

Review of compliance

Disabilities Trust Gregory Court	
Region:	East Midlands
Location address:	Noel Street Hyson Green Nottingham Nottinghamshire NG7 6AJ
Type of service:	Care home service without nursing
Date of Publication:	January 2012
Overview of the service:	Disabilities Trust is registered to provide accommodation for up to 10 persons who require personal care at Gregory Court.

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

Our current overall judgement

Gregory Court was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Gregory Court had made improvements in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 10 - Safety and suitability of premises
- Outcome 13 - Staffing
- Outcome 14 - Supporting staff
- Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 5 January 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

People told us they had noticed improvements in the service. One person said, "It's the best it's ever been here. They have had their problems but they have been working through them and it's really good now."

People had opportunity to have a say in the way the service operated and felt safe living at the home. One said, "Like staff – Good". People got on well with staff and found them competent. One person told us, "The staff here are all fabulous." Another said, "The staff here are really good."

People told us they were able to access their community more and received the care they needed. They were able to make decisions about how they spent their time. One person said, "I can come and go as I please, weather permitting."

What we found about the standards we reviewed and how well Gregory

Court was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People understood the care, treatment and lifestyle choices available to them. They could express their views and had these taken into account in the way the service was delivered.

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

People experienced safe, effective care that met their needs.

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

People were protected from abuse, or the risk of abuse.

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

People lived in accessible surroundings that were being refurbished to promote their wellbeing. Storage of chemicals in communal toilets may present risks to the general public.

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

People were safe and had their health and welfare needs met by sufficient numbers of suitable staff.

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

People had their health and welfare needs met by competent staff.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

There were effective quality assurance systems in place. These ensured that people's views were taken into account and that improvements to the service occurred.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 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.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take

enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

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 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We found concerns in relation to this outcome on our last inspection of Gregory Court on 12 October 2011. This inspection was used to check on improvements made by the provider Disabilities Trust and to assess compliance.

We spoke to people who used the service. They were able to make choices about how to spend their time and had been involved in planning their care. One person said, "I can come and go as I please, weather permitting." Staff at Gregory Court were giving people a choice of whether they wanted to go out or not. One person who was due to go out for lunch had changed their mind. Staff accommodated their choice by ensuring they made lunch for them. The cook prepared the person's individual choice of lunch. The things that people told us they enjoyed doing matched the activities identified in their care plans. People told us that care workers listened to them.

Other evidence

We found concerns in relation to this outcome on our last inspection of Gregory Court on 12 October 2011. This inspection was used to check on improvements made by the provider Disabilities Trust and to assess compliance.

We received an action plan from the provider as a result of our last inspection. In it,

they told us that they had planned, 'Person centred planning training, role modelling, values training. One to one sessions with service users to support the completion of good quality plans.' They also told us, 'All support plans, risk assessments, needs assessments and health management plans to be updated; ensuring service users are involved in all aspects.' They told us these improvements would be completed by the end of November 2011.

Care workers told us they had received training in person centred care since we last Inspected Gregory Court. They also said they had received training on attitudes and values. Training records supported this.

Our judgement

People understood the care,treatment and lifestyle choices available to them. They could express their views and had these taken into account in the way the service was delivered.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We found concerns in relation to this outcome on our last inspection of Gregory Court on 12 October 2011. This inspection was used to check on improvements made by the provider Disabilities Trust and to assess compliance.

We spoke to people who used the service. Two people told us they had been involved in the planning of their care. They knew who their key worker was and told us they had recently written the care plan with them. They said they had signed to agree to it and that it accurately reflected their needs.

One person told us that they were happy with their care. They told us that staff carried out their care well and that they phoned for the doctor when needed. They told us that they had been visited by the occupational therapist who had provided them with some new equipment.

People told us that they went out of the home regularly to take part in activities. One person confirmed they attended weekly activity planning meetings. Another person said they attended weekly activities meetings and that they were going out for lunch the next day. Most people were accessing day centres or clubs in their community. A befriending service was being sought for one person to improve their opportunities for social interaction.

