

Review of compliance

<p>Enable Care & Home Support Limited Fisher Close</p>	
<p>Region:</p>	<p>East Midlands</p>
<p>Location address:</p>	<p>1-3 Fisher Close Grangewood Chesterfield Derbyshire S40 2UN</p>
<p>Type of service:</p>	<p>Care home service with nursing</p>
<p>Date of Publication:</p>	<p>April 2012</p>
<p>Overview of the service:</p>	<p>Fisher Close is managed by Enable Care and Home Support Limited. It is located in Grangewood near Chesterfield in Derbyshire.</p> <p>The service currently provides nursing, personal care and accommodation to 15 adults (males and females) with a learning disability. People live in three seperate bungalows.</p>

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

Our current overall judgement

Fisher Close was meeting all the essential standards of quality and safety.

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 11 February 2012, carried out a visit on 17 March 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

Most people who use the service were unable to share their experiences with us. People able to express their views said they were happy with the care and support they received, and felt their needs were being met. One person told us "this is a good place to live as staff look after us well." People are given information to help them make choices and decisions about their lives, as staff explain things in a way they can understand.

People felt that staff respected their privacy, dignity and independence. They also felt listened to and able to express their views and raise any concerns with staff if they were unhappy.

Two relatives we spoke with praised the care and support their family member received. They felt that staff are caring and have a good understanding and respond to individuals needs.

What we found about the standards we reviewed and how well Fisher Close was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People are treated with consideration and respect and are encouraged to express their views and make decisions about their care and treatment.

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

People using the service receive safe and appropriate care, treatment and support that meets their needs.

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

There are arrangements in place to protect people from abuse and enables them to feel safe.

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

Staff have access to training and support to enable them to carry out their work effectively. This ensures that people's needs are met by competent staff.

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

People benefit from safe quality care, treatment and support as the service is effectively managed, seeks their views and monitors the quality of care and service provided.

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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us they are given information to help them make choices and decisions about their lives, as staff explained things in a way they can understand. Observations during our visit supported this.

People felt that staff respected their privacy, dignity and independence, and that the daily routines are flexible, taking into account their wishes, such as how they wish to spend their day.

People felt listened to and able to express their views and raise any concerns with staff if they were unhappy.

Relatives we spoke with said they were involved in decisions about their family member's care and treatment.

Other evidence

We observed staff respecting people's privacy, dignity and independence.

As part of their commitment to promoting dignity in the service the manager confirmed that several staff had taken on the role of 'dignity champion', which involves promoting

dignity issues and ensuring people are treated with respect.

Two people's care records we looked at included information on how they preferred to be supported, their likes and dislikes and how they made their views known.

Records showed that relatives were involved in decisions about their family member's care and welfare.

Staff we spoke with were knowledgeable about individual's needs and how best to communicate with them.

We saw that the information handbook about the care and services provided was not in an easy read form. The provider informed us that new information handbooks were being developed for all its services in an easy read form to meet people's needs.

Records showed that the provider held several 'forum meetings' each year to enable people to have a say in how the services are run. This helps the provider make improvements to the services.

Records showed that regular meetings were also held in the three bungalows to enable people to voice their views. People's views were recorded although the details of the meetings varied, and not all minutes included action taken to follow up suggestions and issues raised. The minutes were not in an easy read form that all people would be able to understand. The manager agreed to address this issue.

Our judgement

People are treated with consideration and respect and are encouraged to express their views and make decisions about their care and treatment.

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 able to express their views told us they were happy with the care and service they received, and felt that their needs were being met. One person said "this is a good place to live as staff look after us well."

People felt that the daily routines were flexible taking into account their wishes, such as how they wish to spend their day.

People said they were involved in various social and leisure activities of their choice. One person enjoyed going fishing, whilst another person enjoyed bowling and watching football. People told us they are given the choice of going on holiday.

People said they received care and support from regular staff that are aware of their needs and preferences. This means that people can expect to receive consistent care.

People liked the way they had been able to personalise their bedroom.

Relatives we spoke with praised the care and support their family member received. They felt that staff are caring and have a good understanding and respond to individuals needs.

Other evidence

Staff told us the service is flexible and centred around people's needs and preferences. This was apparent during our visit. For example one person preferred to

spend time in their room, which staff respected.

Staff told us that people received consistent care as the shifts were covered by regular staff who knew their needs.

Two people's care records we looked at included leisure and social activities they were involved in. Staff told us that people are given the choice of going on holiday. Last year people who choose to go on holiday went to different places, which showed that individual's choices are respected and met.

