

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

Martin Close

36 Martin Close, Oakridge, Basingstoke, RG21
5JZ

Tel: 01256327894

Date of Inspection: 12 December 2012

Date of Publication: January
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

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	Miss Tracey Kim Bugg
Overview of the service	Martin Close is a residential care home for up to five people with learning disabilities. People may also have associated physical or behavioural difficulties.
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
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	8
Safeguarding people who use services from abuse	9
Requirements relating to workers	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 12 December 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with two people who lived in the home and two members of staff. We examined records, minutes of meetings and survey results. We saw that staff were familiar with people's needs and gave them opportunities to make choices. People told us "I love living here and the manager looks after me" and "I'd like to stay here and not move".

We found that people living at Martin Close and their representatives had been involved in planning their care and staff were familiar with people's needs.

The care plans we saw provided details of people's individual needs, wishes and preferences. The home sought advice from external healthcare professionals where necessary and this was recorded in people's care files. A range of activities were provided and people could choose whether they wished to take part.

We found that appropriate checks were undertaken before staff began work and there were effective recruitment and selection processes in place. Staff had also received appropriate induction training.

The provider had effective systems in place to ensure the CQC were notified of safeguarding incidents. Staff received safeguarding training which was updated annually. Safeguarding and complaints information was displayed in the home for the staff and people to refer to.

The provider had effective quality assurance systems in place to monitor the performance of the home. The views of people living there and their representatives were taken into 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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. During our visit we spoke with people who lived in the home. People told us that they liked living at the home and staff supported them in becoming more independent.

People's diversity, values and human rights were respected. Each person was able to personalise their room and keep it as they wished. Staff respected people's decisions to keep their rooms locked and only entered when invited to do so, or when assistance was required with cleaning or maintenance.

People expressed their views and were involved in making decisions about their care and treatment. We saw that people's care files were person centred and individual to them. Information in the care records was detailed and identified people's preferences, and personal wishes. This included personal care routines, food choices, and interests. Favourite memories were also included and noted what was important to them. Each person had contributed information about their likes and dislikes, long term goals and what their expectations were in relation to their care.

People were supported in promoting their independence and community involvement. The care plans had been created to describe all aspects of people's lives whilst living at Martin Close and to help them increase their independence. We saw an example of one person whose independence had increased to enable them to attend college. This person was undertaking a course to further their living skills to enable them to travel independently. The provider had also ensured that each person was assisted in planning a holiday of their own choice and carers were provided to support people on these holidays. Records showed that people had travelled abroad to Greece and Paris Disneyland whilst others had opted to holiday at Butlins in the UK.

People living in the home were involved in activities throughout the week. We saw the weekly list of planned activities available for each person and activity sheets noted when these activities had been completed. People took part in activities such as swimming, line

dancing, curling, horse riding and badminton.

People in the home were provided with food according to their preferences and dietary requirements. There was a set menu for each day of the week, however, people could choose a different meal if the menu was not to their liking. Once a week each person chose the main meal and would cook the meal for everyone in the home with supervision from the staff.

We saw records of communication between the manager and relatives of people living at Martin Close. The manager ensured that the families of the people were kept updated of any matters concerning their relatives by way of phone calls and emails.

We observed that staff were familiar with each person's likes and dislikes and had good relationships with the people in the home. Care staff were able to tell us about each person's personal preferences and what they liked to do during the day. The manager and staff were available to talk to people individually at any time about their views as well as their feelings and needs. We observed this in practice.

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. We looked at all five care files belonging to people who lived at Martin Close. The care files were written in a clear and respectful style. The files contained relevant details and covered aspects such as behavioural support, communication needs, risk assessments and dietary needs. The records we saw were detailed and up to date. We noted regular reviews of the care records and risk assessments had taken place. All records were reviewed every 12 months; however some reviews had been undertaken at three, six, or nine month intervals depending on the level of risk.

Daily notes were completed by staff undertaking care and for activities. We saw that these notes were also cross referenced to relevant monitoring charts such as the health action support log and goal progress logs. The involvement of other professionals and partner agencies were recorded in the care plans. This ensured people's health and care needs were met.

We saw records which showed that people's care had been delivered in line with their individual care plans and preferences. We found that one person had specific needs in relation to maintaining their relationship with their family. We saw records which showed how the staff at Martin Close had supported this person to maintain regular contact.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that detailed risk assessments were in place for all the people in the home. These were comprehensive and covered all aspects of the people's welfare and safety when living in the home and when they went out into the community. The risk assessments took into consideration what the potential risk was, who might be harmed by the activity in question, and what control measures were put in place to avoid harm.

There were arrangements in place to deal with foreseeable emergencies. We saw that person centred fire and emergency evacuation plans took into account the individual limitations to each person's learning disability and associated behavioural difficulties.

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. People we spoke with felt confident about reporting concerns or issues if they arose and felt safe in the home. Two people told us that they felt safe at Martin Close and one of them added "the staff are always polite". We found that people had been provided with a personal copy of the home's complaints procedure. We also saw safeguarding and complaints information displayed in the home for the people and staff at Martin Close to refer to.

People who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. Martin Close had robust safeguarding policies and procedures in place. The policies and procedures were followed in practice, and took into account relevant legislation and guidance for the management of abuse.

The registered manager was clear about the recording and informing processes for statutory notifications and recording incidents at Martin Close. No safeguarding incidents had occurred in the last twelve months.

Training records showed that all staff had received training in safeguarding and the prevention of abuse. We saw that regular refresher training was also arranged for safeguarding procedures. Staff we spoke with were aware of the safeguarding and complaints procedure and were able to describe how they would escalate any concerns.

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

Appropriate checks were undertaken before staff began work and there were effective recruitment and selection processes in place. This helped ensure the safety and welfare of the people living in the home. We looked at the staffing records relating to recruitment and found them to be satisfactory. All the required pre-employment checks were being completed and recorded. The records showed that staff were recruited who had previous experience of working in care and had completed a variety of relevant training.

All posts within the home had up to date job descriptions which helped ensure staff were clear about the roles and responsibilities of their position.

We saw training records which showed that staff had completed a variety of training courses relevant to their role, such as medication, food hygiene, infection control and safeguarding vulnerable adults. Staff we spoke with confirmed that they were required to complete training and were encouraged to obtain care qualifications.

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. 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

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Annual surveys were sent out to the family and representatives of people living at Martin Close. The last annual survey received three responses which were all positive, however, no one had made any additional comments on the forms.

Residents meetings were held bi-monthly for people living at Martin Close. This was dependent on whether people wanted a meeting or felt one was required. These meetings gave people an opportunity to discuss their concerns and raise issues. We saw records of the minutes from these meetings. We were also told by one of the people living at Martin Close that they had a monthly meeting with a key support worker with whom they could discuss their concerns.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We saw records of service quality audits completed by the registered manager bi-monthly which included areas monitored such as: care standards, health and safety, safeguarding and staffing. These audit reports were forwarded to the provider's service manager with an action plan for areas that needed a change or improvement, and a date for completion. The provider's area service manager also inspected the service every month and after each visit produced a report of their findings and action plan for any areas that required improvement. We were shown copies of the audit reports and action plans for the last two visits. The registered manager showed us records that related to the implementation of the action plans. The registered manager stated that if action plans had not been completed within a timescale set by the provider they would be expected to feedback the reasons for the delay, and escalate them for completion. We saw that audit trails were completed for action plans.

A hazard risk assessment was carried out annually by the registered manager and covered areas such as slips, trips and falls, kitchen hygiene, the garden and electrical and gas appliances. This risk assessment had a series of prompts to enable the registered manager to carry out specific assessments as detailed on the paperwork. Action plans were completed for areas that required further improvement. All records we saw were

complete and up to date.

In the last 12 month period there were no complaints from the people living in Martin Close or any of their relatives or representatives.

Staff we spoke with felt able to approach the management with concerns or suggestions. We saw the minutes of staff meetings and records which demonstrated that the registered manager had responded to matters concerning staff. A member of staff told us "I definitely get the support I require, and I enjoy working with this team".

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.
