

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

Dove Lane

7 Dove Lane, Harrold, MK43 7DF

Tel: 01234720019

Date of Inspection: 27 November 2012

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✗ Action needed
Complaints	✓ Met this standard

Details about this location

Registered Provider	Turning Point
Registered Manager	Mr. Alan Neate
Overview of the service	Dove Lane is a care home registered to provide accommodation and personal care for up to six adults who have a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 27 November 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with staff.

What people told us and what we found

People living at Dove Lane had complex needs and did not communicate with spoken words. They expressed themselves by making sounds and displayed facial expressions and body movements individual to their personalities.

Our observations during our visit to Dove Lane on 27 November 2012 concluded that there was a very positive interaction between people living there and the staff team. People living there presented as relaxed and confident to approach staff. There was lots of friendly speech, smiles and appropriate contact from staff toward people who used the service. Staff were attentive to people's needs and discreet and respectful in meeting personal care needs.

We saw people being supported to maintain and improve upon their skills. We observed people being included and involved in meal preparation so that people could see and smell meals being created. Family members and advocates were involved in people's lives and decision making. Dove Lane makes use of local shops and GP services. People living there are included within the local community. We saw that social activities take place. The weekend before our visit people had enjoyed a themed seventies music party with family and friends present.

During our visit we observed that staff at Dove Lane demonstrated a high level commitment to the people living there. We spoke to staff who reported that they enjoyed their work and who we observed delivered care in a dignified, respectful and committed manner.

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

What we have told the provider to do

We have asked the provider to send us a report by 14 February 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

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

Our judgement

The provider was meeting this standard.

The provider is compliant with this outcome. Dove Lane provided evidence that suitable arrangements were in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

When we visited Dove Lane on 27 November 2012 we looked at all six care records for the people living there. We saw evidence in each record of robust capacity assessments carried out in line with the Mental Capacity Act 2005 for consent to treatment for all medical and health related needs.

The registered manager showed us Turning Point's operational policy that maps a clear pathway for procedures that consider capacity, consent and advance directives for people who use the service. We also spoke to four staff who all demonstrated knowledge of The Capacity Act 2005 and how it related to the capacity and consent requirements for people living at Dove Lane.

We saw evidence in the care record for one person that a capacity assessment had taken place for consent to a medical procedure. This assessment demonstrated consultation with carers. When the procedure was commenced the care record showed that the person demonstrated in a non-verbal manner an objection to the procedure. Care records showed that the procedure was stopped in response to the person's non-verbal objection. The care record then clearly demonstrated the scheduling of another capacity and best interest assessment to allow the required medical treatment to be conducted in a manner that would minimise the impact upon the person's emotional well-being. This record demonstrated Dove Lane staff had worked in partnership with family members, doctors, local authority staff and advocates from an organisation called Powher.

Two people living at Dove Lane moved there in May 2012. We saw on their care records that the move to Dove Lane and their consent to care and treatment was supported by full and robust capacity assessments.

We saw training certificates that showed Dove Lane staff had undertaken training about capacity and consent. Care records demonstrated that pictorial images were used when staff tried to explain to people living at Dove Lane various situations where consent was

required. Images of 'thumbs up', 'thumbs down' and facial expression images were tools used to assist staff when they tried to consult with people who use the service.

Care records indicated that independent advocates were used and family members were consulted with. The manager told us that end of life plans are carried out in planned discussions with family members, advocates and multi-agency staff together with capacity and best interest assessments.

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

Our judgement

The provider was meeting this standard.

The provider was compliant with this outcome. People experienced care, treatment and support that met their needs and protected their rights. During our visit we observed care records that demonstrated clear individualised assessment of need that was risk assessed, managed and reviewed to ensure the welfare and safety of people living at Dove Lane. We observed staff providing care in accordance with the care plans in a respectful and dignified manner.

Reasons for our judgement

When we visited Dove Lane we looked at all six care records for the people living there. The records were written in a very person-centred way and gave staff good, clear detailed information on the ways in which each person preferred to have their needs met.