Other evidence

We found concerns in relation to this outcome on our last inspection of Gregory Court

on 12 October 2011. This inspection was used to check on improvements made by the provider Disabilities Trust and to assess compliance.

We received an action plan from the provider as a result of our last inspection. In it, they told us that, 'All support plans, risk assessments, needs assessments and clinical management plans to be updated; ensuring service users are involved in all aspects of their care and support.' They told us these improvements would be completed by the end of November 2011.

When we visited the service we saw that people's care files had been updated. The registered manager told us she was checking records made by care workers to ensure that they were written in an appropriate way.

We checked four people's care records. We saw care plans that were written in a person centred way. They included a life story about the person so care workers knew more about their life before they came to live at Gregory Court. The care files contained information about what the person liked to do to occupy their time. When we spoke to people we found that their care needs matched those identified within their written care plans.

We saw that people's care needs had been risk assessed. We saw that risk assessments had been reviewed. Care plans had also been reviewed at regular intervals and their weight was being monitored where needed. Records of all visits to the doctor, dentist, by the district nurse or to the hospital were kept. These supported that people had access to appropriate health and medical care.

We saw that there were clearer instructions for care workers about the action needed to maintain people's health needs. We saw clear instructions in the staff office for the care of one person's diabetes. This also showed liaison with the community nursing team. Care workers told us that a communication book had been reinstated and this helped them to communicate people's care needs between shifts.

We saw that people were accessing the community more. Weekly activity planning meetings were being held with people who used the service. There were records kept of the activities that they had chosen to do that week.

Care workers told us they had received training on diabetes and epilepsy since November 2011. They were also knowledgeable about how to care for people who were receiving specific drug treatments.

Our judgement

People experienced safe, effective care that met their needs.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We found concerns in relation to this outcome on our last inspection of Gregory Court on 12 October 2011. This inspection was used to check on improvements made by the provider Disabilities Trust and to assess compliance.

We spoke to people who used the service. One person told us the care workers spoke to them in a caring way and that they felt safe living at the home. Two other people told us they were aware of the telephone number that Disabilities Trust had given should they wish to raise any concerns about Gregory Court. One person said they felt safe in their room and the staff were good to them. They said, "Like staff – Good".

Other evidence

We found concerns in relation to this outcome on our last inspection of Gregory Court on 12 October 2011. This inspection was used to check on improvements made by the provider Disabilities Trust and to assess compliance.

We received an action plan from the provider as a result of our last inspection. In it, they told us that they would: 'Re-issue safeguarding leaflet; Re-issue safeguarding policy – local and trust; Re-train all staff; Update all risk assessments and any monitoring requirements. Ensure all incidents are reviewed and professional guidance sought where necessary.'

They told us these improvements would be completed by the end of November 2011.

Several safeguarding issues had been reported to the local authority and us by the acting manager since we last inspected. This showed that staff were identifying and reporting issues to keep people safe.

People's care files that we saw contained specific instructions for care workers to follow should an incident of aggressive behaviour occur. Where incidents had taken place these were recorded and signed off by the acting manager. Three care workers said that they no longer used 'ABC charts' to record incidents of aggression and this was stated in the minutes of staff meeting on 20 October 2011. They now used incident forms and passed them immediately to the manager or deputy. Two of the staff commented further that if there were any incidents they would, "Make sure that people were not injured, try to diffuse the situation and separate people by distraction and then leave people to calm down."

Care workers told us they had safeguarding training recently. This was identified on a staff training list in the office. Three care workers we spoke with were knowledgeable about the actions they should take to keep people safe.

The acting manager told us that they did not keep any money on behalf of people living at the home. All managed their own finances. A small float of money was kept for emergencies.

We saw a record of a visit to the home by Disabilities Trust quality assurance officer in the form of a letter. This was displayed on a notice board in the main corridor. We saw that this letter gave people a number to phone for whistle blowing.

Our judgement

People were protected from abuse, or the risk of abuse.

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

We found concerns in relation to this outcome on our last inspection of Gregory Court on 12 October 2011. This inspection was used to check on improvements made by the provider Disabilities Trust and to assess compliance.

We spoke to people who used the service. One person told us their equipment had been repaired enabling them to be more independent. One person said they would like a new floor covering. Another person said they had planned to make some raised beds for the garden later in the year.

There was wallpaper peeling from the walls in one persons' room and the carpet was stained. The person told us that they were waiting for redecoration and had been waiting for new flooring for three years.

Other evidence

We found concerns in relation to this outcome on our last inspection of Gregory Court on 12 October 2011. This inspection was used to check on improvements made by the provider Disabilities Trust and to assess compliance.

We received an action plan from the provider as a result of our last inspection. In it, they told us that, 'Equipment now fixed, service user has regained independence with this activity and feels happier about not having rely on staff regarding personal care.'

When we visited the service we observed that bedrooms needed redecorating and that some paintwork was damaged. The acting manager told us they had employed a

handyman for 18 hours a week. They also said that all bedrooms would be refurbished within the next six months. We checked a maintenance book. All jobs listed had been signed off as completed. On 1 November 2011 Disabilities Trust completed a full audit of all areas and produced a list of work that needed to be completed to improve the environment. A maintenance plan to address this had been commenced.

The home was short of additional communal space. This meant that outside their individual rooms there was limited space for people. The acting manager told us that in the longer term Disabilities trust were looking to provide additional communal space. None of the people who lived in the home raised shortage of space as an issue.

The lounge/dining area was being completely refurbished when we visited. The acting manager told us that this work would be completed within the next two days. During this time people using the service were having their meals in their bedrooms. One person told us they were unhappy about this but understood the reasons why.

We saw some chemical cleaning agents in a toilet used by people living at the home. The acting manager had not completed a risk assessment for this but told us that guidelines on the use and storage of chemicals were available to staff.

Our judgement

People lived in accessible surroundings that were being refurbished to promote their wellbeing. Storage of chemicals in communal toilets may present risks to the general public.

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

We found concerns in relation to this outcome on our last inspection of Gregory Court on 12 October 2011. This inspection was used to check on improvements made by the provider Disabilities Trust and to assess compliance.

We spoke to people who used the service. One person told us there were enough staff to meet their needs and to enable them to go out. They said that there had been no shortages of staff since our last inspection. They told us they were able to go to bed later in the evenings because there were more staff around. One person said, "There are always three in the afternoon now so we can go out on activities more."

Other evidence

We found concerns in relation to this outcome on our last inspection of Gregory Court on 12 October 2011. This inspection was used to check on improvements made by the provider Disabilities Trust and to assess compliance.

We received an action plan from the provider as a result of our last inspection. In it, they told us that, 'There are now 3 staff on a late shift ensuring that when two staff are required for moving and handling another member of staff is available for other service users.'

We spoke to two care workers. Both told us that there were three care workers provided at all times during the daytime. They told us there had been no shortages of staff. They told us when cover for absences had been needed, staff had been found in advance.

They also told us that extra staffing had enabled them to take people out more. They were able to take people out to the cinema and lunch. We saw a 'service user's weekly planner' in the staff office. This showed times when care workers were accompanying people out into their community.

We checked staffing rotas. Although these contained a number of changes it was possible to establish that at least three care workers worked in the daytime up to 9.30 pm, then two care workers until 11 pm to assist people who preferred to go to bed later. The acting manager told us she had calculated staffing levels to ensure people's social needs were met. On the day we visited one person had been escorted to a hospital appointment. There were still enough staff available to care for people remaining in the building.

Our judgement

People were safe and had their health and welfare needs met by sufficient numbers of suitable staff.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We found concerns in relation to this outcome on our last inspection of Gregory Court on 12 October 2011. This inspection was used to check on improvements made by the provider Disabilities Trust and to assess compliance.

We spoke with people who used the service. One person told us, "The staff here are all fabulous." They told us that the care workers cared for them appropriately and knew what they were doing. Another person said, "The staff here are really good."

