

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

Anvil Close

21-24 Anvil Close, Streatham, London, SW16
6YA

Tel: 02086774717

Date of Inspection: 22 January 2013

Date of Publication: February
2013

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
Safety and suitability of premises	✗	Action needed
Safety, availability and suitability of equipment	✗	Action needed
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	MacIntyre Care
Registered Manager	Ms. Hannah Crampton
Overview of the service	Anvil Close provides care for up to 12 adults with a range of learning difficulties. There are 2 flats on the ground floor and 2 flats on the top floor each with 3 bedrooms.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Safety and suitability of premises	9
Safety, availability and suitability of equipment	10
Supporting workers	11
Assessing and monitoring the quality of service provision	12
Information primarily for the provider:	
Action we have told the provider to take	13
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

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 22 January 2013, talked with carers and / or family members and talked with staff.

What people told us and what we found

During our visit we spoke with two members of staff and the manager. We were unable to speak with the people who use the service about their care so we contacted the relatives of two people to ask their views on the support provided.

Both relatives we spoke with commented that the staff provided a good standard of care and their relatives who were using the service were both happy and settled. During our visit we saw the staff speak with the people who use the service in a positive and encouraging way and treated them with dignity.

A relative and two members of staff we spoke with all confirmed that there had been a problem with the central heating system which had left the home feeling cold.

The members of staff felt that they had enough training to do their job and were given support from the senior staff.

A relative we spoke with said "I can't speak more highly about them".

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

What we have told the provider to do

We have asked the provider to send us a report by 01 March 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

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

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

Our judgements for each standard inspected

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.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. During our visit the manager explained the process used when a person is referred to the service.

The manager would go and visit the person referred to the service and completed an assessment using the 'Getting to know you' booklet. The visit would be at either where the person was living or at the day centre they attended.

The manager would discuss with the person referred to the service about their support needs and, with their permission, the manager would also gather information from the other key people in the person's life for example family members and carers.

An initial care plan was produced from the assessments and from observations from the staff. Risk assessments were completed once the person had moved into the home.

People expressed their views and were involved in making decisions about their care and treatment. The manager explained that an annual survey was carried out with the people who use the service and support from staff and family members was provided for people who were unable to complete the survey on their own. There were monthly meetings held for the people using the service and notes were taken of these meetings. Each person had regular meetings with their named key worker.

The religious and cultural needs of the people using the service were identified and recorded in their care plans. The manager explained that volunteers from a local church would come and collect anyone that wished to attend a service and take them to the church.

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's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The manager explained that the care plans and risk assessments were reviewed annually by the key workers and were updated throughout the year in response to any changes in support requirements.

The relatives we spoke with felt that they were very involved in the planning of the care and support provided and they could contact the staff at any time with questions.

People using the service could choose to stay with their existing General Practitioner (GP) or they could register with a local practice. They could also register with a local optician and chiropodist. The people using the service were registered with a local dentist that specialised in the care and treatment of people with learning disabilities.

During the visit we saw there was an activities programme outside each person's room listing their schedule for each day. There was a range of activities available including attending local day centres, a gardening project, a theatre workshop, local church events, shopping, meals out and attending a sports club for people with learning disabilities. The manager explained that staff used the 'Great Interactions' policy when supporting people which aimed to increase individuals independence in relation to daily skills.

The manager explained that the menu for the forthcoming week was developed on a Tuesday and people were asked what food they preferred and what food from the previous menus they did not like. They were encouraged to eat different types of food and any requirements from dieticians were taken into account when planning menus. Staff would provide support for people in preparing breakfast, if required. People were supported if they wanted to go out for lunch to a local café and staff prepared the evening meal with the help of people that use the service.

The rooms could be personalised with furniture and pictures and a relative we spoke with described how the staff supported them and the person using the service to purchase the furniture they wanted.

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

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. During our visit we saw the safeguarding, whistle blowing and complaints policies used by the service.

New staff completed a Criminal Records Bureau (CRB) check.

New staff had safeguarding training as part of the induction programme and all staff completed a refresher course, either on line or by attending the course provided by the local council, every two years. The staff members we spoke with understood the principles of safeguarding and were aware of the safeguarding policy and procedures used by the service.

During our visit we saw posters in the communal areas of the building with information about how people make a complaint and who to contact which included photographs of the senior staff. The key workers also discussed with the person using the service, using suitable communication methods, if they had any concerns or issues.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

People who use the service, staff and visitors were not suitably protected against the risks of unsafe or unsuitable premises. The central heating system in the home was not working properly and we saw that there was an inadequate provision of suitable heating in the home.

