

Review of compliance

Parkcare Homes Limited The Old Rectory	
Region:	South West
Location address:	27 Stallard Street Trowbridge Wiltshire BA14 9AA
Type of service:	Care home without nursing
Publication date:	June 2011
Overview of the service:	The Old Rectory provides care and support for up to 8 people with autism. Parkcare Homes Limited is a subsidiary of Craegmore Healthcare PLC. This is one of five services in Wiltshire. The manager is registered to manage two other services nearby.

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

What we found overall

We found that The Old Rectory was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we suggested that some improvements were made.

The summary below describes why we carried out the 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 28 June 2011, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services.

What people told us

People told us about their planned holidays and things they liked to do. We saw that people had developed positive relationships with staff. Members of staff understood the needs of people with Autism and how they experienced the world.

What we found about the standards we reviewed and how well The Old Rectory was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People benefit from being involved in an active social life and contribute to community activities. The service makes sure that people can take more control over their lives with support to be more independent.

- Overall, we found that The Old Rectory was meeting this essential standard.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The service makes sure that people are consulted about their care and support needs. Decisions about people's continued wellbeing are made with the right people if they cannot decide for themselves.

- Overall, we found that The Old Rectory was meeting this essential standard.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

People's needs are being met because the service makes sure that their health and support needs are set out in their care plan. People have continuity of care because their care plans are regularly reviewed and updated when their needs change.

- Overall, we found that The Old Rectory was meeting this essential standard.

Outcome 5: Food and drink should meet people's individual dietary needs

People benefit from a varied and healthy diet. People who are assessed as at risk of malnutrition do not have their weight regularly monitored.

- Overall, we found that The Old Rectory was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Outcome 6: People should get safe and coordinated care when they move between different services

People and their families can be confident that the service works well with other agencies. The service makes sure that people and their families know which information can be shared with other agencies.

- Overall, we found that The Old Rectory was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

People are safeguarded from abuse because systems are in place to protect them. Members of staff understand how to manage and reduce behaviours that challenge because they are properly trained. Systems for managing and supporting people with their finances mean that their money is safe.

- Overall, we found that The Old Rectory was meeting this essential standard.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

People live in a clean and fresh environment. Systems are in place to make sure staff know about control of infection.

- Overall, we found that The Old Rectory was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

Safe systems are in place for giving people their medicines when they need them. The records are being properly completed to show safe administration.

- Overall, we found that The Old Rectory was meeting this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

People benefit from living in an environment that is comfortable, well maintained and suitable to their needs.

- Overall, we found that The Old Rectory was meeting this essential standard.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

People can know that any equipment is safe to use and regularly maintained.

- Overall, we found that The Old Rectory was meeting this essential standard.

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

The service makes sure that the right staff are employed to work with people with Autism. A robust recruitment process makes sure that people are protected from anyone who is unsuitable to work with people who may be vulnerable. The service makes sure that new staff are equipped to carry out their role.

- Overall, we found that The Old Rectory was meeting this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

People have members of staff available when they need them. Members of staff understand the needs of people with Autism and how they experience the world.

- Overall, we found that The Old Rectory was meeting this essential standard.

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

People benefit from having members of staff who are experienced and well trained in all aspects of working with and supporting people with Autism.

- Overall, we found that The Old Rectory was meeting this essential 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

Systems are in place to make sure that everyone can say what think of how the service is delivered. The manager makes sure that people's comments are acted upon to improve the service.

- Overall, we found that The Old Rectory was meeting this essential standard.

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

Systems are in place so that people and their representatives can complain about the service. Although no complaints were received the company policy and procedure on complaint investigation should assure people that they will be listen to and their complaint will be properly investigated.

- Overall, we found that The Old Rectory was meeting this essential standard.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The service makes sure that people's records and confidential information about them is securely kept.

- Overall, we found that The Old Rectory was meeting this essential standard.

Action we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Other information

Please see previous review reports for more information.

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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

Outcome 1: 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 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People were encouraged to plan a holiday. One person had been to Devon recently with the support of two staff. Another person had been to Disneyland Paris. Another person had been to a local campsite for a few nights with a member of staff. People had planned where to go and what they wanted to do while they were away. Everyone had a programme of things that they liked to do each day. People went horse riding, swimming and for long walks. One person told us they had planned to go shopping the following Saturday with a member of staff. They said they regularly visited different members of their family. Members of staff would take them in one of the three vehicles shared between the three care services in Trowbridge. The person also told us that they took the bus to college where they were doing an agricultural course. They said they liked to take the train to Bristol to do train spotting. The manager told us that people liked to go to local events for example: a steam rally, football matches, the spa in Bath and an air show.

