

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

## Chaffinches

108 Paynesdown Road, Thatcham, RG19 3TE

Tel: 01635874836

Date of Inspection: 20 February 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	St Anne's Opportunity Centre Limited
Registered Manager	Mrs. Samantha Chengun
Overview of the service	Chaffinches is a care home without nursing for up to three people with a learning disability.
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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 February 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 and talked with staff.

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### What people told us and what we found

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People living in the home had a range of individual communication and behavioural needs and were able to provide their views about their experiences of living in the home. We saw that people were involved with their care and the running of the home with the support of staff as far as they were able. One person told us that "It's nice here, I do things I like".

We were told by staff and people living in the home that independence and individuality were promoted within the home. People living there were supported and enabled to do things for themselves as far as they were able. They were encouraged to express their views participate in making decisions relating to their care and treatment. One person said "I go through my care plan with staff".

We looked at a range of records, spoke with the team leader on duty and spoke with two people living in the home in private. We saw the communal areas of the home, two people's bedrooms and observed interactions between staff and people living in the home.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People expressed their views and were involved in making decisions about their care and treatment. Care plans had been developed for each individual and we saw examples of detailed person centred support plans. The plans documented people's wishes and preferences in relation to how their care was provided, how they liked to spend their time and how they preferred to be supported. The plans, including risk assessments, were developed and regularly reviewed in consultation with the individual. Pictorial symbols had been used for one person to help them understand their risk assessments. This person was able to tell us what the symbols meant and how the assessments were designed to keep them safe.

There were regular residents meetings where people were supported to express their views on how the home was run. These meetings were recorded and documentation was seen that confirmed this. People told us they were able to make choices about what they did with their time. One person told us "I like to clean the house and organise my bedroom". Another person told us about their holiday last year and their planned holiday for this year.

We observed that interactions between staff and people living in the home were warm, polite and respectful. We saw people being given the choice to go out or stay at home. They were supported to choose what activities they wanted to take part in. We saw that staff knocked on people's bedroom doors and waited to be invited in before entering. One person told us that they had a bedroom key and they liked to keep their bedroom door locked at night.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We reviewed two care plans together with each relevant person in private. The plans provided assessments of peoples needs and included guidance for staff on how support should be provided. The care plans were up to date and information was arranged in such a way that important details could be located quickly and easily. It was clear from discussion with people they were aware of what was in their care plans and what the goals were designed to achieve.

Care plans seen included evidence that indicated a wide range of health care professionals were regularly consulted with regard to the health needs of individual people living in the home. These included psychologists, opticians, general practitioners, psychiatrists, dentists and chiropodists. The people who used the service had an annual health check carried out by a GP from the local surgery. The team leader told us that everyone living in the home received regular dental checks. Health Action Plans were in place for each person and were up to date.

Social needs and preferences were documented and each person had their own timetable of activities. One person told us that they "liked ballroom dancing and I like to go to a drama group". Staff spoken with were knowledgeable about how individual people liked to be addressed and how their health and social care needs were to be met.

Documentation was seen that demonstrated that regular reviews of care plans had taken place. These reviews were undertaken when changes to a person's needs were noted, as part of recently introduced monthly update summaries and more formally on an annual basis. Annual reviews included invitations to family members and people involved with their care such as care managers. There were risk assessments in place within the care plans seen that were individual to the person and included management plans designed to guide staff on how to reduce the risks identified.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

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The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. A range of internal checks and external servicing contracts were in place. Records seen included comprehensive fire equipment checks and servicing records. This record included information about regular fire drills and an up to date fire risk assessment for the building. We saw that pictorial symbols had been used to enable those people who could not read to understand the fire action plan.

There was a health and safety risk assessment in place which covered all potential risks in the home. This document included information about all the checks that were undertaken to reduce the potential for incidents and accidents. There were records of regular external checks that had been undertaken. This included a five yearly electrical installation check on 25th October 2011. A legionella check on 19th April 2012 and a gas safety check on 27th June 2012. In addition, documentation confirmed that an internal audit had been undertaken on hazards which could lead to slips, trips or falls.

The provider had access to maintenance staff who could be called upon when maintenance issues arose. Records were maintained of when maintenance issues were raised and when they were rectified. The annual development plan included information about when replacement and refurbishment in the home had taken place and what issues were planned for the forthcoming year.

All cleaning products were locked in a secure cupboard and met with the Control of Substances Hazardous to Health regulations. We were told that the service tried to source environmentally friendly products whenever possible but in any event data sheets for all products used were kept and were seen.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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There were enough qualified, skilled and experienced staff to meet people's needs. We spoke to the team leader on duty who told us that the numbers of staff in the home were sufficient to meet the needs of the current people living in the home. We saw the staff rota and this confirmed what we were told about staff numbers. The home had an experienced and stable core of staff who were described as supportive to each other and were clearly committed to providing an good standard of care to people living in the home. We were told that communication about peoples needs was good and important information was passed on to relevant staff without delay. We saw the communication book and house diary which supported what we were told. One person told us that "I like the staff here, they are nice and friendly". Another person said "I generally get on with all the staff".

All staff received comprehensive training in a range of topics which were updated according to required timescales. Training records provided confirmed that all staff employed at the home were either up to date with all training requirements or were due to be booked onto forthcoming courses. We were told by staff that the training provided was of a good standard and access to courses over and above the minimum required was supported by the organisation. For example, some staff had been supported to obtain learning disability and teaching training qualifications.

Staff told us that they felt supported in their roles and were clear about the expectations placed upon them. We saw a staff programme of duties and responsibilities for the week which clearly identified the tasks each staff member needed to undertaken. All staff had access to periodic meetings, one to one recorded supervision sessions and annual appraisals. We saw records which confirmed that this was the case.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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People were given support by the provider to make a comment or complaint where they needed assistance. There was a complaints policy and procedure in place. People were made aware of the complaints procedure. The procedure was provided in a format that met their needs. One person told us that "I'm comfortable with approaching staff with worries or concerns".

The service actively sought feedback and peoples' views through the use of care plan reviews, residents' meetings and through the formal annual review process. A complaints log was maintained. There had been two complaints recorded since the last inspection. Records seen demonstrated that these complaints had been addressed appropriately and to the complainants' satisfaction.

## Records

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People's personal records including medical records were accurate and fit for purpose. Documentation we saw included care plans, supervision and appraisal matrices, staff rotas, meeting minutes, training and maintenance records. The records seen were completed and were up to date. Staff we spoke to confirmed that any changes to an individual's needs was understood, acted upon and recorded without delay.

All confidential records were stored in the homes office within locked cabinets. These were accessible to staff at all times.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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