Inspection Report

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

Learning Disability Care Home

17 Banstead Road, Ewell, KT17 3EZ

Tel: 02087166144

Date of Inspection: 04 December 2012

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Leonard Cheshire Disability
Registered Manager	Mr. Timon Palmer
Overview of the service	Learning Disability Care Home is registered to provide accommodation and personal care for up to six adults who have a learning disability. At the time of our visit in December 2012 there were four people living there.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who represent the interests of people who use services, talked with people who use the service and talked with staff.

What people told us and what we found

We made an unannounced visit to Learning Disability Care home and looked at the care and welfare of people who used the service.

During our visit we spoke with three people who used the service and five members of staff (including the registered manager). We also spoke to one visitor. We spent time observing how staff interacted and supported people. We saw staff treating people with respect and involving them in activities throughout the time we spent at the service. People appeared relaxed and happy.

One person told us that "Staff are so helpful, I feel very supported." People told us the food was nice, that they had a choice of what to eat, and they had enough to eat and drink.

A visitor told us that "There is a very good atmosphere here, staff think of people's needs and how to support them."

We saw that there were a number of external activities on offer and people were able to regularly access the local community.

We looked around the location and saw bedrooms, communal areas, bathrooms and toilets were clean and free from unpleasant odours.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We asked people if they felt respected by staff and the two that we could communicate with verbally said they did. We saw staff talking to the third person in a respectful way. We watched and listened to how people and staff interacted during the day. We saw that everyone was involved in conversations; people were relaxed and not hurried. Options for daily living were discussed, such as what people wanted for lunch, where they wanted to go out, or what they wanted to do if they were staying in. We saw that staff listened to what people said and responded in a respectful way.

The six staff we spoke to gave us many examples of how they showed respect to people and preserved their dignity. One staff member told us that "This is their (people who live here) house, we are here to do what they want to us to do." This was seen in practice as when we arrived at the house the first thing the manager did was introduce us to the people who lived there. Another staff member said that showing respect was about "Giving people time to respond to us, not rushing them, and listening to what they say." Examples of protecting people's dignity were given such as closing doors when people were getting dressed. We also saw staff talking to a person when they saw an item of clothing was not on the right way round. The person was encouraged to put it on correctly, and chose to do this before going out on an activity. People felt they were respected, and we saw that staff understood, and acted in ways showing, respect and preserving people's dignity.

The service had produced a number of documents in an easy read format. This made it easier for people to understand how care was given. The service brochure was available in text and easy read format. This detailed what support the service could give to people. Accessible information was also seen for things such as how to make a complaint, and safeguarding people from abuse. One person told us that they and a relative had been involved in the planning of their care. We saw that advocacy services were involved for people who may need someone to make decisions on their behalf. People were given information and support to help them understand care choices.

People's views were asked for in a number of ways. House meetings were held where

people could raise issues they had about how the house was run and the care being provided. Reviews of care were carried out with people, and care plans updated with the progress people were making. We saw that the service had identified where people had not had a review with a care manager (due to no fault of the service) and were taking action to arrange these. We saw that the care plans were very person centred and identified things that were important to people. We saw that people were supported by staff to achieve these, for example going to the local church. People were involved in the planning and delivery of their care, and were able to express their views on how the service was run.

We saw that people were encouraged to be independent. We saw that one person's care plan identified they could shower themselves, but a risk had been identified about a medical condition that could result in a fall. This was also affecting the person's confidence. The care plan detailed that staff should wait outside the shower room so the person could shower themselves, knowing that staff were there to help if needed. We spoke to the person and they told us that this happened. A rota had been displayed on the wall in the dining room identifying daily tasks that people may want to be involved in, for example, cleaning, vacuuming, and helping wash dishes. People told us that they did not have to do these tasks if they did not want to. One person told us they really enjoyed helping out around the house. People also told us that they went out shopping with staff for personal items and also for food. People were encouraged by staff to be independent and involved in their local community.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People told us that they were happy living at Learning Disability Care Home. We looked at the care files for two people who lived there. We saw that each person had an individual assessment completed. These included details on people's support, welfare and lifestyle needs.

