

Review of compliance

Dolphin Homes Limited Camberley Cottage	
Region:	South East
Location address:	1 Coolarne Rise Camberley Surrey GU15 1NA
Type of service:	Care home service without nursing
Date of Publication:	May 2012
Overview of the service:	Camberley Cottage is owned and managed by Dolphin Homes Limited which provides specialist care and accommodation for a maximum of six adults who have learning disabilities and complex needs. This service is a care home and is registered with the Care Quality commission. The bedrooms are of single occupancy, and there are communal facilities comprising of large lounge separate dining room and

	<p>kitchen. The service has a specially adapted vehicle which is able to take one wheelchair.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Camberley Cottage 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 3 May 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

There were six young men living at the home on the day of our site visit. Three of whom had gone out on their various activities. Of the three people at the home at the time of the site visit, one person said "I have nothing to say to you". The information contained in this report under the heading what people told us was gathered mainly from two people who used the service.

People told us the staff were respectful of their privacy and dignity. One person said "I always have my personal care carried out behind locked doors and no one is allowed to enter the room except the staff who are caring for me." People told us they and their family were involved in their care. They said they made the decisions about their care with help and support of their carer.

One person told us "My faith is very important to me and I am supported to attend Church every Sunday and I take Holy Communion. This is very important."

People told us they loved their home, they did things they wanted to do and they had to obtain special permission to do some things because the manager wanted them to be safe.

One person told us "I love baking and I hold cake sales for my charity." People told us "each member of the service suggests a main evening meal and the others vote for the one they prefer."

People told us they felt safe and well looked after by staff. They described their relationships with staff as very good.

Two of the people who used the service whom we spoke with told us the staff always spoke to them in a calm and respectful manner.

One person told us they were encouraged to give their opinion on how the home was being run. For example, regular residents meetings took place. People said suggestions they had made were acted upon.

What we found about the standards we reviewed and how well Camberley Cottage 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 used the service and their relatives were involved in planning and evaluating their care. People's privacy and dignity were respected and promoted.

The provider was meeting this standard.

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

People who used the service had care plans and risk assessments in place that ensured their healthcare needs were identified and met.

The Provider was meeting this standard.

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

People who used the service were protected from the risk of abuse. The provider had taken reasonable steps to identify the possibility of abuse and had strategies in place to prevent abuse from occurring.

The Provider was meeting this standard.

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

Staff received support and training that assisted them in understanding and meeting the needs of the people who used the services.

The provider was meeting this standard

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 provider had systems in place to regularly monitor the quality of the services that people received.

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 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

People told us the staff were respectful of their privacy and dignity. One person said "I always have my personal care carried out behind locked doors and no one is allowed to enter the room except the staff who are caring for me." People told us they and their family were involved in their care. They said they made the decisions about their care with help and support of their carer.

One person told us "My faith is very important to me and I am supported to attend Church every Sunday and I take Holy Communion. This is very important."

Other evidence

We saw staff explaining to people what they were going to do and asking if that was alright before doing the task. Staff told us people who used the service were encouraged to do as much as possible for themselves and to maintain their independence. For example, people were encouraged and enabled to work, attend college and go on age related holidays and to pursue their hobbies.

The registered manager confirmed people who used the service were always consulted and supported about the care they wanted and received. The manager said residents meetings were held regularly and time was spent on a one to one basis explaining

issues raised with those people who might not be able to follow the meeting. Also the dignity, privacy and human rights of the person using the service were maintained and upheld. We observed staff discussing with people who used the service, what they wanted.

Pathway checking of two persons' records demonstrated people who used the service were involved in the planning and evaluation of their care by the signing of the care plans and review records. Where this was not possible, relatives or social services involvement was sought and documented. The manager told us the staff fully involved parents in the planning, delivery and evaluation of the care given to their relatives at all times. For example, where parents were unable to visit on a regular basis they maintained contact by telephone with the service and regular exchange of information was shared.

Our judgement

People who used the service and their relatives were involved in planning and evaluating their care. People's privacy and dignity were respected and promoted.

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

People told us they liked living in their own home with their own bedrooms, with the staff for company. They said it was more natural.

People told us they loved their home, they did things they wanted to do and they had to obtain special permission to do some things because the manager wanted them to be safe.

One person told us "I love baking and I hold cake sales for my charity." People told us "each member of the service suggests a main evening meal and the others voted for the one they prefer."

One person told us they and their relative visited the service before they made the decision the service would be able to meet their needs.

Other evidence

The manager told us people's care needs were assessed prior to them using the service. He said people's care plans and risk assessments were reviewed yearly or more often if required. The randomly selected care folders reviewed demonstrated care plans and risk assessments were reviewed as stated.