Discussions with staff and records showed that people were offered regular health checks and had a health plan in place, which set out their needs and support required to be healthy.

Staff had completed an essential information record about each person, which goes with the individual in the event they have to go to a hospital or another service. This is to ensure that people receive continuity of care and that their needs are understood and met.

Two people's care records we looked at were generally detailed and included personal information about how their needs and preferences and identified risks were being managed.

One person's care plan relating to their behaviour needs referred to administer prescribed 'PRN' medication as required, but did not state the actual medication to be given. Where PRN medication had been given there was not always a record to show the effect of this.

We saw that one person's choking risk assessment included measures in place to minimise the risk of choking; the assessment was reviewed at six monthly intervals. However a care plan had not been completed in regards to their choking risk to ensure their continued welfare. As no care plan was in place staff had not completed a regular review as to the effectiveness of measures in place to minimise the person's choking risk.

The registered manager agreed to urgently address the above issues.

We saw that care plans were reviewed at regular intervals and as changes occurred. Staff had completed detailed reviews as to the effect of people's care, treatment and support.

From talking to staff consideration is given to people's capacity to make decisions about their care and treatment. The service has a chart to assist staff in assessing people's capacity to make decisions. Where people lacked capacity to make certain decisions there was reference to this in their care plan. but this did not form part of their assessment. Staff planned to complete a new capacity assessment form to ensure that arrangements are in place to gain and review consent from people, where individuals lack capacity to make certain decisions.

Clear records were kept relating to best interest meetings held to determine what is in a person's best interest.

Our judgement

People using the service receive safe and appropriate care, treatment and support that meets their needs.

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

People able to express their views told us they felt safe, and able to report any concerns they may have to staff.

Relatives we spoke with said they felt able to report any concerns to the person in charge and had confidence in staff to keep people safe.

Other evidence

Records of safeguarding issues for all the provider's services were held centrally. Senior managers were transferring the information onto computer held records, to enable the provider to analyse the data and to clearly identify which service incidents relate to.

The manager confirmed that the service has had one safeguarding incident in the last 12 months, which was upheld under safeguarding procedures. An action plan had been put in place to prevent further incidents.

The manager had access to local safeguarding procedures and was aware of her responsibilities in regards to this. Staff we spoke with had an understanding of safeguarding issues and who they should report concerns to, if abuse was alleged or suspected. Staff said they felt able to report any concerns to senior staff.

In response to recent safeguarding incidents within its services the provider has changed how it monitors staff attendance at training, to ensure all staff have an up to

date knowledge of safeguarding issues.

The provider's safeguarding policy has been updated to include internal procedures in place, which states what action staff need to take to make sure people are safe, if abuse is alleged or suspected. The manager confirmed that staff had received a briefing on the updated policy.

Staff told us they had received training on how to manage certain individual's behaviour that challenges. This had helped staff to apply consistent and effective approaches to managing their behaviour.

At the time of our visit no one was subject to protection measures relating to the Mental Capacity Act and the Deprivation of Liberty Safeguards.

We saw that policies and procedures were in place to safeguard people's welfare. The provider assured us that the policy relating to the use of restraint was being updated to state the types of restraint permitted within in the service. Also, the financial procedures were been updated to ensure that regular checks are carried out to ensure that people's bank statements, cash balances and money in safe keeping is correct, including staff responsible for completing this.

We checked the systems in place relating to two people's money in safekeeping, which showed that procedures were followed to safeguard their interests. Two staff signed the balance sheets in regards to all transactions of money, as individuals were unable to sign their records. People's money in safe keeping was checked at regular intervals to check this was correct; two staff signed the records. However the frequency of checks varied as in one bungalow weekly checks were carried out, whilst in another bungalow monthly checks were completed. The manager agreed to address the differences.

Our judgement

There are arrangements in place to protect people from abuse and enables them to feel safe.

Outcome 14: Supporting staff

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 staff

Our findings

What people who use the service experienced and told us

People able to express their views said they liked the staff and felt that they did a good job. One person told us "the staff are great; they listen and involve me in my care".

Relatives we spoke with felt that the service has a dedicated team of staff with the skills to meet people's needs. Relatives said they could contact staff at any time as they were approachable.

Other evidence

Staff we spoke to said that they worked well as a team and they felt supported by the manager. Staff felt valued and enjoyed their work.

Checks carried out during our visit showed that the service had a mix of staff with appropriate knowledge and skills to meet people's needs. Most of the staff had worked for the provider for a number of years. Staff were receiving supervision and an appraisal in line with the provider's policies.

