

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

Gaywood Street

24 Gaywood Street, Elephant & Castle, London,
SE1 6HG

Tel: 02072619210

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December 2012

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 ✗ Action needed

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

Details about this location

Registered Provider	PLUS (Providence & Linc United Services)
Registered Manager	Ms. Angie McKernan
Overview of the service	Gaywood Street is a residential care home for up to five people who have a learning disability. The service is managed by PLUS (Providence & Linc United Services).
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 18 October 2012, observed how people were being cared for and talked with staff.

What people told us and what we found

We used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not able to tell us their experiences. We observed staff giving people care and saw the staff were polite, kind and caring and supported people in making choices about what they wanted to do. They listened carefully to them and showed patience in their dealings with them. We looked at complaints and compliments logs and saw that the comments were mostly positive. We looked at photographs of activities and outings in people's care files which showed people enjoying themselves.

However, we found that the provider was unable to demonstrate that suitable arrangements were in place ensure that all staff are appropriately supported in relation to their responsibilities by receiving appropriate supervision and appraisal. This may put people at risk.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 19 December 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

There was a calm and relaxed atmosphere at the home on the day of our visit. We saw that staff were polite, kind and caring and supported people in making choices about what they wanted to do. They engaged with people in a meaningful and positive way and treated them with respect. They listened carefully to them and showed patience in their interactions. We saw a member of staff supporting one person in moving around the home, talking them through the progress they were making and giving them positive encouragement. It was evident that staff knew the people they were caring for well and understood their individual needs and preferences.

People who use the service understood the care and treatment choices available to them. Support agreements for each person had been developed to meet their needs and preferences. For example there were no set menus for people using the service. The manager told us that each person had individual dietary needs and food was prepared separately for each person; two people were on pureed diets because of their specific health needs.

People expressed their views and were involved in making decisions about their care and treatment. People had their own health action plans and personal health records. People had a choice of activities and there was a pictorial weekly activity chart for each person. We saw also pictorial aids used to communicate with two service users which allowed their involvement in decisions about their daily lives.

People who use the service were given appropriate information and support regarding their care or treatment. Staff had received training in Makaton to facilitate communication and the delivery of care in a person-centred way. Staff told us that they also used objects and touch and smell to communicate important information such as food and drinks.

People's diversity, values and human rights were respected. The people who lived at the service were a mix of men and women and there was a mixed staff team, which allowed same gender care to be provided for a proportion of time. The manager told us that because of their specific support needs staff 'doubled up' to provide the majority of personal care. The staff of the same gender would provide any intimate support needs.

The provider may find it useful to note that people had not been consulted about any individual preferences they may have with regard to the provision of personal care. We discussed this with the manager who undertook to consider how this might be achieved given people's severely restricted communication.

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 saw that the staff supporting people were considerate of their needs and choices and gave them the care they required.

We looked at the care support records of all four people living at the home. They covered all aspects relating to peoples' care and support.

However the provider might find it useful to note that it was not readily evident from the records how people had communicated their specific needs, given their severely restricted communication.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care. Care records contained details of reviews of people's care, treatment and support needs with multi-disciplinary health and social care professionals.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Care records reflected people's individual circumstances, needs and preferences. Physical, mental and social needs were taken into account. Planning and delivery of care identified risks and how they would be managed. People had risk assessments covering a range of risk areas, such as management of finances, activities in the community including visits to the hydrotherapy pool, the use of cot sides on beds and personal care to prevent pressure sores. At the time of the inspection the manager was in the process of updating risk assessments to ensure they fully reflected people's changing needs in all aspects of their care and support.

People's care and treatment reflected relevant research and guidance. For example, in addition to relevant training, the manager had provided staff with briefing and written guidance on the Mental Capacity Act; epilepsy treatment; and recent publications by the Alzheimer's Society, 'Dementia 2012 – A National Challenge' and the National Development Team for inclusion – 'Valuing People'.

There were arrangements in place to deal with foreseeable emergencies. There were weekly fire alarm and emergency lighting tests and fortnightly fire evacuation drills. Evacuation procedures set out staff roles and responsibilities and emergency contact numbers were available to staff.

