

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

Fisher Close

1-3 Fisher Close, Grangewood, Chesterfield, S40
2UN

Tel: 01246202667

Date of Inspections: 24 January 2013
23 January 2013

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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
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Enable Care & Home Support Limited
Registered Manager	Mrs. June Stocking
Overview of the service	Fisher Close is located in Chesterfield, Derbyshire. It offers accommodation for up to 15 adults with a learning disability within three bungalows. It is registered to care for people who need nursing or personal care and it provides nursing care.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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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 23 January 2013 and 24 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

On the two days of this inspection there were 14 people using this service. We used a number of different methods to help us understand the experiences of these people because they had complex needs. This meant that most of them were not able to tell us their experiences. We spoke with one person who used the service and with the relatives of two others. We spent time in each of the three bungalows and observed people's activities, and how staff interacted with them, in two bungalows. We spoke with the staff nurses in charge and spoke in detail with two further members of staff. We also read the care plans of three people using the service, to find out more information.

The people we spoke with said that their privacy and dignity was respected at Fisher Close. One person said, "When I go to the bathroom staff cover me up." People were involved, as far as possible, in planning their care. Staff respected their personal preferences and people thought that their needs were met. One person told us, "My one to one worker knows my ways...it makes it easy to be with them."

People told us they felt safe at Fisher Close and were well treated by staff. Support workers had received training that kept people safe and the people we spoke with felt that staff were well trained to meet their needs. Records we saw supported this.

People were asked for their views, and comments that they made were acted on. One relative told us, "I feel so lucky [the person] is there."

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

On the day of this inspection there were 14 people using this service. We spoke with one person, and with the relatives of two other people, about people's involvement in their care at Fisher Close and how they were supported there. We also observed people's activities within two of the three bungalows, and the way that staff interacted with them in two lounge areas, over a period of 20 minutes.

People's privacy and dignity were respected. We observed one person watching a video that they had chosen and another looking at a picture book. Staff were paying attention to people's needs and supporting them in activities and with drinking and meeting personal needs. There was a relaxed and positive atmosphere in the two bungalows.

The people we spoke with, and their relatives, also confirmed that people's privacy and dignity were respected. One person said, "When I go to the bathroom staff cover me up", and one relative told us, "[the person] is dressed nice and assisted when necessary." Staff gave us examples of how they met these needs, such as closing doors while providing personal care. One staff member added, "I let [people] know what I'm going to do." We observed staff talking with the people who use the service as they provided care to them.

People were supported in promoting their independence and community involvement. The people we spoke with, and their relatives, told us that staff encouraged people to be as independent as possible. One relative told us, "[The person] gets themselves a drink." We also found that, for those people who were very limited in what they could do for themselves, the service provided equipment that promoted comfort and dignity. One relative told us, "[The person] is not able to do anything for themselves...a wheelchair has been specially adapted and this is reviewed regularly." Staff showed good awareness of people's right to take informed risks – balancing the need to respect people's preferences and choices with their safety, through a thorough assessment of risk.

The people we spoke with, and their relatives, confirmed that people were enabled to be

an active part of their community in appropriate settings. One person described a full timetable of activities during week days including one to one time with support workers.

We found that people were helped to express their views. Staff told us how they found out the views of people using the service, who have difficulty communicating verbally. Their comments showed that these staff members had insight and skills in ways to involve people. One staff member said, "I will ask questions and see if people respond...I am aware of [people's] facial expressions." We observed staff acting in person centred ways with the people who use the service.

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 and support that met their needs and protected their rights.

Reasons for our judgement

We found that care was planned and delivered in a way that was intended to ensure people's safety and welfare. The people we spoke with, and their relatives, said that staff respected the likes and dislikes of people who use the service and thought that their needs were met at Fisher Close. One person told us, "My one to one worker knows my ways...it makes it easy to be with them." The staff we spoke with felt that all of people's needs were being met by the service. One staff member gave us an example that the provider had, "bought a laptop so that [one person] can Skype their mum and dad." Another member of staff told us, "It's cosy and friendly here – we are guests within [these] people's home."

The people we spoke with, and their relatives, were positive about the daily activities provided, or arranged, by the service and the associated day service. One relative told us, "Staff will change [the person's] environment; for example, they will take them to the garden or put on the television."

