

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

## Quest Haven Limited - 31 High Street

Horsell Village, Woking, GU21 4UR

Tel: 01483757995

Date of Inspections: 18 January 2013  
16 January 2013

Date of Publication: February  
2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✗ Action needed
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Quest Haven Limited
Registered Manager	Mr. Isaac Asafoatse Tagoe
Overview of the service	Quest Haven is a small home for three people who have a learning disability and /or mental health needs.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

*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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We carried out a visit on 16 January 2013 and 18 January 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff and talked with stakeholders.

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### What people told us and what we found

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People who live at the service told us that "It's alright here" and there was nothing they wanted improved.

People we spoke with told us that they were asked for their consent before treatment or medication was given. We saw evidence that family members had been involved for people who may not have understood complex decisions, such as dental treatment.

We saw that people's individual needs had been assessed and 'care protocols' put into place. These detailed the supported people needed in their daily lives. People told us they received the support they needed.

The people we spoke with told us they felt safe living here and staff supported them. We saw procedures were in place which gave guidance to staff on safeguarding vulnerable adults. Staff were able to describe what action they would take if they suspected abuse was taking place.

We looked at records of training and spoke with staff and saw the training was appropriate to meet the needs of the people living there.

We saw that people had the opportunity to express their views about the service, and that action had been taken where needed.

Where fire safety system faults had been identified by staff the provider had not assessed and managed the risks to health and safety of the people living or working at Quest Haven.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 21 March 2013, setting out the action

they will take to meet the standards. We will check to make sure that this action is taken.

We have referred our findings to Fire Safety Assessor. We will check to make sure that action is taken to meet the essential standards.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

The people we spoke with told us that that staff asked if they wanted to do things, for example taking medication. One person told us that staff asked if they wanted to do things, for example taking medication. They said "I could say no to my meds if I wanted to, but it is best not to." They then described the effect not taking their medication would have on them. This showed us that the person had been given information about their care and treatment in a manner they could understand. This allowed them to make an informed decision about the treatment they received.

Staff told us that all the people who lived at Quest Haven had capacity to make decisions about day to day living. They explained that where a complex decision needed to be made this was explained to the person in a way they could understand and relatives or advocates were involved if needed. An example was given of dental treatment required by one person. We saw evidence that a relative had been involved in the decision making process. People told us that staff explained things to them so they could understand. This showed us that staff understood the need to obtain consent from people when decisions around their care and treatment were needed.

A staff member explained that advocacy services had been involved in the past to aid people in making decisions. We saw procedures made reference to advocacy services, for example in the 'vulnerable adults' policy it stated people had the right to an independent advocate if they wished. The manager had suitable arrangements in place for obtaining consent from people who used the service.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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People told us that they were happy living at Quest Haven. Two people said that "Staff help me when I need it."

We looked at the care files for two people who lived there. We saw that each person had an individual assessment completed. These included details on people's support, welfare and lifestyle needs.

We saw that people's individual needs had been assessed and 'care protocols' put into place. These detailed the support people needed in their daily lives and covered areas such as road safety and social interaction. The care protocols had short and long term goals for people. Staff had recorded when reviews had taken place. These took place at regular intervals, and they identified if progress had been made, or if additional support was needed. This showed us that people's choices; welfare and safety needs were clearly identified to staff.

We noted that care records were in formats to suit the people they were for. For example, pictures were used for one person, while text was used for another person. This meant people would be better able to understand what had been recorded about them.

Looking at the activities people did, and talking with people, we could see that they were getting the support which had been recorded in their care protocols. People told us they were very happy with the activities. One person described their trips out into the community, while the other two told us about the day centres they attended. People had a lot of activities away from the house which enabled them to interact with people in the community, and meet new people.

People's welfare was also considered and information was given so that staff could ensure people were safe. Risk assessments had been completed for a number of hazards which could affect people who use the service and staff. The staff we spoke with had a good knowledge of people's histories and needs. We observed that a staff member had lunch with one person. They reminded the person about not eating too fast, as they could choke. This was identified in the care protocol for that person. This showed that staff had read the care protocols and people's care and support was delivered to meet individual needs.

We saw that emergency procedures were in place for fire safety. We asked one person what they would do if the fire alarm went off and they told us "I would go straight outside to the front of the building." This matched what the fire procedures said, and showed that people were involved and understood the emergency procedures.

We saw that there was an 'Emergencies and Crisis Policy'. This listed events that the provider called 'need to know' and if they arose a senior manager must be contacted. This included the 'death of a service user, serious illness, missing person, fire, serious complaint, or serious accident to a service user or staff.'

We asked the manager about other emergencies which could affect the provision of services, for example, bad weather, fire or flood, failure of services such as electricity or gas rendering the property uninhabitable for a period of time. They told us that all staff would follow the Emergencies and crisis policy. They went on to say there was another house nearby that could be used as temporary accommodation in the event of this building being evacuated.

We could see that plans were in place, but the policy had not been updated with this information. The provider may like to note that all emergencies that could be reasonably expected to happen should be included in the emergency procedures.



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

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### **Our judgement**

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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.

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### **Reasons for our judgement**

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Two people told us they felt safe living here and staff supported them. We observed the third person looking very relaxed and happy in the company of staff.

We saw procedures were in place which gave guidance to staff on safeguarding vulnerable adults. Records showed that staff had received safeguarding training since our last visit. Staff we spoke to showed a good knowledge of safeguarding people from abuse, the signs to look out for and how and where to report any suspicions or concerns.

