

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

Slough Dom Care

Ability Housing Association, Burlington Court,
Slough, SL1 2JT

Tel: 01753571324

Date of Inspection: 25 January 2013

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2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Ability Housing Association
Registered Manager	Ms. Carole Brockwell
Overview of the service	Slough Dom Care provides personal care to people with learning disabilities living in a supported living environment. People who use this service live in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

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

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 25 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

People told us they were supported by staff. One person commented, "They come to talk to me when I need them." . We looked at the support plan of the person whose identified support need was staying safe and saw staff were delivering care which ensured their safety.

We visited the homes of two people using the service. We observed that all medicines were stored in lockable cabinets. People showed us where they kept their keys for their medicine cabinet, we saw they were kept in a secure place.

People told us there were enough members of staff to support them. We asked people how they would find a member of staff to talk to if they needed help. One person commented, "I come to the office if I need staff." We saw there were enough members of staff available to cover the rostered shifts.

People told us that they could raise any concerns they had with staff. One person commented, "If I am not happy, I tell staff." Staff stated they would encourage people to feedback about the care and support they received by supporting them to complete customer satisfaction questionnaires. We looked at some which had recently been completed. They showed people had ticked to confirm they knew how to make a complaint.

Staff told us they had attended Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training. This training equipped them to understand when consent should be obtained, by whom and in what circumstances.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We looked at three care plans known in the service as support plans. Each contained a support agreement signed by the person. This outlined the support they agreed to receive from the service. It detailed what they should expect whilst being supported. Support agreements also set out what the service expected from the individual and what they should do if they no longer needed support. For example, people were told staff would listen to what they want to achieve, their aims and goals and will agree a plan with to help them achieve this. We saw evidence of this in the three support plans we viewed. This showed support plans reflected the needs and preferences of people living in the service.

In one support plan, we saw a signed consent form from an individual giving staff permission to have access to their flat in their absence. We also saw a completed consent form which allowed staff to enter the individual's flat in case of emergencies or if staff had concerns for the individual's well being. Consent had been gained to indicate a person's agreement with a plan of action.

Staff told us they had attended Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training. This training equipped them to understand when consent to care, treatment and support should be obtained, by whom and in what circumstances. When conducting initial assessments staff had to establish whether or not people had the capacity to consent, we saw this information completed on 'Needs Assessment Questionnaires'. Staff told us they were also aware of the role of Independent Mental Capacity Advocate (IMCA) and would use them if people needed further support. However, they currently had no one in the service that required this support.

This showed where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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

People told us they were supported by staff. One person commented, "They come to talk to me when I need them."

We looked at three support plans. The deputy manager told us pre-assessments were conducted at people's homes by two senior members of staff, prior to people joining the service. We saw completed 'Needs Assessment Questionnaires' in the support plans. These were very comprehensive and looked at people's physical needs. People were asked questions under the broad headings of, economic well-being; enjoy and achieve; being healthy and staying safe. The assessors then identified whether people were able to independently meet their own needs, required to be monitored, needed to be given verbal prompts or needed physical support. This information helped the service to establish whether they could meet people's support needs. For example, under the heading being healthy and staying safe, an individual stated they were not always aware of their own surroundings and would need to be reminded to lock their door and windows. We looked at the support plan of the person whose identified support need was staying safe and saw staff were delivering care which ensured their safety. This showed that people received care that was planned and delivered to keep them safe and protect their welfare.

We were told by the registered manager support plans were reviewed six monthly or more often when required. We saw this in support plans. The manager told us the service is in the process of developing easy read support plans to cater for the needs of people living in the service. We saw records of person centred review meetings held with people, their family members and other social care professionals. In one support plan viewed, we looked at a care plan developed by the care manager for an individual. The manager told us the person's support was reduced from six hours a week to one and a half hours after the care manager from the Community Team for People with Learning Disabilities (CTPLD) carried out a review of support needs. The manager appealed this decision and a further re-assessment carried out. As a result of the appeal the support hours was increased to three hours a week. We saw the updated care plan on in the support plan. This showed that people's care and support needs were regularly reviewed and appropriate changes met their needs.

We saw monthly consultations records in support plans. These recorded discussions with people and their key workers around the support needs identified. The manager told us people could choose the frequency of these meetings. In one support plan viewed, one the individual wrote they did not want to have monthly consultations. The manger told us that instead they would come with a family member at a time convenient for them. The information in their support plan confirmed this. We saw up to date consultation records, these showed that care delivered was in agreement with support plans.