Risk assessments were in place for when people went out, for example, when going

in the vehicle or road safety when going into the town.

The manager told us that she was encouraging people to take more control over certain aspects of their lives. Some people were beginning to be supported to manage their own budgets and make plans for their meals and shopping for ingredients. Other people were being encouraged to take some of their medicines themselves. This was being regularly monitored at keyworker reviews, team meetings and staff supervision.

The manager told us that people were well known in the local community. The service was involved in the local residents' association. Some people went to the meetings with the manager. She said that a garden party had been held on the day of the Royal wedding and people from the local community had joined in. The manager told us that people were recognised and greeted by local people and shopkeepers when they were out and about.

Other evidence

A member of staff told us that most people had lived at the service for more than 18 months. They said that they would be involved in assessments and meeting with people who were considering moving in. Detailed assessments were carried out with people who wanted to move in so that they could see that the service was suitable for their needs.

Our judgement

People benefit from being involved in an active social life and contribute to community activities. The service makes sure that people can take more control over their lives with support to be more independent.

Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant
with outcome 2: Consent to care and treatment

Our findings

What people who use the service experienced and told us
People had statements in their health action plans about consent to care. There was guidance to staff on how consent was sought and how people refused consent, for example, when taking medicine. Some people’s families were involved in decision making when people could not give consent themselves. The manager told us that each person had a record of the names of those people who must be consulted and can make decisions about different things on their behalf. There was also information about what to do if those named people could not be contacted.

The manager told us about occasions when best interest meetings had been held with families and care managers when people had not been able to consent to dental operations for their continued well being. People had access to a local advocacy service to help them make decisions about their care or any other aspect of their lives.

The manager told us that staff had read and understood the company policy on capacity and consent. The manager gave us information that if people chose not to

consent to care and treatment that staff would explain the implications of this choice, together with the risks or benefits of making this decision. She said that staff knew this should be risk assessed and documented.

People could choose the gender of members of staff who provide personal care.

People were supported to use their own methods of communication. A member of staff told us that some people did not use speech and communicated in other ways. Everyone understood speech and some people used Makaton gestures. The member of staff said that staff knew people very well and could understand how each person without speech expressed themselves. We saw one person take a member of staff by the hand to the kitchen because they wanted to make a drink. Another person took the manager by the hand to the television because they wanted to watch a DVD. Everyone had a detailed care plan showing how people communicated and how staff talked with people about different things. There was information about how people interacted socially with other people and how their personal space was respected.

Other evidence

Care plans showed that discussions had taken place with people and their families about what should happen if the person became ill or might die. The manager gave us information that advanced decisions had been discussed with people and their representatives. This was recorded in people's files.

Our judgement

The service makes sure that people are consulted about their care and support needs. Decisions about people's continued wellbeing are made with the right people if they cannot decide for themselves.

Outcome 4: 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 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
Everyone had a care plan setting out their care and support needs during the day and at night. There was information about how people preferred their personal care to be carried out, including getting up and going to bed. The care plans identified the daily routines that people liked to follow. There were details of people who were important in people’s lives. Everyone had a keyworker who met with the person each month to review their care and make amendments to the care plan when the person’s needs changed. The manager told us that keyworkers compiled a detailed report with the person on all aspects of their life so that she could measure progress and other staff could be aware of any extra support needed.

The daily records were set out so that members of staff could report on all aspects of people’s needs described in their care plan. There was also a record of activities and social events, contact with family, incidents and accidents, food intake and communication. One daily report had inappropriate language such as “silly” and “sensible”. The manager told us that this was the language used by the person when describing things. She said she had discussed appropriate recording with members of staff. No speech marks had been used in the record to show that this was what the person had said. We looked through other records and this appeared to be an isolated incident. Other records were written in a non-judgemental way and

described people positively.

Everyone had a health action plan with details of medical history, diagnosis, appointments and details of contact for specialist healthcare professionals involved in their care.

