

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

High Street Sandy

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

Details about this location

Registered Provider	Central Bedfordshire Council
Registered Manager	Miss Helen Lewis
Overview of the service	High Street Sandy offers care and support to people living in their own flats.
Type of services	Domiciliary care service Supported living service
Regulated activity	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 25 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

High Street Sandy provided care and support to five people who lived in their own flats. A sixth flat was used as the agency's office.

Staff who had worked with people in their previous care setting made it clear how proud of people they were. They told us, "People have come such a long way and achieved so much." One person said, "I like it here. All the staff are alright, they all treat me well."

We saw that people who received this service had good relationships with the staff, who treated them with respect. Staff encouraged and supported people to be as independent as possible in all areas of their lives.

Care records were personalised and gave detailed guidance on the way in which each person wanted to be supported. Risks to people were assessed and managed so that people were kept as safe as possible. Medicines were handled safely and well.

Staff had received training in how to protect vulnerable people and demonstrated they knew the procedures for reporting any concerns. Staff had received regular supervision and had undergone training in a range of topics so that they were competent to carry out their role. A senior member of staff told us that the staff team "has come on in leaps and bounds."

The provider had measures in place to monitor the quality of the service and ensure that the views of the people who lived at the home were taken into account. People told us they would be happy speaking with staff or the manager if they wanted to complain.

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.

Reasons for our judgement

During this inspection we spoke with two people and observed a third person who was receiving support from this service. We also met two other people who called into the office to tell staff they had arrived home. All five people clearly felt comfortable with the staff, who treated them in a friendly way and with professionalism and respect. We saw that everyone had good relationships with each other and there was a lot of good humoured banter between staff and people who received support.

We saw that staff knocked on people's front doors and waited to be invited in, spoke respectfully with people and called people by their preferred name. Staff introduced us to each person and made sure the person was comfortable speaking with us. Staff told us they worked hard to ensure people's dignity was maintained, even in the privacy of their own flat.

We looked at care records held for two people. These were personalised and there was evidence that, wherever possible, people had been involved in decisions about the care and support they received. Records of the service delivered to each person daily were very detailed and written in respectful language

Staff supported people to lead independent, full and interesting lives. Four people spent four days a week out and about at different day services, which they had chosen to attend. On one day each week people had a 'home day' when they were supported with household chores around their flat, or to go out for the day with staff. One person had learnt, with help from staff, to use public transport to and from their day service. Two people had been supported to find part-time, paid employment: one person worked in a care home and the other worked in a pub. Four people had gained enough confidence to go on holidays where they would be supported by staff from the organisation arranging the holidays. The fifth person needed one to one support from staff, but still led a very active life. At their weekly 'lounge meeting' each person was involved in deciding, for example, what activities they wanted to do, what they needed to shop for and how much money they would need to take out of the bank. These meetings were recorded in an easy-read format.

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

Staff we spoke with had a good understanding of each person's needs, and were fully aware of the care and support they provided for each individual. Staff knew people very well, and knew how to offer care and support in the way each person preferred and would accept.

We looked at two people's care records. Support plans gave staff detailed guidance on the support each person needed and the way in which they preferred their support to be delivered. Support plans included goals that people wanted to achieve and how they wanted to achieve them.

Assessments of risk to each person had been carried out and reviewed regularly to make sure they were up to date. We saw that for one person the assessment included the risks involved in the person learning to use public transport and how the risks would have to be managed to keep the person safe.

Each person had a health passport which detailed their individual health needs and how these would be met. For example, the passport included details of visits to other health care professionals such as the doctor, the optician, the dentist and the chiropodist, and when the next visit was due. This ensured staff supported people to maintain good health.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Policies and procedures for safeguarding vulnerable adults were in place, including easy access to relevant safeguarding contacts should the staff have had need of them. We saw that any safeguarding issues had been reported appropriately, which ensured the person was protected.

Staff we spoke with told us that all staff had attended training in how to protect vulnerable people and training records confirmed this. Two senior staff had been on a safeguarding course the day before our inspection. Staff demonstrated that they were aware of their responsibilities and that they knew how to report any suspicions of abuse.

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 effective arrangements in place to manage medicines.

Reasons for our judgement

People who needed medicines were supported by staff to take them. They had signed a consent form to confirm they were happy for staff to assist them with their medicines. A 'My Medication Profile' on each person's file was kept up to date with the person's current medicines and information about when they had last seen their doctor for a review of their medicines.

We looked at the way staff supported one person to store their medicines, how they gave the person their medicines and how medicine records were kept. All was done in a satisfactory manner, so that people received their medicines safely and in line with their prescription.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care safely and to an appropriate standard.

Reasons for our judgement

Staff we spoke with told us that they had received a wide range of training opportunities and training was kept up to date with refresher training sessions at the required intervals. Training records confirmed that most staff were up to date with all the required training and had undertaken courses in other topics relevant to their work. All staff had achieved a National Vocational Qualification (NVQ) in care at level 2 or level 3 (a nationally recognised qualification for the care sector). An agency staff member, who had worked at this service for a long time, told us that most of their training was done through their own agency, but safeguarding and medication training were supplied by the provider of High Street Sandy.

Staff told us they received a one to one supervision session every month, and had a yearly appraisal, which ensured they were supported to do their work. Agency staff also received regular supervision. One member of staff said, "Supervisions are excellent." Staff told us the manager was "very good, very professional and supportive" and had made a positive difference to the service.

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 received.

Reasons for our judgement

The provider had a quality assurance policy and procedure in place. This was entitled 'Positively Promoting Customer Directed Service Improvements' and included feedback forms that people using the service were encouraged to complete. Monthly audits of specific areas of the service were undertaken and action plans put in place to ensure improvements when needed. Staff told us that a range of audits were undertaken, both internally and by external contractors, to make sure that a quality service was being provided. This included health and safety audits and financial audits.

The staff on duty showed us that there was a range of measures in place to monitor the quality of the service and ensure that the views of the people who received the service were taken into account. Each week, each person had a 'lounge meeting' with their keyworker. People told us the meetings gave them the opportunity to talk about whatever they wanted to, including if anything was not going well for them. These meetings were recorded in an 'easy-read' format with pictures and symbols that the person understood.

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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