

Review of compliance

Enham Michael House	
Region:	South East
Location address:	Macallum Road Enham Alamein Andover Hampshire SP11 6JR
Type of service:	Care home service without nursing
Date of Publication:	March 2012
Overview of the service:	<p>Michael House is a purpose built care home on the site of Enham, a charity supporting disabled people to live independent lives. The whole site is in the village of Enham Alamein on the outskirts of Andover, Hampshire.</p> <p>Michael House provides residential care and support for up to 23 people with physical disabilities. The home has 18</p>

	<p>self contained flats on two floors with a passenger lift. There are two communal lounges, a communal dining room and a conservatory.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Michael House was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 24 January 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

Everyone we spoke to told us they were happy with the care and support they received and they felt involved in how their care was delivered.

People said they had the help they required and they were encouraged to be as independent as possible. One person told us "Staff help us when we need help but they encourage us to do things for ourselves." Another person told us that staff never say "We can't do that."

People told us that they have regular meetings to discuss things about Michael House

One person told us that the changes taking place at Michael House were a bit confusing but they weren't worried about the changes. (The changes Michael House are making are explained later in this report).

What we found about the standards we reviewed and how well Michael House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who use this service are supported to make decisions about their care and are involved in decisions about the service. They are treated with dignity and respect.

Overall, we found that Michael House was meeting this essential standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People who use this service receive safe and appropriate care that is adjusted to meet their changing care needs.

Overall, we found that Michael House was meeting this essential standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The residents are protected from the risk of harm or abuse because the provider has made suitable arrangements to ensure staff are able to identify and respond to any allegations of abuse.

Overall, we found that Michael House was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Staff are well supported by senior members of staff, have been trained and have a good knowledge of their responsibilities to be able to deliver care. However, not all staff have attended recent training in safeguarding vulnerable adults, Deprivation of Liberties safeguards (DoLs) and the Mental Capacity Act

Overall we found that Michael House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The quality of care and service that people receive is monitored effectively by the home. People benefit from this as trends are identified and risks managed.

Overall, we found that Michael House was meeting this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

During our visit people told us they were involved in their care at Michael House. They told us they had been kept informed of the changes that had taken place the home. People we spoke to were looking forward to the other changes that were due to take place. One person was still a little confused about how things "would work out".

People we spoke with knew the staff well and told us that this meant they would be able to appoint their own personal assistant from staff they knew and trusted.

One person told us about their essential lifestyle plan that they had recently written with the support of a member of staff. An essential lifestyle plan identifies what is important to a person and identifies the support the person requires.

One person showed us around their flat and told us about choosing and ordering their own furniture. Another person told us how they had been able to change flats when one they preferred had become available.

People told us that they were given a menu each week to allow them to choose their meals. One person told us that they were planning to go out that evening so the chef had arranged an early meal for them. "They are accommodating and change times if

need be."

People we spoke to explained how staff maintain their privacy whilst helping with personal care. One person told us "They keep things very private."

Minutes of residents' meetings were available and showed that these meetings took place every month. Everybody who attended was able to raise issues and it was also a means of sharing information. We were told, "People can say about things they would like to change."

All the people we spoke to told us about the activities they took part in. These included for example archery, swimming, crafts, and computing. One person told us about their voluntary work in a shop and for a local business they said they had plenty of choice "I just get on and do it." On the day of our visit a number of people had gathered to take part in a pamper session being held by one of the staff in a communal area.

Other evidence

During our visit we were made aware of changes that had started to take place at Michael House as part of the restructuring of the whole service known as Enham. One of the aims was to give people more choice about how their care was delivered. Staff would be known as personal assistants (PAs) and they would provide a personal profile, explaining their likes, dislikes and particular interests. People would then be able to choose their own PA to assist with personal care, activities, community interests and voluntary work or to apply for paid employment. Staff would be available to become PAs to people in any of the three houses which are on the Enham site. Staff told us how they had spent time with people to help them choose their PAs.

Some of the residents of Enham were part of the partnership board. These people had attended meetings regarding the changes to the management and running of the service. They had then fed back any information to other residents.

During our visit we observed staff encouraging people to be as independent as possible. We saw people being supported during lunch where a number of people had specialist aids to enable them to eat independently.

During our visit we also looked at three support plans which showed that each person had a six monthly review of their support. The reviews were signed by the people involved and their relative or advocate if relevant.

Details of the local advocacy service, were advertised on the notice board. This service helps people speak out to get their views heard. Many of the posters around the house, for example fire evacuation procedures and access to advocacy services, were in an easy read format. A leaflet on Enham vision, mission and values 2010 -2013 was also available for people in an easy read format. This enabled all people to access the information.

