Inspection Report

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

Trent House

Balcombe Road, Horley, RH6 9SW

Tel: 01293826200

Date of Inspection: 30 November 2012

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

Details about this location

Registered Provider	Ashcroft Care Services Limited
Registered Manager	Mrs. Sharon Davies
Overview of the service	Trent House provides accommodation and care for up to six people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or 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 Trent House, looked at the personal care or treatment records of people who use the service, carried out a visit on 30 November 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with staff.

What people told us and what we found

People who use the service are supported to make choices about their lives and are treated as individuals.

People told us that they were involved in choosing meals, and could choose where to be and what to do.

People spoke about community activities they were involved in, such as going to the gym, meals out, pubs, discos and meeting friends.

One person showed us their room and how they had individualised it, and showed us pictures of their recent holidays.

People also told us the staff were nice and they felt happy living at their home, and would go to the manager if anyone upset them.

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

People who use the service are supported to make choices about their lives and are treated as individuals.

People told us that they were involved in choosing meals, and could choose where to be and what to do. For example, one person told us they could telephone their relative when they wanted to.

A person who used the service showed us their room and how they had individualised it, which demonstrated that people's likes and dislikes were included in decisions about their rooms.

All the people we spoke to appeared confident, relaxed and free to choose where to be around the home, and to be involved in things that they wanted to do. For example, one person felt confident to request their money that the home holds in the safe for an activity they wanted to do, and was given it.

People's privacy and dignity were respected.

We observed staff treating people with dignity and respecting their privacy. For example, we saw that when people needed support with personal care that staff made sure private areas were used and that doors were closed.

People who use the service were given appropriate information and support regarding their care or treatment.

We saw that the home had made information more accessible. For example, there were pictorial menus to promote informed choice of meals and pictorial staff rotas, activity choices, person centred plans and complaints information.

Care plans demonstrated the involvement of the person using the service by being person centred, written from their perspective.

We saw there were house meetings and key-worker meetings to seek the views of people and involve them in the running of the home.

People's diversity, values and human rights were respected.

We saw that care plans included sections for cultural and religious needs, and recorded religious needs and choices where appropriate.

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

Reasons for our judgement

The service provided safe, appropriate care, through carrying out initial assessments and planning care based on collating all the required information and making decisions based on people's choice and risk assessments.

We saw that people's choices were included by involving them and their relatives where appropriate, in the process of care planning.

Care plans demonstrated the involvement of the person using the service by being person centred, written from their perspective, for example, I like to call my relatives in the evenings.

People spoke about community activities they were involved in, such as going to the gym, meals out, pubs, discos and meeting friends.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We saw that people's needs were assessed before they moved into the home. The home had also undertaken its own initial and ongoing assessments of need and risk assessments.

We looked at three people's care planning documents. They were made up of four files: a main record file, a communications book, a person centred plan and a health assessment and hospital passport.

The main record file contained people's health records, health care consultations and appointment records, medical correspondence, annual health checks, risk assessments, and specific individual records where needed.

The communications book contained records of all correspondence and meetings.

The person centred plan was written from the person's own perspective, describing how they wanted to be supported with their care, their preferences, likes, dislikes, and

aspirations.

There were arrangements in place to deal with foreseeable emergencies.

We saw that the home has emergency procedures in place for managing situations such as infectious diseases, fire, electricity power cuts, and heating failure, adverse weather conditions and an evacuation plan.

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

We saw that the provider minimised risk and the likelihood of abuse by making sure all the policies and procedures to promote safeguarding were in place.

We that people had mental capacity assessments and records were maintained of best interest meetings.

We saw that the home had the most recent local authority safeguarding procedure in place.

We saw records to show that all staff had safeguarding training and regular refreshers.

We spoke to staff who were aware of safeguarding procedures, and all had recent training or refreshers in this area. Staff were also aware of other connected policies, such as their responsibility for reporting abuse and whistle blowing, and deprivation of liberty safeguards when it is in the best interest of the person who uses the service.

We saw posters around the home about how to report abuse.

There was a complaints procedure in pictorial format to facilitate access, and these were also seen to be available around the home.

People told us they felt happy living at their home, and would go to the manager if anyone upset them.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

There were three care staff on duty in the day and three in the afternoon although an additional staff member was also on duty if needed. We also saw that there was one waking and one sleeping on call member of staff on at night.

We saw that there was a staff training programme in place and a range of training events. We saw that staff access in house training and online training.

Staff induction includes, for example, health and safety, safeguarding, infection control, food hygiene and fire precautions.

All of the full time care staff members except for one had the National Vocational Qualification in Care, level 2 and many had moved on to level 3.

We observed staff spending time and interacting with people throughout this visit.

We saw that there were sufficient staff throughout the day, to assist all those who needed it.

People told us the staff were nice.

Some of the staff had worked with the home and people there for up to ten years and knew the people well.

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

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

We saw there were house meetings and key-worker meetings to seek the views of people and involve them in their care and treatment and the running of the home.

The provider listened to quality issues being raised and made changes where appropriate. For example, concerns about storage space led to a storage shed being acquired for the home.

We saw that the health and safety of people was constantly promoted, reviewed and audited.

Audits of medication, reviews of care plans, and health and safety audits took place and formed part of the quality assurance process. There are appraisals for staff. Information about risks is gathered, analysed and reviewed. Any changes required that arise from reviewing these are implemented and recorded. The complaints system is monitored for appropriate action needed, and to identify any trends. The service sends the Commission the required notifications, and copies are held on site as part of the monitoring process.

The manager monitors quality supported by the quality manager manage, who both also do joint monthly quality audits and feed this back up the organisation.

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

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