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 using the service were calm and relaxed during our visit and we saw that they trusted staff and had confidence in them. For example, we saw a member of staff supporting one person at breakfast. The person was smiling and responsive during this interaction. When another member of staff was supporting a person to move around the home, the person showed no signs of apprehension and moved confidently with the staff member's support and encouragement.

There were policies and procedures in place regarding safeguarding. Staff told us that they had completed safeguarding training and they showed awareness of the steps to take if they were concerned that someone was being abused. We saw guidance that the manager had issued to staff regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

There were appropriate procedures for supporting people to manage their money.

The provider's records showed that incidents involving people using services were appropriately managed and the Care Quality Commission (CQC) had been notified where required.

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

Our judgement

The provider was not meeting this standard.

People were not adequately protected from the risk of unsafe or inappropriate care and treatment because the provider could not demonstrate that there were suitable arrangements in place to ensure that all staff were appropriately supported in relation to their responsibilities by receiving appropriate supervision and appraisal.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We saw staff supporting the people living at the home calmly and confidently. Staff engaged positively with them and showed they knew them well and were familiar with their needs.

The manager told us that all staff undertook a range of training and we saw evidence of training completed and planned from information taken from the provider's computer training records.

The staff on duty we spoke with told us they received a five-day induction on appointment and regular ongoing training in different areas. Training completed recently included fire safety, infection control, first aid, safeguarding, sign communication, and moving and handling. Staff we spoke with felt that the training equipped them to do the job to meet the needs of the people they cared for.

The staff told us that they had an annual appraisal and regular supervision meetings with their manager to discuss their own practice and development. However, records of these processes were not accessible on the day of the inspection. The manager undertook to provide copies of recent supervision and appraisal meetings for staff we spoke with immediately after the inspection but did not provide these as requested. The provider could not therefore demonstrate fully that suitable supervision and appraisal arrangements were in place to support staff in their work.

Staff told us that the managers and provider kept them informed of important issues and developments. There were staff meetings in the home every other month. Staff were able to raise issues and express their views freely at these meetings and we saw this from the minutes of recent meetings. Staff signed the minutes to confirm that they had seen and read them.

Staff told us they felt supported by the provider and managers and staff worked well as a

team.

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 lived at the home had an allocated key worker who kept a daily record of the care, treatment and support. This information was used by staff to consider people's ongoing care and make changes in their care and support where appropriate.

The provider had a process in place for monitoring the quality of the service every four months.

We saw that the provider was introducing 'Meta outcomes' to the home to help tailor support to people's specific individual needs. This was being monitored through a six month action plan for the home.

The home made regular checks on the health and safety of the environment and equipment. We saw the most recent checks on file, although the latest health and safety audit had not been filed. All accidents, incidents and complaints and compliments were recorded and were monitored by the manager.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. For example, two people required pureed food and when the blender needing replacing recently staff looked at a catalogue with the people concerned and involved them in making a choice about the replacement blender. Before going out on activities staff showed people pictures of the activity and looked for non-verbal signs such as facial expressions and the person's demeanour to gauge their acceptance of attendance at the activity.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We saw from the records of incidents details of each incident that had been investigated, the outcome of the investigation and the follow up action that had been taken. The Care Quality Commission had been notified where required.

The provider took account of complaints and comments to improve the service. We saw that learning disability and healthcare professionals worked closely with staff at the home. The compliments file contained regular entries from them praising the quality care of and

support provided by the staff. The details were fed back to staff as confirmation of good practice. Complaints procedures were in place and we saw from the complaints file that appropriate action had been taken in response to the one complaint that had been received in the last year. The outcome was reported to the provider and lessons learned were communicated to staff. Staff were aware of the procedures and what to do in the event of a complaint.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
	How the regulation was not being met: People were not adequately protected from the risk of unsafe or inappropriate care and treatment because the provider could not demonstrate that there were suitable arrangements in place to ensure that all staff were appropriately supported in relation to their responsibilities by receiving appropriate supervision and appraisal. (Regulation 23(1)(a))

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 19 December 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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