Records were kept about the outcome of healthcare appointments. People's families were kept informed about any medical appointments and changes in need. Some people liked to only see a GP of the same gender. Some people's families attended health appointments. The manager told us that she was in the process of requesting health checks with the nurses from the community team for people with learning disabilities for those people not able to have the checks with their own surgery.

Other evidence

Members of staff had been trained by the district nurse to take people's blood pressure when directed by the GP. The manager told us how one person had significantly reduced blood pressure after taking medicines and regular exercise.

The service had a building adjacent where activities were provided. There was a sensory room, art room and kitchen where people could make hot drinks with staff support if needed.

Our judgement

People's needs are being met because the service makes sure that their health and support needs are set out in their care plan. People have continuity of care because their care plans are regularly reviewed and updated when their needs change.

Outcome 5: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

What we found

Our judgement

There are minor concerns
with outcome 5: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
We asked members of staff about the meals. A member of staff told us that people planned the menus with staff support. The menus were displayed in the hallway in written and pictorial format. People could choose what they wanted for breakfast from a range of cereals. One person told us they liked toast and coffee and they never had cereals. People had their main meal in the evening with a lighter lunch. People had a lunch of poached egg on toast and banana. Some people needed support to eat their lunch; members of staff sat with each person and gave them the meal at their own pace. There was special cutlery and tableware available so that eating was easier. The meal was a social event with members of staff chatting with everyone and encouraging some people to eat when needed.

Records were kept of what people ate each day, including vegetarian options and if people had something different to what was on the menu.

We looked in the fridge, freezer and food stores. There were plenty of fresh vegetables, salad ingredients and two large bowls of fresh fruit. The manager told us that she was encouraging preparation of meals from scratch so that a healthier diet was guaranteed. Those members of staff who were preparing food told us they had training certificates in food hygiene. We saw that the local authority environmental health department had awarded the service five stars in June 2009.

This is an award for the quality of food as well as the cleanliness of the kitchen. The ingredients for the evening meal were in the fridge. There were different ready meals in the freezer so that people could have an alternative. There were snacks, biscuits and chocolate in the store cupboard. People regularly had takeaway meals which they chose from leaflets displayed in the office. People went out for coffee or had meals in restaurants.

A Malnutrition Universal Screening Tool was being used to see if some people were at risk of malnutrition. There was a care plan in place if anyone was at risk and needed to have their weight monitored. There was guidance to staff on what to do if anyone lost more than 3.5kgs in three months or more than 2kgs in a month. However there was no evidence that this was being regularly monitored. People's weights were not being consistently recorded each month as indicated in their care plans. One person's weight had not been recorded since January 2011, another had no record since 2007 and another record showed no entry since 2009. This meant that people could be at risk of weight loss without staff being aware of the need to follow the next stage of the care plan. The manager told us that she would address the matter with staff at a meeting the following day.

Other evidence

Although food provisions were delivered three times each week, people accompanied staff to purchase other food items. People had grown vegetables which were included into the menus.

Our judgement

People benefit from a varied and healthy diet. People who are assessed as at risk of malnutrition do not have their weight regularly monitored.

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant
with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us
People’s care plans showed which information about each person could be shared with other agencies or family members in different situations. There was clear guidance about which information could not be shared. Care plans showed which other services were involved with people’s care and treatment needs.

People had hospital passports which gave information about their medical history, diagnosis, medicines, risk of harm, allergies, as well as how their care needs should be met. There was information about how people communicated and who to contact as next of kin. This meant that hospital staff would have sufficient information about people’s care and support needs. The manager told us that members of staff would support people if they needed to spend time in hospital.

Other evidence
The manager gave us information about the service’s emergency plan for use when utilities failed, in the event of a fire or flood. The plan contained a list of contact details of the likely services needed in any emergency situation. The manager said that all staff had read and understood the company’s emergency policies and procedures.

Our judgement

People and their families can be confident that the service works well with other agencies. The service makes sure that people and their families know which information can be shared with other agencies.

Outcome 7: 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 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
The manager told us that no one was subject to a Deprivation of Liberty Safeguards authorisation. The manager told us that she planned to have a training schedule in place by the end of June 2011 so that all members of staff would have received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. She said it was her aim that all new staff would have this training within the first twelve weeks of employment.

We asked the manager why we had not received any notifications of events at the service for some time. She told us that there had not been any significant events for a long time. She said that people’s behaviour was well managed and she monitored all incident or accident forms. We saw that when people started to display behaviours, members of staff explained what was happening and diffused the situation. People’s care plans identified how people reacted if they were anxious in different circumstances, with guidance to staff on how to support the person and minimise their anxiety. A member of staff told us that they had trained as an intensive interaction facilitator; this was a therapy which showed staff ways to help people to relax.

The manager told us that new training in managing behaviours was being provided.

She said it was more in depth and used low arousal approaches. The manager said that restraint was not used at The Old Rectory.

The manager told us that each person had a copy of the local authority's booklet: Keeping People Safe. The manager was familiar with the process for referring any member of staff to the Independent Safeguarding Authority if concerns and evidence of misconduct were found.

People's understanding of money and ability to manage finances were assessed. People could keep small amounts of cash in the safe. Each person had a locked tin containing their money and any valuables. Records were kept of all transactions and two staff were required to check the money and records when transactions took place. People were supported to save money for different purchases, for example, going on holiday. People were referred to the local authority court of protection if they needed an independent person to manage their money.

We asked members of staff about safeguarding people from abuse. They described the company's policy and how they would report any allegations or observations of abuse to the manager or a designated person in the company. They said they had received training in safeguarding people and that the local authority procedure was readily available to use if they could not contact the manager. A newer member of staff told us that they had worked with children previously and were familiar with safeguarding processes. Members of staff told us that they would be able to tell from people's behaviour if anything was wrong. One member of staff said they would spend time talking to people to find out what the problem was and immediately alert the manager if anything was disclosed.

Other evidence

The whistle blowing policy was displayed on the notice board. The notice board had photographs with contact details of who people could contact in the company when things went wrong.

Our judgement

People are safeguarded from abuse because systems are in place to protect them. Members of staff understand how to manage and reduce behaviours that challenge because they are properly trained. Systems for managing and supporting people with their finances mean that their money is safe.

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

The provider is compliant
with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
The manager told us that a member of staff had recently been designated as the lead for infection control. The company had policies and procedures on infection control and members of staff received training every three years. Staff also received training in health and hygiene in a care setting. The manager said she planned to go through the Department of Health Code of Practice on infection control with the designated member of staff and complete a risk assessment.

Members of staff had access to disposable gloves and aprons. There was disinfecting hand wash and disposable towels in the bathrooms and toilets.

A member of staff was employed to do the cleaning. The manager told us that there was a cleaning schedule in place for all areas of the building. There was a separate laundry room and all members of staff did laundry work. The service was clean and smelled fresh.

Other evidence
The manager gave us information about the company carrying out an annual infection control audit with an action plan devised to address any issues. She also gave us information about the safe storage and disposal of clinical waste and Control of Substances Hazardous to Health.

Our judgement

People live in a clean and fresh environment. Systems are in place to make sure staff know about control of infection.

Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant
with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us
People were encouraged to manage their own medicines following a risk assessment. One person had decided that they wanted to administer their own night medicine and inhaler themselves, so they could go to bed when they wanted. A detailed risk assessment was in place and staff supported the person to ensure they had this medicine available before they retired. They had a key to a lockable storage cupboard in their bedroom to keep the medicine safe. They had decided that members of staff would administer all their other medicines.

Only the manager and the team leaders had the keys to the medicine cupboard, stored within a locked cupboard. The medicines were put up by the supplying pharmacist in a monitored dosage system. The medicine administration record was being properly documented. Two staff were required to check administration of medicines and both signed the log.

Care plans identified why people were taking different medicines. Patient safety information was on file so that members of staff knew about any side effects of medicines that people were taking. People's GPs regularly reviewed their medicines.

There was a clear procedure for administering medicine that was prescribed to be taken only when needed. The reason for giving the medicine was documented. There was clear guidance to staff to only give these medicines once the manager or deputy manager had given authorisation. There was a description of how one person expressed that they were in pain and needed medicines.

Care plans were very detailed about how each person took their medicines. One care plan showed that the person took their medicines with yoghurt. There was guidance that members of staff must tell the person and show them that the tablet was on top of the yoghurt. There was also guidance for staff on what to do when the person refused to take their medicine.

There was a list of homely remedies that had been agreed with people's GPs.

Other evidence

The manager told us that there had been a medicine error at the end of the previous year. The matter had been investigated and appropriate action taken to address the issue with the member of staff.

