Inspection Report

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

High Street

4 High Street, Oakley, MK43 7RG

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Date of Inspection: 23 November 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
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Fremantle Trust
Registered Managers	Mrs. Karen Fiore Mrs. Diane Elizabeth Saggers
Overview of the service	High Street is a care home providing personal care and accommodation for 6 people with a learning disability.
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 23 November 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 staff.

What people told us and what we found

The focus of the service had been to make experiences for people as inclusive as they could be within the abilities of the individual. The communication by care staff was respectful and person centred.

The care plans contained assessments regarding the ability of people to make choices in relation to their needs. We saw Mental Capacity Act 2005 assessments were completed for some individuals where they lacked the ability to consent to care or treatment.

All the staff on shift were able to identify the types of abuse and the process to be followed if they needed to report any concerns.

Mandatory training such as Safeguarding of Vulnerable Adults, moving and and handling and medication administration had been provided and attended by staff as part of the annual training programme.The staff we spoke with were very motivated to undertake vocational qualifications and had worked hard to complete these in the last 8 months.

The manager completed monthly service audits which were then sent to the provider's head office for consideration.

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

During our visit on 23 November 2012 we observed the interaction between care staff and the people living at the service. All had varying degrees of ability to make their needs and wishes known. We saw that care staff were familiar with the communication preferences of people and were able to assist them in making choices about how their care was delivered.

We saw that people were encouraged to make choices such as when they got up and when they ate. People moved freely around the home and into the garden as they wished. The communication by care staff was respectful and person centred. For example one person using the service was on a recording chart for their food intake. We observed that when this was being completed the staff member did this with the person using the service rather than asking the other staff member for this information. This meant that the person was respected, listened to and that their dignity was promoted.

One person showed us their room which they had personalised with their own colour scheme and personal possessions. They told us that they liked the room which had recently had new flooring. The focus of the service had been to make experiences for people as inclusive as they could be within the abilities of the individual. This meant that there was a strong focus on promoting people's involvement in the day to day decisions and longer term in respect of their ongoing care needs.

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

As part of our visit on 23 November 2012 we looked at the care plans for two out of the six people using the service. There was a robust system in place that recorded the needs of each person. Staff were knowledgeable about the content of the record and how care was delivered for individuals. Plans addressed areas of risk in the form of risk assessments and management plans for issues such as choking or aggression. One person had a plan to manage their behaviour and staff had taken time to come to terms with it. Staff said this had been difficult because the choices made by the individual had a negative impact on their lifestyle.There had been considerable external professional scrutiny of the person's needs, ability and capacity. A plan was completed which managed some of the extremes of the behaviour but also considered the wishes of the person concerned. This approach meant that the rights of the individual to self determination had been respected and the management of their needs was person centred.

There were assessments on the care plans regarding the ability of people to make choices in relation to their needs. We saw Mental Capacity Act 2005 assessments were completed for some individuals where they lacked the ability to consent to care or treatment. This meant that decisions were made in a person's best interest and their rights were considered and respected.

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 provider had a policy on safeguarding vulnerable people from abuse (SOVA) which had been amended to incorporate the local council procedures. During our visit on 23 November 2012 we found that the policy had been reviewed and updated in August 2012.

We spoke with staff who told us that they had all completed SOVA training in the past year and the records of training confirmed their attendance. All the staff on shift were able to identify the types of abuse and the process to be followed if they needed to report any concerns.There was a poster on display that contained all of the contact telephone numbers for the local authority and the Care Quality Commission (CQC) where alerts could be raised.

Staff felt that the manager was approachable and would always listen to any concerns they may have.They also spoke to us about the whistle blowing policy of the service and were able to identify to us the people they would contact if they had concerns that they felt unable to raise within the service.This meant that people were cared for by staff who were knowledgeable about the signs of abuse.They also knew how to report any potential abuse outside of the home for the safety of the people who lived there.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During our visit on 23 November 2012 we spoke with the staff team and the manager about the support provided for staff who worked at the home. There was a process of supervision where staff received one to one time with their supervisor to discuss matters of performance, personal development and the opportunities for training. There was a schedule of monthly sessions and a record signed by the two people involved each time. All staff had received an annual performance review. The manager received monthly supervision by the divisional manager and peer support from other managers who worked for the provider in the local area.

The staff we spoke with were very motivated to undertake vocational qualifications and had worked hard to complete these in the last 8 months. We heard discussions between the manager and staff about the awards ceremony facilitated by the provider for staff to collect their award and for their achievement to be acknowledged by the company.

Mandatory training such as Safeguarding of Vulnerable Adults, moving and handling and medication administration had been provided and attended by staff as part of the annual training programme.The system was robust and meant that people were cared for by staff who were supported by the provider to carry out their job role.

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 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

The provider had a robust process of service monitoring. On our visit of 23 November 2012 we saw the manager completed monthly service audits which were then sent to the provider's head office for consideration.The audits included topics such as any complaints made, any falls or incidents of hospital admission.The divisional manager visited monthly to discuss with the manager any issues arising.The manager and staff also carried out medication audits after each medication round and care plans were reviewed each month to ensure that these processes were carried out safely and were up to date.

The standard of the premises was kept under review and the landlord had recently completed the replacement of some flooring in the bedrooms. Following a review of the needs of the people living at the service a decked area had been constructed outside the patio doors of the lounge so that people using the service had easier access to the garden space.

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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