We saw that person centred plans were in place in the two files we checked. These detailed what support was needed and how it should be given. We saw that information from the initial assessments had been included in the care plans. This meant people's choices; welfare and safety needs were clearly identified to staff.

We saw that information was recorded about how to support people. Completed forms were seen that identified an assessed need of a person, what mattered most to them, and how staff should support the person to achieve people's goals. We saw daily notes were kept of the care and support being given to people. We saw that where risks had been identified there was a risk assessment in place to manage those risks. For example where a person had been identified in the initial assessment as having an issue with healthy eating habits, a risk assessment was in place, and the information was also included in the care plan. The person also told us about their issue, and that staff were supporting them. Staff had information which allowed them to provide appropriate care to people. We observed staff giving care as detailed in the care plans.

We noted that the care plan files contained information on peoples history, and what they as individuals wanted to achieve. The person centred plans were in an easy read format so people would be better able to understand what had been recorded about them. People's welfare was also considered and information was given so that staff and individuals could ensure people were safe. An example was seen where a person was on medication that should not be mixed with alcohol. When we spoke to the person, they were aware that they should not have wine due to this. Risk assessments had also been completed for a number of hazards that could affect people and staff. People's welfare and safety had been assessed and plans put into place to protect them. The staff we spoke to had a good knowledge of people's histories and needs. People's individual needs and choices had been respected. For example one person was supported by staff of the same sex for personal care. We checked the rota and saw that same sex staff were available when needed. This showed that staff had read the care plans and people's care and

support was delivered to meet individual needs.

We saw that emergency procedures were in place. These explained how the service would respond in the event of a number of different situations in which the whole of or part of the house may be affected. This meant that in the event of one of these situations arising, people's care and welfare needs would still be met.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

The two people we spoke to were happy with the quality and quantity of food and liquids being provided. One person told us that "Staff do me the food I like." They went on to tell us that they had a choice of things to eat if they did not like what was on the menu.

Lunch on the day of our visit was a selection of sandwiches. People and staff helped themselves and then ate them where they wanted. Most people chose to eat them in the lounge. This was a light lunch, as two of the three people were about to go out on activities, one to a party, and another out to lunch with an advocate.

The menu looked varied and hot food was on offer for all three main meals of the day. People told us that they went out food shopping with staff and could pick items they wanted to try.

We asked staff how they knew if someone was getting enough to eat or drink. They told us that they would ask people if they had had enough to eat at each meal. We saw this happening over lunch. They also said that peoples weight is monitored, and if a change was noted, or change in eating habits, they would let the manager know, and a visit to the GP would be arranged if the person agreed. One person told us that they had access to drinks and snacks at night if they wanted them. The daily diary notes contained information about whether people had eaten. The service also recorded what people had eaten, if this was different to the option on the menu. People had a choice of food. Their intake of food and liquids was monitored and people were involved in the process. This meant people were getting enough food, when they wanted it, and had a choice of what to eat and drink.

At the time of our visit no one had been identified with an allergy or needing a specialist diet (e.g. vegan or vegetarian). The manager and staff were aware that this was something they needed to check when new people joined the service. People were able to feed themselves independently, and no specialist equipment was required to help them.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The two people we could verbally communicate with told us they felt safe with staff and that they were supported. We observed the third person looking very relaxed and happy in the presence of staff.

All the staff we spoke to were able to tell us what abuse was, giving examples, and what their duty was if they suspected it was happening. They all told us that they would report to the manager. They also understood the whistle blowing policy and knew that they could contact someone higher in the organisation if they suspected the manager was involved. Clear information about abuse was displayed in the dining room. Easy read versions were also seen displayed. Staff were aware of the external agencies that they could notify, such as the Surrey Safeguarding Adults team, the care manager, or the police. Contact information for these agencies was available in the office, and on the dining room wall. Staff were able to identify the signs of abuse and what they needed to do if it was suspected.

We saw that risks around abuse had been considered in risk assessments. An example we saw involved people being protected from the risk of theft by the use of personal possession forms. These recorded what items people owned. Staff would then be able to identify if something had gone missing. We saw that the service had a system in place for responding to allegations of abuse. We also saw that advocacy services were involved if best interest decisions were needed where someone lacked capacity to understand a decision relating to their health needs. The manager had identified the risk if abuse and taken steps to stop it happening.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We asked the registered manager how they made sure there were enough staff available to meet people's individual needs. We saw on the rota that there were two staff on the morning shift, two on the afternoon shift and one at night. The manager also had three days per fortnight for completing office based work. From looking at the care plans, speaking to people and observing, we saw that no one required assistance from staff with their mobility. This meant that two to one staffing were not required for anyone living at the service. The manager explained that the staff levels had been increased in October as a result of a new person joining the service. The need for extra staff had been identified and action was taken.

We saw that risk assessments had been completed around staffing levels, which considered such things as having a driver available on each shift, and that people's personal choice for gender of staff were met. Staff shortage was also included in the emergency plan, so there were clear guidelines on how the service should respond to ensure people's needs were still met. The manager had taken steps to ensure that there were enough staff available to meet people's individual needs.

We looked at the training records for two staff. We could see that each staff member had up to date training for a number of subjects that would safeguard the health, welfare and safety of the people using the service. We saw that the provider monitored staff training and notified the registered manager when training was due for renewal. Examples of training that had been completed were moving and handling, health and safety, infection control, fire safety, safeguarding and medication. When we talked with staff we asked questions around safeguarding and health and safety to check their understanding. All were able to answer questions about what they needed to do to keep people safe in these areas. Staff were appropriately skilled and trained to provide support to the people living at the house.

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

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

From talking with people and looking at the minutes of house meetings we could see that people were given opportunities to raise any issues they had with staff on a regular basis. We saw that where issues had been identified action had been taken. One person told us that when they first came here, an electrical fitting in their room was not working. They said they told the manager and it was fixed. The house meeting minutes were written in an easy read format. People's comments were clearly recorded in the minutes. Two people we spoke to said they would tell staff if they were unhappy about anything. This shows us that people were asked for their feedback on how the service was doing, and action was taken where necessary.

Feedback was obtained from people who use the service, their relatives, staff and other relevant agencies by use of questionnaires. These were sent annually. We saw that the results had been reviewed, and a summary and reply was given to people. The manager and provider were monitoring the quality of the service by giving people the opportunity to comment on how well they thought the service was doing.

We saw that there was clear information for people on how to make a complaint. This was displayed in the dining room. This was in an easy read format to make it accessible to people. The provider had provided the manager with access to a computer system where all complaints and safeguarding concerns were logged. We saw that the manager was regularly reporting to the provider. At the time of our visit there had been no complaints or safeguarding issues recorded for some time. The last recorded complaint was in 2010, and we saw that the provider had dealt with it. Complaints and compliments were being monitored by the manager and the provider. Appropriate action had been taken where needed.

We looked at the records of accidents and incidents. There was a system in place to monitor and analyse them if they happened. At the time of our visit there had been no recent accidents recorded. We spoke to staff who confirmed that they were not aware of any recent accidents. All knew the process for reporting and recording accidents and incidents, including near misses.

The manager explained that the service has a number of audits carried out by the provider. Areas checked include, finances, health and safety, and quality of care. The provider also operated a system where registered managers from other services audit each other. They checked different aspects of care at each visit. They also talked with people and staff to ask for their feedback.

We asked the registered manager if they had received any expert advice, or had visits from professionals to assess the quality of the service. We saw that the service had received a positive food hygiene inspection from the local authority. We also saw that health and safety items such as electrical safety, and Legionella checks had been carried out by professionals. The manager told us that they had recently changed pharmacists. The new pharmacist would carry out an audit on medication, the old one did not. This shows that external professionals were consulted for advice and information. .

We could see that the service was being reviewed regularly and action was being taken where needed.

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.

Contact us

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