The records showed that people's needs were re-assessed and new ways of working with the person implemented when needs change. For example we saw on one person's care record that due to health needs they required additional care and support in the short term. We saw evidence that additional staffing had been put in place on a daily basis to support this person's needs. This ensured that the increased level of need for one person did not impact upon staff availability to meet the needs of other people. On another person's care record we saw evidence that their mobility needs were assessed each morning and the care and support provided was adapted according to the level of mobility present each day. This ongoing assessment and review of need showed us that people living at Dove Lane were encouraged to maintain their skills in a safe and supported manner by staff. Care records showed us that people were supported to maintain friendships that had been formed in past care provisions. We saw evidence that individual personal likes were supported, for example one person liked to go to church.

A new staff member that we spoke to told us that care records and support plans made it easy to understand the individual needs and care level for each person living at Dove Lane. We saw evidence on care records that family members and advocates were consulted in assessing need and future planning for people living at Dove Lane.

People's health needs were monitored so that people living at Dove Lane were supported to remain as healthy as possible. Records showed that people had attended regular appointments with healthcare professionals such as GP, dentists, hospital consultant and dietician. People's weight was monitored and advice was sought when needed. One of the people living at Dove Lane had records of positive progression with weight gain since their move to the care home. Records indicated that they no longer needed the support of dieticians. We saw detailed guidelines in place for managing people's medicines.

Risk assessments and risk management plans had been completed for each person and covered all the risks the person might encounter, such as risk of falls, having a hot drink, helping in the kitchen and accessing the community. We saw evidence of risk assessments in place for specific activities. For example one person living at Dove Lane goes horse-riding and a risk assessment was in place with regard to this activity. Communication cards and photographs of activities were in evidence to aid people who could make choices.

We observed at lunch time that people living at Dove Lane received individual support from staff that encouraged them to maintain their existing skills. They were also provided with support to ensure that they were able to eat their meal whilst it was warm and obtain an adequate intake of food. We saw staff provide crockery and cups that were modified for the individuals level of need.

The registered manager showed us the emergency plans that are in place in the likelihood of an emergency situation. We saw examples on each care record of laminated paramedic grab sheets for each person. These listed important information such as medication requirements, who is important to them, what their level of need was and contact details. We also saw the emergency grab bag by the front door which had essential items needed should the building need to be evacuated together with a copy of the business continuity plan. The minibus had vacuum sealed clothing for each person and thermal foil covers should people be evacuated in cold conditions. All staff we spoke to knew what procedures to follow should an emergency situation arise.

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

Our judgement

The provider was meeting this standard.

The provider is compliant with this outcome. People were protected from the risk of infection because appropriate guidance had been followed and people were cared for in a clean, hygienic environment.

Reasons for our judgement

During our visit the manager at Dove Lane was showed us Turning Point's operational policy on Infection control dated July 2012. We were also shown the Infection control and food hygiene e-learning training records for all staff at Dove Lane.

We saw clear and concise cleaning log records for all areas on the premises that were up to date and signed.

We observed the record of systems in place with regard to clinical waste and decontamination of equipment.

The washing of items in accordance with cleanliness and infection control guidelines were clearly recorded. We observed instructions with guidelines on the laundry room wall. There was sufficient stock of equipment required for staff to be able to carry out their duties with regard to infection control. We were shown specialised incontinence wear for one person living at Dove Lane which prevented the shredding of soiled items. These products reduced the risk of ingestion of soiled products to manage infection control. We were shown that the storage of new continence products was kept in a separate area from the storage, cleaning and disposal of soiled items.

The manager maintains a monthly housekeeping internal audit. We saw a copy of 31 October 2012 housekeeping audit which monitors infection control, hygiene and the safety of the premises. We were also shown contracts in place and dated to monitor pest control.

During our visit we observed staff using aprons, gloves and cleaning products to maintain hygiene and control infection. We observed staff changing gloves and aprons between tasks to prevent cross infection. There were health and safety at work notifications in the building and hand washing sink facilities in evidence.

We observed an overall high standard of hygiene at Dove Lane. Daily records were used to monitor cleaning to maintain a high standard. We observed that all rooms and clothes were clean and the people living at Dove Lane were very clean. We observed that people living at Dove Lane had their toileting and continence needs met promptly.

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

Our judgement

The provider was not meeting this standard.

The provider was not fully compliant with this outcome due to the absence of regular supervision being provided to all staff. We saw evidence of an action plan in place with a timeline to rectify this area of non-compliance. The registered manager was also aware that clarity was required with regard to refresher training for time limited training certificates. People were however cared for by staff who felt supported to deliver care and treatment safely and to an appropriate standard.

