

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

Pinewood & Hollywood

Smithsfield, Colchester, CO1 2HP

Tel: 01206795971

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Management of medicines ✓ Met this standard

Staffing ✓ Met this standard

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

Details about this location

Registered Provider	Redbridge Community Housing Limited
Registered Managers	Mrs. Suzette Doherty Miss Deborah Ann Green
Overview of the service	Pinewood & Hollywood provides care and support for up to eight adults.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 6 January 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, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with three people who used the service who told us that they always chose what they wanted to do in their lives. One person said, "I choose everything."

People told us that they were happy living in the service. One person said, "I am happy here." We spoke with a person's relative who said, "I have no problems at all about how my (person) is cared for."

During our visit we saw that the staff were attentive to the needs of the people who used the service. They responded to verbal and non verbal requests for assistance promptly. We saw that staff interacted with people in a caring, respectful and professional manner. One person said, "I like the staff."

We looked at the care records of three people who used the service and found that they experienced care, treatment and support that met their needs and protected their rights.

In this report the name of a Registered Manager, Suzette Doherty, appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

We spoke with three people who used the service who told us that they always chose what they wanted to do in their lives. People shared examples of the choices that they had made, such as the holiday that they had chosen, how they were being supported to achieve their dream and the day services that they attended. One person said, "I choose everything."

During our visit we saw that people's choices were listened to and acted upon. This included what they ate for breakfast and lunch and the activities that they chose to participate in.

We saw the care records of three people who used the service. The records included evidence which showed that they expressed their views and were involved in making decisions about their care and treatment. This included information in their care plans about how they preferred to be cared for and supported and they had signed their care plans to show that they agreed with the contents.

We saw further evidence which showed how people were consulted about the care they were provided with in the minutes from group meetings where people discussed how they preferred to be cared for and the holidays that they were planning. We also saw records which showed that people participated in the recruitment of staff.

During our visit we saw that staff interacted with people in a caring, respectful and professional manner. One person said, "I like the staff." We saw staff communicating with people in their preferred form of communication, which included using a picture board and verbally.

People's care records that we saw identified that their diversity, values and human rights

were respected. People's care plans included information about people's diverse needs and how they were met. This included how they communicated, their spirituality and how they made choices in their lives.

The care plans seen identified the areas of care that people could attend to independently and how their independence was promoted and respected. The documents explained how people's privacy and dignity was respected in areas of their care. We saw staff respecting people's privacy by knocking on bedroom and bathroom doors before entering and respecting people's choices of the gender of staff who supported them with their personal care needs.

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 that they were happy living in the service. One person said, "I am happy here." We spoke with a person's relative who said, "I have no problems at all about how my (person) is cared for."

During our visit we saw that the staff were attentive to the needs of the people who used the service. They responded to verbal and non verbal requests for assistance promptly.

We looked at the care records of three people who used the service and found their needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans seen included information about the care and support provided to people. This included support with their personal care needs and medication.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that risk assessments were included in people's records which identified how the risks in their care and support were minimised. These included risks associated with going out in the community.

We saw that care plans and risk assessments were reviewed regularly to address people's changing needs and preferences.

Daily records identified the care and support that people had been provided with on each shift. Where issues with people's wellbeing were identified support and guidance was sought from health care professionals. Where people had been treated by health care professionals the outcomes were clearly recorded in their care records. This told us that people's health care needs were met.

We spoke with a staff member who was knowledgeable about how the needs of the people who used the service were met.

We saw records which showed that people were provided with the opportunity to participate in activities that interested them. This was confirmed by people who were spoken with. One person said, "I go swimming." Another person told us about the day service that they attended and how they enjoyed making jewellery.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

On our arrival to the service a staff member looked at our identification and asked to sign in the visitor's book. This showed that they knew what actions to take to ensure that people were protected from others who did not have the right to access their homes.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw the training records of three staff members which showed that they were provided with training in safeguarding vulnerable adults from abuse. They were further provided with information regarding their roles and responsibilities in safeguarding and whistleblowing in the provider's policies and procedures.

A staff member we spoke with explained their roles and responsibilities in safeguarding people from abuse. They were aware of different types of abuse and the signs and indicators of abuse. They knew how to report concerns of suspected abuse to those who were responsible for investigating such issues.

We saw records which showed that the service ensured that people's finances were safeguarded.

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 the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to the recording of medicine and medicines were safely administered.

During our visit we observed the administration of the morning medication. This was completed appropriately. The staff member who was responsible for administering the medication clearly explained their roles and responsibilities in the safe handling, administration and recording of medication.

We saw the medication administration records (MAR) of three people who used the service and the controlled medication book. These records told us that people were provided with their medication at the prescribed times.

Where people were prescribed with 'as required' (PRN) medication, there were protocols in place which explained when the medication should be administered and records were maintained which identified the reasons for the administration. This meant that people were protected from the inappropriate use of PRN medication.

Medicines were kept safely. We saw that medication was securely stored in the service and there was appropriate storage in place for controlled drugs.

A staff member told us that they had been provided with medication training. This was confirmed in training records that were seen. The registered manager told us about how staff were required to undertake three monthly medication competency checks to ensure that people were protected by the safe administration of medication. This was confirmed in the records that they showed us.

Staffing

✓ Met this standard

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

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

A staff member told us about the staffing arrangements for each 24 hour period. This was confirmed in the staff rota which was seen. The staff member said that they felt that there were sufficient staff numbers to meet people's needs and to ensure that people attended the activities of their choice.

We saw the training records of three staff members which identified that they were supported to undertake industry recognised qualifications including a National Vocational Qualification (NVQ) in health and social care and a Learning Disability Award Framework (LDAF).

A staff member told us that they felt that they were provided with the training that they needed to meet the needs of the people who used the service. The staff training records that were seen showed that they were provided with training such as health and safety, infection control, food hygiene, safeguarding, fire safety and moving and handling. We saw that staff were provided with refresher training where required. Staff were also provided with training which was specific to the people that they supported, such as cerebral palsy and epilepsy.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We saw the results from satisfaction questionnaires which were completed by people who used the service, their representatives and visiting professionals. The registered manager told us that if negative comments were received actions were taken to address them.

During our visit we saw two people, who were representatives of the provider, undertaking quality assurance surveys with the people who used the service. This was noted to be good practice because the activity was accessible to people who had difficulties with reading, the interviews were done in private and by people other than the staff who worked in the service. This meant that people were provided with an equal opportunity to express their views about the service they were provided with.

We saw records which showed that staff were provided with one to one supervision meetings which they provided them with the opportunity to discuss the ways that they were working and to receive feedback on their work practice. We also saw the minutes from staff meetings where staff discussed the support provided to people who used the service.

We saw records of provider visit reports which showed that the provider monitored and assessed the service provided.

We saw records which identified that the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. These records included checks on fire safety, electrical appliances, gas safety and water temperatures.

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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