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

Reasons for our judgement

The provider had not taken adequate steps to provide care in an environment that was suitably designed and adequately maintained.

During our visit we observed that the building felt cold and the radiators were not fully working. The manager explained that the boiler had broken down in December 2012 and it was repaired within two weeks. The central heating was still not working properly and they had been trying to arrange for it to be repaired for a number of weeks. We saw that an electric fan heater was being used to heat a lounge area. A member of staff explained to us that they would use an electric heater to warm up a person's room before they went to bed and then would remove the heater to use in another area.

We saw there were a number of fire doors, in all four flats, which were being kept open by door wedges. The doors were fitted with an electric release system which allowed them to close automatically when the fire alarm was triggered. The release systems on the doors were either broken or fitted incorrectly. Staff explained that the doors had been broken for some time. These doors would not prevent the spread of a fire.

During our visit we saw that the communal areas in the four flats required repair and redecoration. The work tops in the kitchens were broken, the sofa and armchairs in a lounge were ripped, flooring was stained, the ceiling in a kitchen was badly cracked and a number of the walls were damaged. Some of the radiator covers were rusted and curtains were missing.

When we inspected the shared bathrooms we saw that the flooring in each bathroom was stained and difficult to clean. In one bathroom we saw that there was a broken toilet seat with a sharp piece of plastic in place, the shower area did not have a drain cover and there was open access to the drain which the leg of the shower chair could fall down. In another bathroom there was a bin which was rusty and the foot peddle had rusted through and broken in two.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was not meeting this standard.

People were not protected from unsafe or unsuitable equipment.

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

Reasons for our judgement

During the visit we saw that two of the adjustable baths were not working. The manager explained that one bath required a replacement part and the other had an electrical fault and they had not been in use for a while. A member of staff explained that, as a result of these faults, one of the people using the service was unable to have a bath which meant that their choice was restricted to having either a shower or a bed bath.

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

Staff received appropriate professional development. During our visit the manager explained the induction process completed by new staff.

All new staff had an induction programme which included familiarisation with the policies and procedures used by the service and getting to know the people who use the service and their care needs. A range of training was completed including first aid, medication, and person centred planning.

The induction programme was carried out over six weeks and the new staff member would shadow and work with senior care staff. They would not be permitted to provide care on their own until assessed as competent.

Staff completed a range of mandatory training refresher courses which included moving and handling, fire awareness and infection control. These courses were completed either annually or every two years depending on the subject area. The manager explained that specific training was provided to meet the care needs of the people using the service.

Staff had supervision sessions every four to six weeks and an annual appraisal was completed with their manager.

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 who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The manager explained that an annual survey was sent to the people using the service and, if required, they were supported by staff and family to complete the form. There were also monthly meetings for the people using the service and notes were taken of these meetings.

A daily health and safety audit was carried out which included the water and fridge temperatures. A quarterly health and safety audit was carried out reviewing the general living environment.

The area manager visited monthly and completed an audit of records and carried out observations of the interactions between the staff and people using the service.

The provider took account of complaints and comments to improve the service. During the visit we saw the incidents and accident record folder and the complaints file.

The senior staff carried out checks of the Medication Administration Record (MAR) charts on every shift and completed a weekly stock check of medication.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises
	How the regulation was not being met: The central heating system in the home was not working properly and we saw that there was an inadequate provision of suitable heating in the home. Regulation 15 (1) c (i)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises
	How the regulation was not being met: The doors were fitted with an electric release system which allowed them to close automatically when the fire alarm was triggered. The release systems on the doors were not effective as they were either broken or fitted incorrectly. Therefore the fire safety systems were not being used effectively and not working properly. Regulation 15 (1) c (i)
Regulated activity	Regulation

This section is primarily information for the provider

Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Safety and suitability of premises</p>
	<p>How the regulation was not being met:</p> <p>The communal areas of the four flats required repair and redecoration.</p> <p>Regulation 15 (1) c (i)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Safety, availability and suitability of equipment</p>
	<p>How the regulation was not being met:</p> <p>Equipment had not been repaired which resulted in the restriction of choice relating to personal care.</p> <p>Regulation 16 (1) a</p>

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

The provider's report should be sent to us by 01 March 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

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

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) 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.