Other evidence

We found concerns in relation to this outcome on our last inspection of Gregory Court on 12 October 2011. This inspection was used to check on improvements made by the provider Disabilities Trust and to assess compliance.

We received an action plan from the provider as a result of our last inspection. In it, they told us that they would, 'Review training planner, implement condition specific training. Diarise support and structured supervisions. Use any competency based supervision forms.' They told us these improvements would be completed by 11 November 2011.

We looked at care worker's files and spoke to them. There was paperwork to support that care workers received supervision during November 2011 with the acting manager. Supervision records included a check list followed by short comments by the manager. Two care workers told us they had received a supervision from the acting manager since November 2011.

We saw a training induction booklet that included a record of reading policies and procedures. Certificates of training showed that care workers were receiving a varied programme of regular training. Recent training events had included first aid, respect and dignity in residential care, medications and infection control.

There was also a 'training matrix'. The deputy manager told us that this had not been updated to reflect the most recent training received by staff. As a result the matrix showed that three staff had never been trained in moving and handling. We found further evidence from speaking to one of the staff that they had completed it, but the trainer had not recorded it in the right place. The deputy manager told us there should be a lot more training certificates in staff files, but could not find any. So the outcome was that people were cared for by trained staff, but the records were not up to date.

Our judgement

People had their health and welfare needs met by competent staff.

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 found concerns in relation to this outcome on our last inspection of Gregory Court on 12 October 2011. This inspection was used to check on improvements made by the provider Disabilities Trust and to assess compliance.

We spoke to people who used the service. One person told us they were not regularly asked for their opinion but they were asked to fill in questionnaires occasionally. They told us that they were able to attend residents meetings. Care records showed that people were having regular individual discussions with their key workers. These documented issues raised by the person and the action staff took to resolve them.

One person told us, "It's the best it's ever been here. They have had their problems but they have been working through them and it's really good now." They also said that the acting manager was very approachable and that she was quick to resolve issues.

Other evidence

We found concerns in relation to this outcome on our last inspection of Gregory Court on 12 October 2011. This inspection was used to check on improvements made by the provider Disabilities Trust and to assess compliance.

We received an action plan from the provider as a result of our last inspection. In it, they told us that they would, 'Advertise/appoint permanent service manager. A seeking your views\satisfaction questionnaire to be sent to all stakeholders. All key workers to diarise regular time with individual service users. Implement daily handover with person

in charge of shift. Weekly audit of daily narratives.' They told us these improvements would be completed by the end of November 2011.

During our visit the acting manager told us that she was checking care records completed by care workers. She was also checking incident forms and signing them. An annual quality assurance report was seen that had been undertaken by Disabilities Trust in August 2011. The acting manager told us that the current quality assurance officer for Disabilities Trust had visited to monitor the progress of the action plan.

We saw a monthly monitoring report undertaken by Disabilities Trust divisional manager. This showed that all aspects of the service were subject to internal quality monitoring. We also saw records of ongoing internal monitoring which took place during November and December by the acting manager. Areas monitored included care records, complaints and medication. Action points were recorded to show what corrective actions were needed.

The acting manager told us that the manager post had been advertised and that they would be interviewing shortly.

We saw minutes of a 'resident's meeting' that took place in November 2011. This recorded that everyone had been given the opportunity to say what improvements could be made to the service. It included who was responsible for pursuing action points and when improvements should be achieved. One of the people who used the service was due to chair the next meeting. This was due to be held the day after our inspection. A list of future meeting dates was seen in the acting managers' office. This showed that they were planned for various times of the day so all people could attend some meetings. There was a rolling chairperson identified from the existing group of people living in the home.

Our judgement

There were effective quality assurance systems in place. These ensured that people's views were taken into account and that improvements to the service occurred.

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	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	Why we have concerns: Storage of chemicals in communal toilets may present risks to the general public.	

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

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 within 28 days of the date that the final review of compliance report is sent to them.

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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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