Case files we reviewed demonstrated that people's assessment of care and support needs were based on aspects of personal care, activities of daily living, circles of support and social networks; communication and sensory, emotional and cognitive

ability, epilepsy, autism, interests and hobbies, work and work experience, and risks to their safety. All the above had the level of support needed by the person who used the service documented. This demonstrated that the service was able to show their ability to encourage people who used the service to overcome or compensate for the disabling effects of learning disability by addressing those deficits of imagination, communication and social skills.

We observed people's care planning was based on the promotion of self skills and independence, treating people with respect and upholding their dignity. We saw the care plans were signed by the person using the service and their family to demonstrate their involvement in the decisions contained within the care plans. These care plans reflected the needs of the person using the service and were evaluated on a regular basis. The manager told us evaluation of care plans was ongoing, but the care plans were reviewed formally every year or as required

We cross referenced documented care in the daily notes to the care needs identified in the care plans and these were observed to be non-reflective of the needs of one person as identified and documented in the care plans.

The provider may find it useful to note that care records were not always fully reflective of the assessed hoisting care needs of a person using the service. This meant that people may not always experience effective, safe and appropriate care, treatment and support that met their needs.

The manager said people were registered with their own General Practitioner (GP), and accessed the GP surgeries as required. The GP provided yearly health checks for all six service users. The NHS provided Consultant, Psychiatrist and dental care whilst optical care was provided by an Optician specialist in Learning Disability care and treatment. We observed documented evidence of attendance to these health care provisions.

The manager told us weekly meetings were held with people using the service to plan the week's programme. We were provided with documented evidence of this. The manager said people were given information in small manageable chunks, so that they would be able to assimilate and understand what they have been told.

Our judgement

People who used the service had care plans and risk assessments in place that ensured their healthcare needs were identified and met.

The Provider was meeting this 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

People told us they felt safe and well looked after by staff. They described their relationships with staff as very good.

Two of the people who used the service whom we spoke with told us the staff always spoke to them in a calm and respectful manner.

Other evidence

In discussion with care workers they were knowledgeable about safeguarding matters. They were able to discuss the service's procedures for managing safeguarding information.

Review of randomly selected staff files demonstrated staff had up to date training in Safeguarding vulnerable adults. Their training also included whistle blowing practices. Care workers told us they would report any unsuitable practice that they witnessed. Review of the service's safeguarding policy demonstrated they were in line with the Local Authority Policy.

We observed the service had arrangements in place to ensure that people were protected against the risk of unlawful restraint. For example, there were risk assessments in place for wheelchair waist belts and bed rails for those people who were assessed as needing them. The risk assessments were signed by people using the service or their representative, confirming their agreement for them to be used.

Our judgement

People who used the service were protected from the risk of abuse. The provider had taken reasonable steps to identify the possibility of abuse and had strategies in place to prevent abuse from occurring.

The Provider was meeting this 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

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People told us they were not sure about the training of the staff. They said the staff had been with them a long time and they were comfortable with all members of staff.

Other evidence

The manager told us all newly appointed care workers completed Skills for Care induction programme. Staff told us they have had induction training which consisted of all the mandatory training, information on policies and organisation material, information on people who used the service and how to follow people's choices safely including the risk assessments.

Staff said they felt supported by the management of the service. They told us during their induction into the company they had a period of shadowing an experienced carer. Staff said they had sufficient training and support which enabled them to perform their duties in a safe way.

We saw records demonstrating that staff formal supervision was carried out on a regular basis. We were told that it was during this one to one supervision when staff were encouraged to discuss their personal development plans which were documented in their personal files.

Our judgement

Staff received support and training that assisted them in understanding and meeting the needs of the people who used the services.

The provider was meeting this standard

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 that the manager was always in the home and they were able to discuss any issues with him. They said they and their relatives were asked to complete a questionnaire about the care they received every year.

One person told us they were encouraged to give their opinion on how the home was being run. For example, regular residents meetings took place. People said suggestions they had made were acted upon.

Other evidence

We observed through case tracking the health and social care needs of people who used the service, that the service had well developed risk assessments relating to people's health, safety and lifestyles. This meant that necessary changes to the plan of care could be made if information gathered and analysed identified a risk of inappropriate care or support.

The manager informed us that staff were trained to recognise actual and potential risk triggers and how to deal with them effectively in a confidential way. Staff told us they were confident in using the reporting system of the service and knew they would be supported in raising any concerns of poor practice.

We were shown examples of audits relating to the environment, infection control, health and safety, care plans medication and the safe handling of people who used the service

finance. We noted that the environment audit resulted in the service being re-decorated with the colours chosen by the people who used the service.

Our judgement

The provider had systems in place to regularly monitor the quality of the services that people received.

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

Document purpose	Review of compliance report
Author	Care Quality Commission
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