We found that people's needs were assessed and care was planned and delivered in line with their individual care plan. The care plans we read were comprehensive, accurate and up to date. They clearly guided staff to meet people's needs in a consistent and informed way. A range of risk assessments were being recorded and reviewed regularly and these included procedures to safely manage risks. The staff we spoke with showed an awareness of the benefits of recording risk assessments as a way of identifying and minimising risks to the people who use the service. They gave us examples of the kind of risks people were exposed to and what staff needed to do to manage these. They confirmed that care plans and risk assessments were in place to address the management of these risks.

We found that the service took an approach to people which was very centred on their individual needs. This was reflected in the environment as well as staff behaviour. This person centred approach was also fully reflected in the service's care plan documents through a recording of people's likes and dislikes. Also, there were records of 'Important people in my life' and 'How to communicate with me'.

The Deprivation of Liberty Safeguards (DoLS) code of practice, from the Mental Capacity Act, 2005 (MCA), was only used when it was considered to be in the person's best interest. These safeguards aim to protect people in care homes and hospitals from being

inappropriately deprived of their liberty when they do not have the mental capacity to make an informed choice. None of the people using the service were subject to a DoLS authorisation. Staff showed good awareness of the MCA and DoLS and said they had periodic training on this subject. There was evidence on care plans of decisions being made, with full consultation, in people's best interests. Each person had a care plan covering 'Mental capacity and choice'.

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

The 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 people we spoke with told us that they, and their relatives, felt safe living at the service. One relative added that [the person] was, "100% safe." They were able to tell us what they would do if they were worried about anything. The people we spoke with, and their relatives, confirmed that staff showed them respect and treated them well.

The staff we spoke with told us what they would do if they had concerns about abuse happening at the service and were able to describe the kinds of abuse that might occur in a care home. They told us they had received training on keeping vulnerable people safe and we confirmed from records that staff had been provided with this training.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. The staff we spoke with showed awareness of safe practices when managing behaviour that may challenge staff. They had received training on this topic. Staff told us that the people they support had never needed to be restrained and added that it was the service's policy not to restrain people. The provider may find it useful to note that the service's written policy for dealing with challenging behaviour referred to the, 'use of restraint as a last resort'. We spoke with the person in charge about this potential area of confusion for staff. They confirmed that the service does have an actual policy of not restraining people.

We checked the personal monies record of two people who use the service and found that receipts were kept and entries were recorded with two staff signatures. The final balance figure on one person's record accurately reflected the amount of cash held. The provider may find it useful to note that, in relation to the other person's monies, there was £9 less cash than the final balance figure. The person in charge later notified us that staff had failed to enter the cost of a hair cut into the record book.

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 were able, from time to time, to obtain further relevant qualifications. The staff we spoke with described to us a full range of training topics and we saw records that showed that staff were up to date with relevant training. New staff followed Skills for Care 'Common Induction Standards', which is a nationally recognised qualification.

The people we spoke with told us they thought that staff were well trained to meet people's needs and that staff were competent at their job. One relative told us, "All of them are dedicated."

Staff received appropriate professional development. We asked members of staff about staff supervision and appraisal. They told us they felt supported by the service's manager and found her very approachable. Records showed there were regular face to face supervision sessions. Also, staff were having annual performance and development reviews (PDRs) at which their personal development objectives were discussed and reviewed.

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

The people who use the service, and their representatives, were asked for their views about their care and treatment and they were acted on. One of the people we spoke with told us they attended occasional residents meetings. We read some minutes from these meetings at two of the bungalows. The views of the people who use the service, their relatives and of external professionals were sought periodically, through satisfaction questionnaires. The two relatives we spoke with confirmed they received annual satisfaction questionnaires to complete.

The overall opinion of the people we spoke with, on the quality of the service provided, was positive. One relative told us, "I feel so lucky [the person] is there."

The members of staff we spoke with said they felt listened to by the manager and nursing staff. Staff told us that staff meetings were held every one to three months and we read the minutes from some of these meetings.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. Apart from the quality monitoring tools already mentioned, monthly monitoring visits to the service were undertaken by a service manager employed by the provider. We saw records of some of these visits. Staff confirmed that the service was regularly monitored. One staff member said, "The Head of Residential Care does care plan audits and the Finance Officer does personal money audits." We saw a satisfactory business plan for the period 2011-2012.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. We saw from records that health and safety audits were being undertaken and the manager later confirmed that the provider arranges for equipment audits and environmental risk assessments.

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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