

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

Quantock House

15 Quantock Road, Weston-Super-Mare, BS23
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Date of Inspection: 13 February 2013

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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

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	Ms. Judit Salamon
Overview of the service	Quantock House provides community based residential care for six people with a learning disability. All rooms have special adaptations to suit residents' individual needs.
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, carried out a visit on 13 February 2013, 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 use the service, talked with staff, reviewed information we asked the provider to send to us and talked with commissioners of services.

What people told us and what we found

The manager told us the philosophy of care at Quantock House is to promote independence, individuality and personal development in all aspects of daily living. We saw the approach to care provision enabled each person to maximise their individual potential and risks were well managed.

At the time of the inspection there were six people living at the home. We spoke with three of the people who used the service and three members of staff. All the people we spoke with were complimentary about the service they received. They told us they were involved in making choices about their lives and were treated with dignity and respect. One resident said "it's good here. Staff are nice to us". All people we spoke with told us they felt safe at the home and were supported by kind staff.

Peoples' needs were met by competent staff who were supported by the manager and senior company management. Staff told us they received appropriate training in the care of people with challenging behaviours and supported them to live as fulfilled a life as possible.

We saw people were being helped to understand decisions about the care and treatment they were given. Each person who used the service had a written plan of care which reflected their individual needs. The plans gave clear information to staff about how to support people yet maintain as much of their independence as possible.

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

Reasons for our judgement

We spoke with three of the people who used the service during the inspection. They told us they were very happy living there. They were complimentary about the care and support they received. Comments included "they are nice here".

A support worker told us they always made sure that, as far as people were able, they made choices about their daily routines. One support worker told us they always sat down with the person and talked about the activities they wanted to do for the following week.

Two people we spoke with told us they were supported in their chosen lifestyle. They told us they were offered meaningful activities and helped to live more independently. Care records and posters we saw around the home corroborated this information. We saw people were encouraged and supported to live as a part of the community by accessing local transport and shops.

All three people told us their privacy and dignity was respected by all staff. We observed this in practice during the inspection, through the way staff spoke with people and assisted them with their care needs.

We watched the interaction between the staff on duty and people living in the home. People appeared very relaxed in the company of the staff and there was a good rapport between them. Staff were offering people choice, encouraging them to undertake tasks independently and supporting them where needed.

Staff we spoke with were able to give examples of how they promoted and ensured dignity and respect for all people. For example we saw people knocking on bedroom doors. One member of staff explained how they assisted and individual with their personal hygiene needs to maintain dignity while providing safe care. We were shown personal profiles that people had been assisted to write describing themselves and their likes and dislikes. Each profile was available to all staff who demonstrated they knew peoples preferences.

We saw people were asked their view of the service they received and took part in any reviews of their care arrangements if they wished. We saw records of reviews where the person had been present. This meant people were enabled to participate in making decisions about their care and lifestyle.

We were shown the results of a recent satisfaction survey dated June 2012 for this service and its neighbouring service Birnbeck House. The results for both houses were represented together. They showed 100% of people thought the overall service at the home was "very good/quite good". This meant people were able to comment and give feedback about the quality of the service they received.

The provider might find it useful to note that 25% of people in the survey reported, staff did not respect their privacy as often as they would have liked. However 100% of people reported this was a good service for disabled people.

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

The three people we spoke with who lived at the home were complimentary about the care and support they received. People told us "my room is nice" and "the staff are good".

We saw people enjoying activities both around the house and in the community. One person was seen going out to a doctor's appointment while another was being helped to get the lunch ready. We saw people had the freedom get up late and an opportunity to have breakfast when they were ready.

The three staff we spoke with knew the individual care and support needs of people who used the service. They also showed us they knew people's preferences about how their needs were to be met.

The care records seen had been reviewed on a regular basis. This ensured the care planned was appropriate to meet people's needs as they changed. We saw that other professionals had been involved in a timely way when required, to ensure the health and well being of people. Staff we spoke with told us they used care plans to inform their practice.

Profiles within care records showed a good understanding of individual's care needs and treatment. There were specific plans that identified trigger points for people's challenging behaviour. These plans described how best to manage their reactions and behaviours, for the benefit of all people in the home. The information also showed staff monitored people's health and checked their needs were met.

We saw people had been assisted to complete key information documents about "what is important to me"; "what others like and admire about me"; "how best to support me"; and "what else you need to know". The information in these documents was held together with a summary of health needs and were sent with an individual when they attended hospital. This meant that full and necessary information was shared with other professionals at key times to ensure all care needs were appropriately met.

We observed staff talked to people in a polite and kindly manner when listening or helping them with their care needs. We observed staff talked to people on a one-to-one basis and spent time with them. They engaged them in meaningful conversation.

We saw that residents' rooms were personalised with photographs and belongings. Each room reflected the individual's personality and choices.

The care staff we observed supporting people clearly knew people who lived in the home well and understood their needs. All staff spoken with told us they had the skills and experience to meet the needs of the people who lived in the home.

We saw first aid equipment was easily accessible and available. Staff were able to identify the first aider on duty. Staff who held the first aid certificate described the appropriate actions they would take should an emergency occur. This meant the provider had ensured the needs of people would continue to be met before, during and after an emergency.

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

Our judgement

The provider was meeting this standard.

People who used 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 people we met and talked with at the home said they felt safe and well cared for in the home. People we met had only positive comments to make about how the staff treated them in the home. One person told us staff were "lovely" and they were, "all kind". In the June 2012 satisfaction survey results 100% of people said they felt safe at the home.

People were supported by staff who demonstrated to us they knew how to recognise and respond to abuse or potential abuse. They were clear about the important role they had to ensure people were happy with their service and remained safe.

The service had policies and procedures for recognising and reporting abuse and whistle blowing (where staff could raise any concerns they had in a confidential way). Staff told us they had received training in these areas. They demonstrated good knowledge and understanding of their roles and responsibilities. They showed they understood people's rights to make choices and take risks while balancing this with keeping people safe.

We saw evidence of the home working closely with other professionals as and when needed to ensure people's care needs were fully and safely met.

Families where possible, were involved in person centred planning and "best interest" meetings. A "best interest" meeting is a multidisciplinary meeting where a decision about care and treatment is taken for an individual, who has been assessed as lacking capacity to make decisions for themselves.

All of these measures meant people were protected from the risk of abuse and staff were aware of how to report any concerns regarding their safety.

None of the staff we spoke with had any concerns about any person being at risk. One staff member told us "I would report any concerns immediately if I had any and I'm sure they would be taken seriously".

All three staff we spoke with recognised the importance of people's capacity to understand. Staff spoken with had a limited understanding of the Mental Capacity Act 2005 and how to support people in making decisions. The manager recognised this gap in staff knowledge

and immediately arranged for all staff to receive training in the near future.

The manager outlined the processes to ensure that financial safeguards are in place for residents. Each resident had an individual record of their monetary transactions.

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

All the people we spoke with during the inspection felt there were enough staff on duty. This was supported by the satisfaction survey results in which 13% of people had reported better staff levels would be one thing they would like to improve. Two people told us they received the care and help they needed at a time which suited them.

People were very complimentary about the staff who supported them. Comments included; "Staff are very good". "Staff are kind". "All three people we spoke with told us the staff responded promptly if they needed assistance.

Throughout the day we noted people who needed assistance were responded to promptly and did not have to wait for extended periods of time. Staff demonstrated patience when assisting people and took time to ensure people were comfortable with the support they received.

Duty rotas we saw showed there was nearly always two staff on duty during the day. At night there is one sleeping member of staff on duty. We saw the provider had an established system in place for covering shortfalls in numbers of staff. Staff confirmed this happened. They told us the exception was for unexpected sickness absence, which they said was sometimes difficult to cover and occasionally left them short of staff. However they told us the neighbour service would always assist them if necessary.

Staff we observed appeared competent in their roles and well motivated. Staff spoken with demonstrated a good knowledge of the people who lived at the home. This meant people received care from staff who were familiar with their needs.

Staff told us they felt well supported and received ongoing training to ensure they had the skills to care for people who lived at the home. All staff spoken with said they thought staffing levels in the home were adequate to meet people's needs.

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.

Reasons for our judgement

People we spoke with told us there was always lots of ongoing discussion with them about the running of the home. They told us their suggestions were listened to and acted upon. We saw records and posters of information about this displayed in the home.

We observed during the inspection people were asked for their views and preferred choices about a variety of things. For example talking about meal choices, activities and planning ahead for the weekend. The staff told us there was always lots of discussion with everyone.

There was a comprehensive quality assurance system in place which linked to the essential standard of quality and safety to ensure the home remained a safe place in which to live and work.

The manager told us monthly audits were undertaken for care plans and risk assessments. Records seen confirmed this.

A senior representative from the company had visited on a three monthly basis and made an assessment of the service, monitoring compliance against expected standards. We saw that reports of these visits were available and clearly identified actions needed to ensure ongoing quality provision. This meant people were provided with safe quality care.

The home was well maintained with an ongoing programme of maintenance and improvement. This ensured the premises were safe and appropriate for people who lived and worked there.

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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