Our judgement

Safe systems are in place for giving people their medicines when they need them. The records are being properly completed to show safe administration.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant
with outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
Everyone had a single bedroom, three of which had an ensuite bathroom and toilet. One person lived in a flat and was supported to be more independent with a view to moving to their own accommodation with support from the domiciliary service run by the company. The manager told us about one person who had successfully moved out to their own flat.

One person showed us their bedroom. It was large, comfortable and had been decorated and furnished to reflect the needs of a younger person with Autism.

People had free access to the communal areas, including a large enclosed garden. In addition to the sitting room, people could also use the quiet room and the facilities in the adjacent activities building.

Members of staff received regular training in fire prevention.

There was a full time maintenance person who worked in all three care services in Trowbridge. The manager told us that there was a manual which identified when maintenance checks were to be carried out. The water supply was checked regularly for legionella. The manager provided us with a list of company policies

which related to checking the safety of the building.

Other evidence

One member of staff was a health and safety lead and they regularly attended area and national meetings held by the company. The manager told us that she had an advanced health and safety training certificate.

The manager told us that she was reviewing the information about the accessibility of the environment in the statement of purpose and service users guide. Access to and from the building was via some steps so some people could not be accommodated.

Our judgement

People benefit from living in an environment that is comfortable, well maintained and suitable to their needs.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant
with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us
The manager said that no one needed any specialist equipment to support their care. Some people had their own wheelchairs so they could go out without walking too far. Everyone was able to walk around the building and use the gardens.

The kitchen was kept locked because people needed to have members of staff with them when they used the equipment, for example, to make a drink. One person had their own key to the kitchen. Some electrical equipment was kept in locked cupboards because people needed to have staff support to use it. This included televisions in people’s bedrooms and in the sitting room. Risk assessments were in place for the use of the equipment. People had free access to garden games and a trampoline had been recently purchased for people to use with staff support. Risk management plans and safety checks were in place for use of any equipment.

Other evidence
Fire extinguishers were kept in tamper proof boxes agreed by Wiltshire Fire and Rescue Service. Members of staff were able to access the extinguishers in the event of a fire.

The manager told us that members of staff received annual training in moving and handling.

Our judgement

People can know that any equipment is safe to use and regularly maintained.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us
We spoke with members of staff about recruitment and starting work at The Old Rectory. A recently employed member of staff told us that they felt they were having a good induction. They said they shadowed an experienced member of staff on each of their shifts and were not able to work alone or take people out without another member of staff.

The manager told us that new members of staff who were new to working with people with learning disabilities were required to undertake the Learning Disability Qualification Induction Award. They would then commence Level 2 Diploma in Health and Social Care which had a section on working with people with Autism.

The manager told us that the company processed most of the recruitment documents. She short-listed applicants and carried out interviews with a senior member of staff. People living at the service were also involved in meeting with applicants and asking their own questions, with support from staff. We looked at the records of two of the most recently employed members of staff. All the documents and information required by regulation had been obtained. Checks were made on the rights of members of staff to work in the UK. No one commenced working without a check on their suitability to work with people who are vulnerable. The

manager told us that new staff completed a literacy assessment on starting employment. This was to see if any support was needed to carry out the role, for example, recording and planning care.

Other evidence

The manager told us that the staff team were “settled”. She said that new appointments had been made so that there were sufficient staff to support those people moving into a new service which was soon opening nearby. She said that new staff would work alongside staff at The Old Rectory as part of their induction. It would then be decided who would work in the new service.

Our judgement

The service makes sure that the right staff are employed to work with people with Autism. A robust recruitment process makes sure that people are protected from anyone who is unsuitable to work with people who may be vulnerable. The service makes sure that new staff are equipped to carry out their role.

Outcome 13: Staffing

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 sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant
with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
The staffing rota showed that there was a minimum of five members of staff working during the day, together with the manager and deputy manager. This was reduced by one at the weekends because at least two people went home to their families. There was a member of staff working during the morning specifically to provide one to one activities. At night there was a member of staff sleeping in and one waking night staff. The manager said that agency staff were not used as there were a group of bank staff who worked in all three services in Trowbridge.

We saw staff engaged with people using the service in a positive and friendly manner. It was clear that good relationships had been formed. It was also clear that members of staff had a good understanding of working with people with Autism and how they experienced the world. Members of staff explained to people they were working with what was happening and explained things that were going to happen in the future. They repeated their explanations if people needed a better understanding of events.