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

Reasons for our judgement

During our visit to Dove Lane we spoke to five staff members. One staff member told us 'the manager is fabulous, really approachable and really cares'. Another staff member told us 'I love working here, it's very rewarding, the boss is very nice'.

We spoke to a member of staff who was one of the newest members to join Dove Lane. They told us that they had experienced a thorough and supportive induction period with training provided that enabled them to work competently. This was confirmed in the staff files where evidence of a completed induction programme and e-learning training were present, signed and dated.

The induction programme we saw included training on human rights, capacity, dementia, confidentiality and data protection, safeguarding vulnerable adults, health and safety, lifting and handling, infection control, fire safety, medication, first aid and deprivation of liberty.

The staff members we spoke to told us that the support from colleagues and the manager at Dove Lane made it 'a nice place to work' and that people shared knowledge and skills readily to 'support each other' and safely deliver a service.

We were told by staff and the manager that each shift pattern had a skill mix to ensure that a 'shift leader' was in place and that staff were working who had suitable qualifications to undertake the tasks of the regulated activity. We saw evidence of this shift pattern on the rota. Each shift had clarity as to what tasks staff were allocated. Staff reported to us that tasks were allocated in consultation with them and distributed fairly. In observing staff at Dove Lane, they appeared happy and positive about their employment and the regulated activity.

We saw evidence of e-learning completion for all staff. We also looked at three staff files and saw evidence of face to face training certificates. We saw that a competent worker book was used to assess and measure competency. We saw that a progression in role plan for staff to be able to carry out their duties and develop skills was used. The manager told me that there is a focus on NVQ training from the organisation if staff do not have a transferable qualification. Two staff we spoke to had NVQ level 2 in care. Three staff that we spoke to had professional qualifications in nursing, counselling and social work.

We heard from four staff who we spoke to that they all felt supported and encouraged within their work and development and that they found 'the manager approachable and helpful'. One staff member told us 'that nothing needed to change to improve the support they felt at work'.

The registered manager told us that formal staff supervision and appraisals had not taken place in the agreed agencies guidelines due to a variety of factors. We saw evidence of this on staff files and we saw that supervision times had been scheduled for staff on the rota in forthcoming weeks. We saw an internal quality assurance audit which outlined that this would be acted upon and rectified by the end of December 2012.

The registered manager also advised us that a record system for tracking the training needs of staff at Dove Lane was not yet created. There was evidence on staff files that some of the training certificates were valid for one year. In looking at the organisations training chart for staff working in learning disabilities we saw that some training did not need repeating for three years if a valid certificate was held. The registered manager was aware that clarity was required from the organisation as to the timeline of repeat or refresher training if some training certificates were time limited in validity.

We saw evidence that team meetings take place every month and that staff who could not attend sign the minutes to record that they have read and understood the items discussed.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

The provider is compliant with this outcome. There was an effective complaints system available. Comments people made were responded to appropriately and staff were aware of what procedures to follow in response to a complaint. There was evidence of advocates and stake holders having a forum where comments and complaints can be raised.

Reasons for our judgement

During our visit to Dove Lane the manager showed us Turning Point's policy dated October 2012 which addresses how to respond to complaints and comments. This outlined an effective system was in place for identifying, receiving, handling and responding appropriately to complaints and comments made by service users, or persons acting on their behalf, in relation to the carrying on of the regulated activity.

Dove Lane has no record of complaints in the information we accessed regarding the regulated activity. We saw in each care record an easy read format of a complaints and comments process that used pictorial images to assist the service users comprehension of their right to comment and complain.

A stakeholder meeting takes place every three months. We saw minutes of the last stakeholder meeting which demonstrated that carers and advocates are in attendance and that their comments are recorded with regard to service development.

We spoke to staff who reported that they would report any complaint received to their line manager or deputy line manager.

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	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
	How the regulation was not being met: When we visited Dove Lane on 27 November 2012 the absence of regular supervision and appraisal records for all staff at Dove Lane indicated non-compliance with regulation 23- 1(a) of the Health and Social Care Act 2008. The registered manager had identified this matter to us and showed us an internal audit report that had an action plan to meet compliance in this area by the end of December 2012.

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 14 February 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.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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