Discussions with staff and records showed that staff meetings were held, which provide opportunities to share information and to express their views. However the frequency in which meetings were held varied between the three bungalows. The manager agreed to review the frequency of meetings in line with the provider's guidance.

Staff we spoke with felt that the staffing levels and skill mix was generally sufficient to meet people's needs. Staff told us that extra staff were provided to enable people to go on holiday and outings.

Staff felt they received appropriate training to carry out their work, and said they are encouraged to complete National Vocational Qualification in health and social care.

The service has a large team of staff that work in the three bungalows. Records showed that the majority of staff had completed the required training or were due to attend this during 2012. A small number of staff had yet to attend training on person centred working, equality and diversity, values and the Mental Capacity Act to further their knowledge and skills. The manager assured us that the remaining staff would attend the training during 2012.

All staff are required to attend safeguarding training every three years. Records showed that all staff except for three staff had attended this or were due to attend the training during 2012. The manager gave assurances that the three remaining staff would attend the training during 2012.

Training records showed that there was sometimes a delay before new staff completed all essential training to carry out their work. For example one new employee who started work in October 2011 did not receive people handling training until three months after their start date. Whilst another new employee who started work in August 2011 did not receive fire training until three months after their start date, and was not due to attend safe guarding training until April 2012. The manager told us there was sometimes a delay in booking new staff on all mandatory training, due to the demand and availability of courses. The provider planned to review the arrangements in place to ensure that new staff receives timely training to carry out their work.

Senior managers told us that all new staff are required to complete a comprehensive induction, within eight weeks of their start date to ensure they are properly trained to carry out their work. The induction training included information about people's privacy, dignity, independence and rights. It also included a full day on safeguarding.

Records were not available to show that all new staff had or were completing the provider's comprehensive induction book. We saw that a new member of staff had duly completed the initial induction checklist, which includes basic information to enable them to carry out their work. The home's manager assured us that the member of staff and other new staff had also completed the provider's comprehensive induction, which had been sent to the head office for signing off and safe keeping.

Senior managers told us that the staff handbook was being updated; this would be made available to staff.

Bi-monthly training and development meetings are held where relevant staff reviews training and development issues.

Our judgement

Staff have access to training and support to enable them to carry out their work effectively. This ensures that people's needs are met by competent staff.

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

People able to express their views felt listened to and had a say in how the home is run. People also felt able to raise any concerns about the care and service with staff.

Relatives we spoke with felt the home is well run and had confidence in staff to run things properly.

Other evidence

We saw that measures were in place to obtain peoples' views about the care and service they receive, including meetings and care reviews.

In September 2011 the provider sent a satisfaction survey out to all families and carers of people who use services. The provider told us that they were completing a report of the findings, and will put individual action plans in place for each service in response to issues raised.

Staff felt able to express their views and raise any concerns about the care and service with the manager, as she was approachable and responded to ideas and concerns raised. The managers stated that the service had not received any complaints in the last 12 months.

Records of complaints for all the provider's services are held centrally. We looked at several complaints received in the last 12 months; the records showed that these had been managed appropriately in line with the provider's procedures. Senior managers were transferring the complaints data onto computer held records, to enable the

provider to analyse the information and to clearly identify which service complaints relate to.

The provider has systems in place to monitor the care and services provided, and to identify and manage risks to ensure the services are run safely. We saw examples of how the provider monitors accidents and incidents to reduce risks to people who use services. For example a detailed review of a person's incidents of falls had been completed, as a result of this a number of measures had been put in place to minimise the risk of harm and injury.

In August 2011 the provider completed an internal annual quality audit, which managers from different services had carried out. A report of the findings was available in the home including an action plan, which the manager was responsible for completing. The internal quality audit was a new monitoring tool, which the provider planned to further develop following the first audit.

The provider has set up a quality improvement group with a view to providing a quality check of all policy and practice changes, which involves a small group of staff including people from the Local Authority and the Primary Care Trust.

The provider had recently attained Investors in People Silver award, which reflects their commitment to training and developing staff.

The provider stated they are committed to promoting senior staff to take on roles and responsibilities for specific practice areas relevant to their area of expertise. Staff told us they had taken on responsibility for a wide range of areas including dignity champion, falls prevention, dementia, prevention of pressure ulcers and end of life care.

Our judgement

People benefit from safe quality care, treatment and support as the service is effectively managed, seeks their views and monitors the quality of care and service provided.

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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, 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

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