

Review of compliance

<p>Royal Mencap Society South Lodge</p>	
<p>Region:</p>	<p>East</p>
<p>Location address:</p>	<p>2 Sidney Road Bedford Bedfordshire MK40 2BG</p>
<p>Type of service:</p>	<p>Care home service without nursing</p>
<p>Date of Publication:</p>	<p>March 2012</p>
<p>Overview of the service:</p>	<p>South Lodge is a care home registered to provide accommodation for persons who require nursing or personal care.</p> <p>The home provides a service for up to seven people who have a learning disability, and does not currently provide nursing care.</p> <p>At the time of this review, discussions were taking place about the possibility of</p>

	changing the type of service from a care home to a supported living service.
--	--

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

Our current overall judgement

South Lodge was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 17 February 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

During our visit on 17 February 2012, people talked to us about some of the ways that they were involved in the running of the home. For example people told us that they took turns to help out with shopping, cooking and doing the house work.

People told us they were happy with the support they received. They said they knew who to speak to if they had any concerns.

People confirmed that they liked the staff, and that they supported them well.

What we found about the standards we reviewed and how well South Lodge was meeting them

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

The provider is compliant with this outcome, but to maintain this we have suggested some improvements are made. People using the service are respected and involved in making decisions about their care and support. However the service needs to be clearer about the arrangements for covering staff costs when taking people out. This will help people using the service to be clear about what they need to pay for, and ensure they are not restricted in their choice of social activity and outing.

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

The provider is compliant with this outcome. Arrangements are in place to ensure people using the service experience safe and appropriate care and support.

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

The provider is compliant with this outcome. People using the service are protected from abuse, or the risk of abuse. The service understands that restraint should be used in a way that respects people's dignity and protects their human rights wherever possible.

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

The provider is compliant with this outcome. Systems are in place to ensure there are sufficient numbers of staff with the right knowledge, to support people living at the home.

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

The provider is compliant with this outcome. Systems are in place for assessing and monitoring the quality of service provision.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

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

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

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

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

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

During our visit on 17 February 2012, people talked to us about some of the ways that they were involved in the running of the home. For example people told us that they took turns to help out with shopping, cooking and doing the house work.

Other evidence

During our visit, we spent time directly observing the support being provided to people living in the home, to help us determine what it is like for people living at South Lodge. We took into account the outcomes for people who use the service, people's levels of engagement and staff interactions. We observed some positive engagement between staff and people using the service. Staff communicated in a calm, friendly and respectful manner at all times, and people living in the home appeared to respond well as a result. One person asked to go out for a walk and this was arranged. One person was asked if they wanted to help prepare the evening meal but they declined, stating that they were too tired. This was respected by staff. People were then asked if they would like some music and about the type of music they would like to listen to.

Staff involved people using the service by encouraging them to carry out daily living tasks as independently as possible. For example people were observed making their own drinks, one person did their laundry and another wiped out their lunch box after

returning from day care.

People using the service talked to us about some of the ways in which they were involved in the running of the home on a day to day basis. They told us that they decided what they want to eat each week, and that they took it in turns to prepare meals and carry out domestic tasks. People referred to a pictorial aid that had been developed to support them to know where they were going and what they were doing each day.

The manager spoke about plans to change the service from a care home to a supported living service in the future. A consultation process was underway and an independent advocacy agency had been visiting the home to talk with people about the proposed changes. People we spoke with during our visit confirmed that they were aware of the situation, and discussed some of the ways that this might affect them as individuals and as a group.

We spoke with the manager about another organisational change which meant that staff costs for meals were no longer being funded by the service. Staff that we spoke with confirmed that it was their understanding that there was no available budget to cover staff costs when taking people out - for any type of activity - and that they would need to cover their own costs, or opt for no cost options. The manager stated that there may be occasions when people using the service might be required to contribute financially towards staff costs for outings and holidays. Information to say what people using the service needed to pay for in respect of the service they received had been developed, but this needed updating to make clear the financial arrangements and expectations on them, in respect of staff costs for all types of social outings and activities.

The manager was clear about the process for making decisions in the best interests of people who did not have the capacity to make decisions.

Our judgement

The provider is compliant with this outcome, but to maintain this we have suggested some improvements are made. People using the service are respected and involved in making decisions about their care and support. However the service needs to be clearer about the arrangements for covering staff costs when taking people out. This will help people using the service to be clear about what they need to pay for, and ensure they are not restricted in their choice of social activity and outing.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

People that we spoke with told us they were happy with the support they received. They knew who to speak to if they had any concerns.

Other evidence

We looked at records for two people supported by the service, and found clear information about their needs, preferred routines, likes and dislikes. There were clear references to corresponding risk assessments and separate health care records. Photographs had been included in the plans we saw, to make the information more accessible and meaningful.

A separate audit tool had also been developed to ensure plans were being reviewed on a regular basis, and routine health care appointments for people were not overlooked.

One person living in the home had significant healthcare needs. The person's care plan had been updated on a regular basis to include information about the person's changing needs, and staff that we spoke with demonstrated that they understood these needs well. Relevant external professional support had also been sought to ensure the person's welfare was protected and all their needs met.

Most people living in the home were attending regular external day care activities during the week. One person had chosen to withdraw from day time activities and was choosing to stay at home instead. Arrangements had been made to support this decision and to provide the person with alternative activities and stimulation.

Contact with families and friends was encouraged. Records showed for example that families were involved in decision making processes affecting people living in the home, and some family members had provided support with social outings.

Our judgement

The provider is compliant with this outcome. Arrangements are in place to ensure people using the service experience safe and appropriate care and support.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We did not request information from anyone using the service about this outcome during our visit on 17 February 2012.

Other evidence

Appropriate systems, policies and procedures were in place to ensure people were being protected from abuse, or the risk of abuse. The manager confirmed that staff had received up to date training regarding the safeguarding of vulnerable adults, and records showed that the service worked collaboratively with other services, teams and agencies in relation to safeguarding matters. A notice was on display to remind staff of the correct procedure to follow in the event of suspected abuse.

We observed staff treating people with respect throughout our visit, and helping them to make their own choices and decisions.

Key pads had been fitted to the front door of the home to help to keep one person living in the home safe. The manager explained that the person had significant healthcare needs, and was at risk if they were to leave the home on their own. Records supported this. The service had considered the impact of this arrangement on other people living in the home including the potential restrictions imposed upon them. Individual risk assessments had been drawn up which had included input from relevant family members and external professionals such as the local Fire Authority. As a result, people who had been assessed as low risk of coming to harm if they went out on their own, had been shown how to use the key pads, and were still free to come and go from

the home.

Our judgement

The provider is compliant with this outcome. People using the service are protected from abuse, or the risk of abuse. The service understands that restraint should be used in a way that respects people's dignity and protects their human rights wherever possible.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People we spoke with confirmed that they liked the staff and that they supported them well.

We observed staff treating people with respect, and supporting them to make their own choices and decisions.

Other evidence

The manager confirmed that the service was fully staffed. During our visit, we observed there to be sufficient staff on duty to meet the needs of the people living at the home.

The manager had a system in place for identifying gaps in staff training or when refresher training was due; to ensure staff working in the home had the necessary training to meet the specific needs of the people living there. Training records showed that staff had been trained in a number of important areas such as safeguarding of vulnerable adults, dementia care, epilepsy and diabetes.

Staff were able to demonstrate that they understood the needs of the people they were providing support to. For example, they spoke clearly about the needs of someone who had diabetes. They understood that good control was key to supporting the person to manage the condition, and they were doing this through medication, diet and checking the person's blood sugar levels on a regular basis.

Plans were underway for South Lodge to change from a care home to a supported

living service. The majority of staff had also completed training regarding supported living; to help them to understand the differences between the two types of service and how this might impact on the people they were supporting.

Our judgement

The provider is compliant with this outcome. Systems are in place to ensure there are sufficient numbers of staff with the right knowledge, to support people living at the home.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not request information from anyone using the service about this outcome during our visit on 17 February 2012.

Other evidence

The provider had developed an evidence-based, year on year improvement system which had been tailored to meet the needs of the people using the service. The system included findings from audits and periodic surveys, which were used to monitor the quality of service provision, and to give people using the service the opportunity to contribute to the running of the service.

A continuous improvement plan for South Lodge had been developed as a result which incorporated findings from internal audits undertaken in relation to individual support needs, system improvements, the environment and safety. The manager had recently reviewed the plan for the service, and there was evidence that action had been taken to address areas identified as requiring improvements in the weeks prior to our visit.

The views of people using the service were being sought informally on an ongoing basis, and formally through satisfaction surveys. The results from surveys completed by people using the service in 2011 showed that they were satisfied with the support they were receiving.

Surveys had not been sent out to families and other stakeholders at the time of our visit. However, some recent review meeting minutes for one person living in the home

recorded that their family was happy with the support being provided to them.

Our judgement

The provider is compliant with this outcome. Systems are in place for assessing and monitoring the quality of service provision.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>Why we have concerns:</p> <p>People using the service are respected and involved in making decisions about their care and support. However the service needs to be clearer about the arrangements for covering staff costs when taking people out. This will help people using the service to be clear about what they need to pay for, and ensure they are not restricted in their choice of social activity and outing.</p>	

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

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA