according to the individual's preferences. We found that staff attitudes, training and records all reflected that the individual needs of the person and how best to meet their needs was at the centre of their work.

One relative told us "They are all absolutely first class. We cannot fault them. They understand how to look after [my relative] and their possessions and they recognise signs that they may be unwell"

Another relative said "I'm very happy. The staff are supportive, kind and helpful. They are good communicators and they understand my needs as well as [my relative's]. They are always happy with their carers".

We spoke with two staff who told us that they understood safeguarding policies and procedures and had good support from their managers. We found that staff were well supported and given specialist training relevant to people's needs as well all mandatory training.

Good record keeping systems were in place to support the work of the staff and protect people using the service from the risks of unsafe treatment.

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

Reasons for our judgement

We looked at four people's records and care plans. We saw evidence that they had been involved in the development of these wherever possible. All parts of the care plans were individualised and reflected people's wishes and choices as well as their likes and dislikes.

The service provided care for people with complex needs, many of whom had little or no communication. Records showed that staff were aware of how people could communicate. Training had been given to staff to support those people who had specific methods of communication such the use of sign language. Records also detailed how people may communicate via non verbal cues such as body language or by sounds.

Due to people's needs and level of capacity it was often necessary to make decisions on their behalf. We saw records that evidenced that when such Best Interests decisions were made they were done so with the full involvement of relatives and professionals. The health professionals and family members that we spoke with also confirmed this.

We spoke with two care workers who confirmed that they had received training in promoting privacy, dignity and choice. We asked staff how they ensured that people's privacy was promoted. They were able to give us examples such as knocking on people's doors for permission to enter and closing doors and curtains when giving personal care.

Care and welfare of people who use services ✓ Met this standard

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

We spoke with three health professionals all of whom confirmed that care workers were focussed on the individual's needs and wishes and had a good understanding of people's likes and dislikes as well as how to provide good care for them.

During the inspection we tracked the care of four people. This involved looking at people's individual care plans, and speaking with their relatives, care workers and health professionals.

We found that care plans included detailed assessments of people's needs, information about how these needs should be met. Records evidenced that the care was given as required and planned. All records were person centred and whenever decisions were made there was evidence that appropriate people were consulted as well as the person who was receiving care.

All of the relatives and health professionals that we spoke with confirmed that the agency always communicated well with them and that staff showed care and sensitivity when caring for people.

One relative told us "They are all absolutely first class. We cannot fault them. They understand how to look after [my relative] and their possessions and they recognise signs that they may be unwell"

Another relative said "I'm very happy. The staff are supportive, kind and helpful. They are good communicators and they understand my needs as well as [my relative's]. They are always happy with their carers".

We saw that people's healthcare needs were met. Records showed that care workers knew how to support and monitor people's needs in areas such as teeth cleaning to epilepsy care. Records were also available to show that other people such as doctors, dentists, community nurses, speech and language therapists, physiotherapists and chiropodists had been involved to ensure that people's specific needs were met.

The health professionals that we spoke with confirmed that The Care Division provided a

"good professional service". All said that care workers had a good understanding of people's needs and how to meet them. They also considered that the agency was good at promoting and maintaining links with families. They said that if problems or issues did occur that the management of the agency were very open and approachable and action was always taken.

We saw that medication records were completed when medication was given. There was an auditing system in place to ensure that medicines were given as required and to highlight any issues or concerns.

Safeguarding people who use services from abuse ✓ Met this standard

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

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 saw that the provider had relevant policies and procedures detailing what abuse was and how to report it. These were accessible to staff.

Both of the staff we spoke with confirmed that they had received training in the safeguarding of vulnerable adults and whistle blowing. They also said that they felt comfortable in making reports if necessary and received good support from their managers.

The provider responded appropriately to any allegation of abuse. Any allegations or concerns had been reported appropriately to the local authority and to CQC. They had co-operated fully with investigations and had taken action within the company if this had been found to be necessary.

Supporting workers ✓ Met this standard

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

Staff told us how they formed small teams of regular care workers to support individual people. They told us that this meant they got to know people's needs and understand them and that it also meant continuity for the people receiving care. Each team had a supervisor allocated to them. Staff told us that they felt well supported and we saw records of regular individual supervision sessions and spot checks. We were told there were also regular staff meetings.

We saw that the agency had their own training department which was well equipped. We saw training records that evidenced that staff received all mandatory training such as moving and handling and infection control and regular updates. Training in specialist areas such as Total Communication, Learning Disability awareness and epilepsy was also given to staff. Individual care plans also stated if staff must have specialist training, for example, in epilepsy before providing care. The deputy manager confirmed that this was taken into account when scheduling staff.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We looked at four people's care records and six staff files. We found all were up to date, accurate and contained the required information.

We saw that care plans and staff files were stored securely in offices which were only accessible to staff. We were told that when the offices are empty, the doors are kept locked. Staff confirmed that they could access records when they needed to.

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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk