Inspection Report

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

Linda Grove

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Date of Inspection: 16 January 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Community Integrated Care
Registered Manager	Mrs. Deirdre Renata Saunders
Overview of the service	Linda Grove provides care and accommodation to four people who have 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 16 January 2013, observed how people were being cared for and talked with staff.

What people told us and what we found

We found that improvements had been made to ensure that people were supported to engage in meaningful activities in and out of the home. On the day of our inspection we saw people being supported in a respectful manner that upheld their dignity and encouraged their independence. The atmosphere was calm and relaxed and people looked happy and well cared for. We saw they were consulted and treated with respect.

We saw that the home was clean and homely and there were processes in place to minimised any risks to people's health. There were robust recruitment procedures in place to protect people. Staff were happy and confident and acknowledged the improvements had made a positive impact on people's lives.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We observed the care and treatment of two of the four people currently living at the service. We saw that staff consulted people and respected their choices in relation to their care. For example, we observed that people were offered choices about their activities and were consulted about who would be supporting them when there was a last minute change of plan due to our inspection.

Some people using the service were unable to give their consent to certain aspects of their care. We saw that consent was obtained under the relevant sections of the Mental Capacity Act (2005) and Mental Health Act (2007) Deprivation of Liberty Safeguards. There were records of Best Interest meetings being held and decisions agreed by the next of kin following discussion with the person's key worker and the registered manager. We found that consent to treatment was effectively documented in their care and support records. We saw that one person had a named advocate to support them to make big decisions about their life.

We spoke to a new member of staff about consent. They said they had not yet received training in the Mental Capacity Act (MCA) but showed a good understanding of the issues surrounding consent to care and treatment. We saw records showing that other staff had received MCA training and we did not see anything that gave us any concerns.

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.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. At our last inspection in March 2012 we found that In general care plans were detailed and person centred, however, improvements were needed to ensure care plans were reviewed and updated and people's needs were fully met.

We looked at the care records and observed the care and treatment for two people. We saw that care records were clear and detailed and were kept under review. There was evidence that families, care managers and other professionals such as occupational therapists and speech and language therapists had been involved and their views had been incorporated into the care plans. The care records included details of people's social interests, communication needs, personal care needs, health needs, safety and social interests.

We observed staff engaging with people in a proactive, respectful and friendly manner. People were offered choices and staff responded positively to people when they needed support. People did not directly give us their opinion of the service, however, they were observed to be relaxed and happy.

A member of staff told us that a lot of work had gone into making the improvements needed to become compliant. They said that staff and people living in the service were much happier as a result.

We saw evidence of people having their religious and cultural needs met as set out in their care plans. The manager told us the rota was now designed around people's individual needs and wishes. We cross referenced the rota with people's activity plans and their daily notes and saw that there was a marked improvement in this area. We also saw that prospective employees were asked at interview if they would be prepared to participate in certain activities that were important to people using the service.

The provider may find it useful to note that when someone does not attend their planned activity staff do not always record the reason why.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. A member of staff we spoke to told us they had received training in infection control. We also saw certificates confirming the other members of staff working in the home had been trained. A member of staff spoke to us about the procedures for cleaning the home and how they minimised the risk of cross infection; for example, using colour coded mops and buckets for specific areas. We noted that the colour coding for mops and buckets differed from the national guidance. The risk of any confusion, by for example an agency worker had been minimised by the mops being labelled.

Staff told us they were provided with personal protective equipment such as gloves and aprons and we saw that these were readily available.

All the communal areas were clean and the toilets, sinks and kitchens looked as though they had been cleaned thoroughly that morning. We saw that cleaning was going on during the inspection, including supporting someone to clean their own bedroom.

We also saw that the manager had carried out an infection control audit in September 2012. We also saw that an action plan was produced and followed through.

The provider may find it useful to note that the service had not appointed an infection control lead however; staff said they would direct any questions to the manager. We also noted that the process for cleaning contaminated clothing differed from nation guidance. The current process could put staff at risk of cross contamination. This was discussed with the manager who stated they would ensure the recommended red bags were provided to staff in future.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We looked at the files of the two most recently recruited members of staff. We saw that procedures were in place to protect people. The recruitment process is handled by the Human Resources department at their area office. Copies of certain documents were held at the home as evidence of the procedures undertaken. These included a record of an Enhanced Criminal Record Bureau (CRB) check, references, proof of identity, application forms and a record of interviews. One of the files we saw did not have a copy of the application form. This was emailed from the area office during the inspection.

We also saw evidence of an induction programme that staff complete and records of supervision of new staff. The induction programme follows the Common Induction Standards. These are the standards that staff working in adult social care should meet before they can safely work with people.

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.

We saw a record of regular staff meetings where topics such as the individual people using the service and good practice issues were discussed. The staff we spoke to told us they felt involved in the running of the service, they said they attended staff meetings where they could air their views.

Staff said they due to the improvements made, they felt people living at Linda Grove were fully involved in the day to day running of the home. They referred to the comments book and the "resident's meetings".

We saw a record of the two most recent audits undertaken by a service manager. We saw that they audited different aspects at each visit. Recent audits included looking at; maintenance of the home, medicines, people's finances and care plans.

We saw that relatives had been consulted via surveys. All responses were positive. The manager told us she had an open door policy to all relatives and advocates.

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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