Photographs of the staff on duty for the week were displayed on a notice board in the dining room. This made people aware of which staff they would see that day.

Our judgement

People who use this service are supported to make decisions about their care and are involved in decisions about the service. They are treated with dignity and respect.

Overall, we found that Michael House was meeting this essential standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us that they were fully involved in their care and described how staff supported them to do things they wanted or needed to do.

People we spoke to said they were very happy with the care and support the staff gave them at Michael House.

One person told us that they usually do things for themselves but if they needed help they only had to ask.

One person we spoke with said they were aware that there was a risk assessment, in their support plan, for cooking and handling hot food in their flat.

Other evidence

During our visit we observed staff speaking to people in a calm, friendly and encouraging way. One person told us that staff always asked how they would like to be helped.

During our visit we looked at three support plans. Each plan showed admission assessments had been carried out. They identified the individual needs of each resident and how the service would meet their needs. We were told by the provider that in order to be able to build a package of support Enham undertook a very comprehensive admission assessment. This gave the person as much information and support as possible to decide if Michael House was the place they would like to live. The service was also able to decide if they were able to provide the care needed for

that person.

Prior to admission people spent a day at Michael House and were given written information about the service. They were then invited to stay in an assessment flat for three weeks, when a needs assessment was undertaken. Doctors, relatives and care managers were also consulted and involved. This was followed by a four week trial of living in the home.

Each care plan we saw had been signed by the person. This showed that the individual agreed with the content. One person we spoke to told us how they had helped to write their support plan.

We saw that people's support plans were clearly structured and indexed for easy reference. They included a photograph of the person and plans for attending to their physical, social and personal care. We saw that people's preferences were recorded, for instance in relation to activities and food. Each support plan contained consents signed by the person for a variety of actions such as the use of photography and permission to share information with their next of kin. People we spoke to remembered signing these and were happy that staff carried out their wishes.

All the support plans we looked at had risk assessments in place for a variety of activities specific to the individual. Risk assessments had been updated to show what actions were being taken to minimise any risks. For example, one person identified at risk of pressure sores had a moulded seat to aid posture, an air mattress and their pressure areas were checked daily.

We spoke to four staff members. They clearly knew each resident really well from the way they described their roles and the care they provided to the residents. They had a good knowledge and understanding of the needs of people living at Michael House. They explained how they responded to, and managed particular behaviours to protect and respect the people in their care. Their knowledge and understanding was demonstrated when we observed them working and supporting people using the service.

During our visit we also saw evidence that the home worked with other professionals to ensure the care needs of the people who lived there were met. Support plans detailed other health care professionals involved in a person's care, such as the physiotherapist, dentist or doctor. One support plan had diagrams and details from the occupational therapist describing the best way to position a person for night time comfort.

Our judgement

People who use this service receive safe and appropriate care that is adjusted to meet their changing care needs.

Overall, we found that Michael House was meeting this essential standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

All the people we spoke to said they felt very safe at Michael House. They said they knew they could discuss any concerns they may have with any member of staff. One person told us that they had no concerns and felt very safe. They also told us they had never seen anything that concerned them.

One person told us that they dealt with their own finances and that all the flats had recently been fitted with safes to lock away personal possessions and money.

Other evidence

We observed all the people moving freely and, in most cases, independently around the home, interacting positively with each other and the staff. Many people were coming from or going to activities, some with support and some independently.

We saw in the minutes of a staff meeting that changes to safeguarding procedures had been discussed. The manager told us that any safeguarding alert would be completed by the member of staff raising the alert. The service felt this was the best way of capturing the all relevant information.

We were told that the provider organisation had safeguarding officers, who met each month to look at current issues and share advice on best practice. If applicable they would also feedback from any safeguarding panels too.

During our visit we spoke with staff who explained the procedure they would follow if

they suspected any type of abuse was occurring. Staff showed a good knowledge of the procedures for safeguarding vulnerable adults from abuse by explaining how and where to report any suspicions or concerns. They told us they felt confident that any concerns they had would be acted upon and were able to discuss issues with any senior member of staff. They could recall the training and knew where to access policies relating to safeguarding.

We were told that there was a flow chart to assist any alerter of abuse in carrying out the correct procedure for reporting. Contact details for the local authority and the Care Quality Commission were displayed in the office. A member of staff we spoke to was able to tell us where the home's safeguarding policy was and to describe her understanding of the term 'whistleblowing'.

We saw that incidents and accidents had been logged and the manager said that forms were monitored for evidence of any unsafe practice.