They all told us that they would report any concerns to the manager. They understood that they could contact someone higher in the organisation if they suspected the manager was involved. Staff were aware of the external agencies that they could notify, such as the Surrey Safeguarding Adults team. A copy of the Surrey Multi-agency Safeguarding procedures was also available on the site.

Staff told us that they do not restrain people if they present challenging behaviour. We saw that there was a care protocol in place for one person around 'managing physical aggression towards peers'. We saw that staff had attended Non-Abusive Psychological and Physical Intervention (N.A.P.P.I) training. We asked one staff member how they would manage an instance of challenging behaviour. The response they gave matched the care protocol for the person. This showed us that people were protected from being restrained in an unlawful or otherwise excessive manner.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## Our judgement

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The provider was not meeting this standard.

People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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We looked around the premises and saw that the layout was suitable for the people who lived there. People had their own rooms and could close their door for privacy. We noted that one person's bedroom door had been removed. Staff explained that the person had recently damaged it beyond repair and a replacement was on order. We spoke with the person and they explained what had happened, and knew a new door was on order. There was another fire door between this bedroom and the high risk area of the kitchen. The provider confirmed after our visit that the door had been replaced.

We saw that the manager had carried out a number of risk assessments on the property. These included assessments on each room in the house, and also a fire risk assessment based on the requirements of the Regulatory Reform (Fire Safety) Order 2005.

We saw in the records of 'service user meetings' that the fire evacuation procedure had been discussed and that people knew what to do. We spoke to one person who showed us what they would do if the fire alarm sounded. This matched what the procedure said they should do. This showed us that people were involved and understood the emergency procedures.

The provider had developed risk assessments around the use of substances used in the house that fall under the Control of Substances Hazardous to Health (COSHH) regulations. Items used around the house for cleaning had been identified, and documents put into place detailing such things as: what the hazard was; current controls to reduce the risk of harm; and how to use the substance safely.

We saw that records of testing and servicing of fire detection equipment and emergency lighting were recorded, as were the results of evacuation drills. Staff were regularly testing and recording the results of alarms and emergency lighting. We also saw that an external company was regularly checking and servicing the lighting and fire extinguishers. Records were also seen which showed that gas and electrical systems were checked by professionals at regular intervals. This showed that the provider had a system in place to protect people and staff from unsafe premises.

We noted that staff had identified and recorded that the smoke detector in the lounge was not working on the 7th November 2012. They had also recorded that the emergency light in the hallway was not functioning on the 13th September 2012. Both of these issues were still outstanding when we visited on the 18th January 2013. The provider told us that the detector and the light were scheduled to be fixed on the 1st of February 2013 when the contractor visited to service the systems and carry out staff training. We saw that working smoke detectors were located in the kitchen, and in people's bedrooms. Following our inspection the provider informed us that both items had been fixed. The essential systems needed for a safe environment had not been maintained/ repaired in a timely way.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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The two staff we spoke with told us that they received regular supervision and had appraisals of their work. Staff told us they enjoyed working here.

During our initial visit we were unable to access staff records as the manager was not available. A compliance action had been identified in a previous inspection. We needed access to the files to check the provider had completed their actions. We returned on another day to speak to the manager and access the staff training records. The provider may like to note that suitable arrangements should be in place to allow access to records in the event the manager is not available.

We saw that an up to date training matrix was in place. This recorded training which staff had attended and when it was due to be refreshed. From looking at the schedule and speaking with staff we could see that they had received training in areas such as safeguarding, food hygiene and moving and handling since our last visit. We looked at a training schedule which identified times and dates when training had been booked for staff to attend. This showed us a system was in place to monitor and review the training needs of staff.

We saw that new members of staff went through an induction program. The induction had a number of checkpoints where the staff member's progress was checked and signed off over the course of their first three months. Staff were supported to deliver care to people safely and to appropriate standards.

One staff member told us they were being supported to gain a higher qualification in health and social care. Staff were enabled to obtain further qualifications appropriate to the work they performed.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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By talking with the three people who lived there, and looking at the records of 'service user meetings' we could see that people were given the opportunity to raise any issues they may have had. Action had been taken in response to these issues. People's views of the service were regularly sought by the manager.

We saw that service user meeting minutes recorded what people liked about the service, as well as things they did not like. One example recorded that people were unhappy they had not gone to a firework display. We could see the meetings were being used to record the views and opinions of people who used the service. Two people told us that if they were unhappy about anything they would tell the staff.

Records of accidents and incidents were being kept and action had been taken where needed to address concerns. The manager showed us a complaints and compliments book. This had no recent entries. The manager explained that there had been no recent complaints about the service.

We saw that risk assessments around health and safety had been completed and reviewed. Care protocols to protect people from harm were also in place and being reviewed, for example road safety, and social interaction. This showed us that the provider was identifying, assessing and monitoring risks relating to the health welfare and safety of people and others using the service.

Records of quality audits carried out by senior managers were seen. These checked a number of areas of the service being provided at each visit. For example in September 2012 the audit checked areas such as cleanliness of the house, and staff records. We saw that action had been taken to address some of the issues raised. However not all actions had been completed, for example, an action had been raised to replace the Health and Safety At Work Act Poster in the Kitchen as it was dirty and the details were obscured. This was still the case when we visited in January 2013.

The provider might like to know that their quality assurance system had not been effective in resolving the shortfalls for essential safety systems to be in working order. For example the emergency light and smoke detector which staff had recorded as not working in the fire

safety log book. Following our visit the provider informed us that both items had been fixed.

This section is primarily information for the provider

## ✕ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Safety and suitability of premises</b>
	<b>How the regulation was not being met:</b> The essential systems needed for a safe environment had not been maintained/ repaired in a timely way. Regulation 15(1)(c).

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 by 21 March 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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