

# Review of compliance

High Quality Lifestyles Limited  
55 Sandwich Road

<b>Region:</b>	South East
<b>Location address:</b>	55 Sandwich Road Whitfield Kent CT16 3LT
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	September 2012
<b>Overview of the service:</b>	<p>55, Sandwich Road s a home for people with learning and communication difficulties. The service is owned by High Quality Lifestyles.</p> <p>The home is a detached bungalow set in spacious grounds near Dover. The home provides transport to ensure people who use the service are able to access facilities and pursue a variety of activities.</p>

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**55 Sandwich Road was meeting all the essential standards of quality and safety inspected.**

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 14 August 2012 and observed how people were being cared for.

### What people told us

The people that live at 55, Sandwich Road have a learning disability and are unable to communicate verbally therefore they were unable to tell us about their experiences.

Through observation however during the site visit we were able to observe staff supporting people who use the service in a respectful way and that staff took time to explain where possible the options available and involved them in many activities.

To help us to understand the experiences people have we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time, the type of support they get and whether they have positive experiences.

### What we found about the standards we reviewed and how well 55 Sandwich Road was meeting them

#### **Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

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

The provider was meeting this standard.

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

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

The provider was meeting this standard.

**Outcome 05: Food and drink should meet people's individual dietary needs**

People were protected from the risks of inadequate nutrition and dehydration.

The provider was meeting this standard.

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

The provider was meeting this standard.

**Outcome 17: People should have their complaints listened to and acted on properly**

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

The provider was meeting this standard.

**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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

## Outcome 02: Consent to care and treatment

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Where they are able, give valid consent to the examination, care, treatment and support they receive.
- \* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- \* Can be confident that their human rights are respected and taken into account.

### What we found

#### Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

#### Our findings

##### What people who use the service experienced and told us

People who use the service were unable to communicate and tell us what they thought of the quality of the care due to their communication difficulties.

##### Other evidence

Each person had a person centred support plan, which had been developed with them or their representatives and documented their 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.

We observed during the inspection that people received the help they needed and they were encouraged to do things for themselves. Staff sought consent and gave choices to people using the service. For example staff were observed offering choices over drinks and types of activities to participate in.

Regular review of the plans and risk assessments, in consultation with people, meant that they were accurate and up to date. They provided guidance for members of staff, to ensure that identified current and ongoing care and support needs could be met consistently and safely. Plans of care covered issues of consent and a detailed communication plan showed preferences, likes and dislikes.

People expressed their views and generally were involved in making decisions about their care as far as possible. Records showed that when people had been considering moving into the service their needs for support had been assessed so that they could be confident they would get the help they needed.

The service has systems to ensure procedures with regard to mental health assessments under the Mental Capacity Act 2005 are in place. (These assess the capacity that a person has to make decisions and ensure that any decisions made on people's behalf did not compromise their human rights and rights of choice). Evidence of consideration of mental capacity within the care plans was seen.

People who use the service were unable to sign their care plans and assessments. The provider may find it useful to note that it is recommended that due to people's communication difficulties that advocates are sought to give people an additional voice to support them with decisions and assist them with choices about their care.

**Our judgement**

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

The provider was meeting this 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

We joined people who live at the service at 11:30AM after they had returned from a drive. We observed people expressing their opinions in a way staff understood despite their communication difficulties.

We were unable to directly talk to the people who use the service due to their communication difficulties but could observe that they were happy with the care and support being offered and that their independence was encouraged.

##### Other evidence

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We reviewed and discussed with staff the care records of one of the residents at the home. These had sufficient detail and guidelines about the support needed to meet people's needs. They had an assessment of need, details on how to support the person or what assistance was to be provided. Detailed guidance for staff was available so that they supported people consistently with actions that achieve the desired goal. The care plans were regularly updated.

There was guidance to staff about how a person needs or wishes to be supported in things like personal hygiene and eating. Comments included what someone could and could not do for themselves. The care plans had some common themes for each person but also particular things about people, making them individual and person centred.



Each person who uses the service has what is known as a 'communication passport' a document that supports staff and others with understanding the special way in which people who use the service communicate.

Risk assessments had been completed as part of the care plan and these were personalised for each individual. Where the risk assessments result in a restriction on an individual's freedom, for example, only going out with staff support, this has been kept under review.

Through direct observation, discussions with staff and records viewed we could see that the service actively encourages people to be members of the wider community. The service provided imaginative and varied opportunities for people to develop and maintain social, emotional, communication and independent living skills. The staff had a strong ethos and focused on involving people in all areas of their lives.

Work has been done to develop teaching plans to support people using the service to learn new skills. The manager was able to demonstrate this at the time of the inspection. Examples of teaching plans were seen within the care plan viewed.

Care records and specific health care records seen showed that residents had access to a range of health care professionals including dentists and opticians when needed and they had regular health checks.

#### **Our judgement**

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

The provider was meeting this standard.

## Outcome 05: Meeting nutritional needs

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are supported to have adequate nutrition and hydration.

### What we found

#### Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

#### Our findings

##### What people who use the service experienced and told us

People who use the service were unable to communicate and tell us what they thought of the quality of the care due to their communication difficulties.

##### Other evidence

People were provided with a choice of suitable and nutritious food and drink. Care plans showed that people were encouraged to maintain a healthy weight. People were supported to be able to eat and drink sufficient amounts to meet their needs. Staff stated they assisted people where needed.

We examined documents and records for the two people who live at the service to see how their nutritional needs was being planned, delivered and evaluated. Menus were planned weekly, to give people more chance to say what they wanted. Staff helped and guided people to make healthy choices. The plan of care indicated people's preferences and the type of food that people had enjoyed eating.

Drinks were made available on demand and at set times during the day.

##### Our judgement

People were protected from the risks of inadequate nutrition and dehydration.

The provider was meeting this standard.

## Outcome 12: Requirements relating to workers

### 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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

People who use the service were unable to communicate and tell us what they thought of the quality of the care due to their communication difficulties.

##### Other evidence

People were cared for, or supported by, suitably qualified, skilled and experienced staff. Staff said us they had completed an application form, supplied references, attended an interview and had a Criminal Record Bureau (CRB) check in place.

Staff spoken to confirmed that they were only able to start working with people once their checks had been received. They also confirmed that they had attended full training. We looked at a sample of four files out of the six staff who worked within the service. All of which were seen to contain all of the information as required of the regulations. References and proof of identity were also seen.

##### Our judgement

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

The provider was meeting this standard.

## Outcome 17: Complaints

### What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- \* Are sure that their comments and complaints are listened to and acted on effectively.
- \* Know that they will not be discriminated against for making a complaint.

### What we found

#### Our judgement

The provider is compliant with Outcome 17: Complaints

#### Our findings

##### What people who use the service experienced and told us

We were unable to directly talk to the people who use the service due to their communication difficulties but could observe that they were happy with the care and support being offered and that sufficient trained staff to meet their needs were available.

##### Other evidence

People had their comments and complaints listened to and acted on. In that staff were sensitive to people's needs and body language. Through discussion with the manager it was evidenced that people's wishes and needs were very much taken into account. For example where someone had showed difficulties the service worked with the staff to resolve issues to provide a positive outcome for the person living within the service.

It was evident talking to staff and the manager that the service strives to provide a good quality service as much as possible. The manager was able to demonstrate through examples where lessons had been learnt and steps taken to improve the service and that the service strives to resolve any concerns as soon as they arose.

##### Our judgement

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

The provider was meeting this standard.

# 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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