Support plans contained risk assessments which had been carried out to minimise or avoid any risks to the people living at the home. People had secure safes in their rooms and managed their own finances to reduce any risk of financial abuse.

Staff told us they had received training in protecting vulnerable adults. We were unable to see records of when the training had taken place for some of the staff. Training records were only available for the past two years.

Our judgement

The residents are protected from the risk of harm or abuse because the provider has made suitable arrangements to ensure staff are able to identify and respond to any allegations of abuse.

Overall, we found that Michael House was meeting this essential standard.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are minor concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People told us the staff were very good at their jobs.

People we spoke with told us that there seemed to be enough staff and one person told us "They come quickly if needed."

Other evidence

During our visit we observed staff interacting with people who lived at the home, attending to their needs in a timely and appropriate manner.

We spoke with staff during our visit to the home and they told us about the training they had received. They told us they had undertaken training in many different subjects such as manual handling, fire, food hygiene and professional boundaries. One member of staff told us about the support they had received from Enham to undertake a specialist training course. They were also being encouraged to use their new skills in their day to day work.

We were shown staff training records which detailed the training that had taken place and any that was booked for staff. The manager told us that when a new member of staff was appointed they underwent an induction programme covering the Skills for Care common induction standards.

Some of the staff we spoke to told us that, as far as they could remember, they had not had any formal training in the Mental Capacity Act (MCA) or Deprivation of Liberties Safeguards. One member of staff told us they had received training in the MCA but it

was a long time ago. There were no records of training in these subjects for a large percentage of staff. The manager told us that these subjects were covered during staff inductions. As some staff had been in their job for a number of years this may have been quite a long time ago.

The manager told us that all staff had formal individual supervision every two months. Staff also told us about their regular supervision from a senior member of staff. One member of staff told us that they were able to raise any issues at supervision sessions. Training requests were discussed at their personal development review.

Staff we spoke to said they were unsure how the changes to Michael House would affect them. They all said they thought the changes would benefit the people living at Michael House. One staff member said "I've been able to spend more time with clients. The changes have allowed more time with clients."

Our judgement

Staff are well supported by senior members of staff, have been trained and have a good knowledge of their responsibilities to be able to deliver care. However, not all staff have attended recent training in safeguarding vulnerable adults, Deprivation of Liberties safeguards (DoLs) and the Mental Capacity Act

Overall we found that Michael House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People told us about the residents meetings held at Michael House and that they are able to talk about things they would like to change.

Other evidence

A member of staff told us that the home had regular staff meetings where all members of staff were able to raise issues. We saw minutes of these staff meetings. The manager told us that at the meeting everybody was encouraged to raise any concerns or issues they had.

We saw minutes of residents meetings where views and suggestions had been recorded and acted upon where appropriate. One item raised at a residents meeting was the timing of the main meal, asking for opinion about a change to mid day. We saw that at the next meeting feedback was asked for and people voiced their approval of the change.

The manager told us that they were very keen monitor all aspects of the service. A health and safety audit had been conducted and the local environmental health department had undertaken a food hygiene inspection and report. The home had two health and safety representatives one member of staff and one resident. They attended quarterly health and safety meetings with people from other parts of the organisation. These meetings analysed any trends identified by the home

We saw that Michael House had monthly visits from the Head of Community and

Transitional Support. This visit aimed to support the staff and monitor the quality the service provided by the home. During our visit we met the above mentioned person who confirmed their involvement in the monitoring of the service. We were shown reports from the last three months' visits. The areas they monitored were staffing levels, statutory notifications to the Care Quality Commission, complaints and compliments, what people at the home and staff had to say, visitors comments, individual support plans, the environment and improvements. We were able to track and see that some concerns raised had been followed up and reported on in subsequent months' reports.

Through our discussions with the manager it was evident that she had a good understanding of the processes and systems necessary to run the home safely.

Staff had regular contact with relatives to get feedback about the service. The service had also monitored the views of relatives about the changes that had happened regarding how support is delivered at Michael House. Each person's key worker had made telephone contact with relatives to explain the changes and to listen to any comments or concerns. These conversations were recorded in each support plan.

Our judgement

The quality of care and service that people receive is monitored effectively by the home. People benefit from this as trends are identified and risks managed.

Overall, we found that Michael House was meeting this essential standard.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	Why we have concerns: Not all staff have attended recent training in safeguarding vulnerable adults, Deprivation of Liberties safeguards (DoLs) and the Mental Capacity Act	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	Why we have concerns: Not all staff have attended recent training in safeguarding vulnerable adults, Deprivation of Liberties safeguards (DoLs) and the Mental Capacity Act	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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