Other evidence
There were sufficient staff on duty so that people could do the things they wanted to, such as going out, making drinks, talking about visiting family and staying in bed late with support later in the morning.

Our judgement

People have members of staff available when they need them. Members of staff understand the needs of people with Autism and how they experience the world.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant
with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
We asked members of staff about training and management support. A member of staff told us that they were nearing completion of NVQ Level 3. They told us about their previous experience as a teacher and work in different care settings. They told us that the training they had received since working at The Old Rectory was better than they had done before. They said they had regular supervision with the manager and that they felt very well supported. Regular team meetings were held with minutes kept. The member of staff said that staff could talk about anything with the manager.

There was a training plan in place until the end of June 2011. Training courses available were displayed on the notice board. This included: fire prevention, safeguarding vulnerable people, health and safety and safe management of behaviours that challenge. Other recent training included: equality and diversity, epilepsy, first aid, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005, medicines; foundation and advanced, induction, food hygiene, supervision, team building and infection control. Members of staff received first aid training every three years.

The manager provided us with information about a requirement of members of staff to read and understand the company's whistle blowing policy, which was on a notice

board. There was a list of who to contact in the company. There was also information about how to contact us, but it was out of date.

Other evidence

There was an on call system in place for members of staff to contact someone senior out of hours, or if the manager was on leave.

The manager was nearing completion of a degree in supporting people with Autism.

Our judgement

People benefit from having members of staff who are experienced and well trained in all aspects of working with and supporting people with Autism.

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
We asked about how the quality of the service was reviewed. The manager said she had regular meetings with people who used the service. These meetings were called Your Voice Your Life and helped people to talk about anything they were worried about. Minutes were kept in easy read format with photographs taken of the subjects discussed and what action had been taken.

The manager provided us with information about gaining feedback on the service from people who use it and others involved in their care. Information was also fed into the quality audit from adverse events reporting, complaints, comments from families and other professionals and questionnaires. The information was collated locally and fed into a national audit by the company. The manager told us that a report on the audit was held at the service and the action plan was regularly evaluated. An easy read version was made available to people who use the service.

Other evidence
The manager sent us a copy of the service's own quality review of the service when

we asked for it.

Our judgement

Systems are in place to make sure that everyone can say what think of how the service is delivered. The manager makes sure that people's comments are acted upon to improve the service.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

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

What we found

Our judgement

The provider is compliant
with outcome 17: Complaints

Our findings

What people who use the service experienced and told us
The manager told us that no complaints about the service had been received for a number of years. She told us that everyone had a copy of the company's complaints procedure in English, easy read and pictorial format. This was given to new people and their representatives with the welcome pack. The manager told us that the Your Voice Your Life meetings were an opportunity for people to discuss things they were not happy with and wanted changing. Otherwise people would talk to members of staff on duty, their keyworker or directly with the manager. Members of staff said they felt confident in recognising when people were unhappy with anything.

There was information about how people could contact someone in the company if they were not happy with anything. People could use the local advocacy service when they wanted someone to help them make a complaint.

Other evidence
We had not received any complaints about the service.

Our judgement

Systems are in place so that people and their representatives can complain about the service. Although no complaints were received the company policy and procedure on complaint investigation should assure people that they will be listen to and their complaint will be properly investigated.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant
with outcome 21: Records

Our findings

What people who use the service experienced and told us
People were involved in writing their daily reports with members of staff. If people were away on holiday, they continued to write an account with a member of staff on how their needs were being met while they were away.

People’s care plans and personal files were kept locked in a cupboard in the office which was also kept locked. The daily reports were locked in a cupboard elsewhere so they could be better accessed when people helped to write their daily records.

Body maps were used to record any marks or wounds. There was good detail about where the marks were, together with the date and some description of the marks. The size and colour of marks were not being recorded.

Other evidence
Members of staff were required to read policies and procedures as they were updated. The manager used memos to advise staff about changes made to policies. Staff were required to sign when they had read and understood each amendment.

Our judgement

The service makes sure that people's records and confidential information about them is securely kept.

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care.	14	5 Meeting nutritional needs
	Why we have concerns: People benefit from a varied and healthy diet. People who are assessed as at risk of malnutrition do not have their weight regularly monitored.	

The provider must send CQC a report about how they are going to maintain compliance with this essential standard.

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 within 14 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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