Support plans included thorough risk assessments. These ensured that care could be provided safely to people living in their homes. We saw completed risk assessments of people's health conditions with management plans put in place to reduce the risks identified.

We visited the homes of two people and saw they were being supported to live independently. One person showed us holiday pictures from when the service took them to various destinations. We observed positive interaction between them and staff, who reminded them to get ready for the transport which would soon arrive to take them to the day care centre.

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

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

People using the service lived in their own homes. Prior to joining the service, all information relating to medicines was gathered and incorporated into people's health plans. The health plans gave an overview of people's health conditions, detailing their full medical history. We looked at three health plans. These were written in an easy read format from people's perspective. We looked at three health plans. Under the heading 'My Medication', we saw what medication people took and why they had to take it. For example, we saw the name of the medicine given to one individual for epilepsy, the dosage and the amount to be given on a daily basis. This showed medicines were prescribed and given to people safely.

We visited the homes of two people using the service. We observed that all medicines were stored in lockable cabinets. People showed us where they kept their keys for their medicine cabinet, we saw they were kept in a secure place. Staff told us that spare keys were kept in the staff office.

The Medication Administration Record (MAR) sheets were kept with people's medication. The MAR sheet we looked at was fully completed and showed the date medication was given and the signature of the staff who gave them. We also saw records where people were prompted to take their medicines. Instructions which ensured people had a copy of their MAR sheet with them if they needed to go into hospital were clearly written in the health plans we looked at. This showed there were clear procedures in practice for safe storage, dispensing and monitoring of people's medicines.

The Medication policy gave staff guidance on the steps to take when giving medicine to people. We saw evidence of staff following this. Appropriate arrangements were in place in relation to the recording of medicines. Medicines were kept safely. Medicines were safely administered.

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

People told us there were enough members of staff to support them. We asked people how they would find a member of staff to talk to if they needed help. One person commented, "I come to the office if I need staff."

The registered manager showed us the staff rota. We saw there were enough members of staff available to cover the rostered shifts. The manager told us In the event of emergencies, the service had an on-call system in place. This provided support to staff when dealing with emergencies. Staff members were instructed to call the on-call manager, who would then come out to the service and give assistance. This ensured people using the service were kept safe at all times.

The registered manager told us they had contingency plans in place in the event of staff shortage. The service used a local employment agency. To provide temporary workers who had worked regularly at the service and who people were familiar with. At the time of our visit no temporary workers were employed. We were told the service was part of a larger organisation which had similar services across the country. Some of their permanent workers lived locally. This meant when members of staff were unable to get to work. For example, due to weather conditions, staff that lived locally could be contacted to work at the service. This showed that the service could respond to unexpected changing circumstances.

We spoke to staff who had achieved qualifications in Level 3 and Level 4 Diploma in Health and Social Care. They told us that the training equipped them to work effectively with people who had learning disabilities. This showed there were enough qualified, skilled and experienced staff to meet people's needs.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People told us they could raise any concerns they had with staff. One person commented, "If I am not happy, I tell staff."

We looked at the complaints policy and saw staff members were instructed on how to handle complaints received. For example, we saw instructions for staff to ensure they respond sensitively to people who are unhappy.

The complaints policy outlined in detail four stages to the complaint process. This helped staff to understand it and support people who wanted to make a complaint. The service gave people a complaints and compliments booklet. We saw the information in this booklet was written in an easy read format for people to understand. At the back of the booklet we saw two small cards inserted so people could record their complaint or compliment. These cards captured people's contact details, which member of staff they raised the matter with and the details of their complaint or comment. The information in the booklet explained four stages in the complaint process. It was written in a simplified way, giving the names and contact details for people with management responsibilities in each one of the identified stages.

We asked staff how they made themselves accessible to people in the service who wanted to make a complaint. One member of staff told us the service had an open door policy so people could come and approach staff at any time if they had any concerns. Staff stated they would encourage people to feedback about the care and support they received by supporting them to complete customer satisfaction questionnaires. We looked at some which had recently been completed. They showed people had ticked to confirm they knew how to make a complaint.

Staff told us how they worked to resolve any complaints raised. For example, one staff told us when dealing with a complaint about anti-social behaviour, they were able to get the local community police and community warden involved. This successfully helped to resolve the situation.

The manager told us that the organisation has recently employed a Customer Engagement Co-ordinator. One aspect of their role was to produce a monthly complaints report, showing outcomes for complaints reported. We looked at this report and saw dates

when complaints were logged, at which service, who dealt with it and what was the outcome. People were made aware of the complaint system. This was provided in a format that met their needs.

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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