

Review of compliance

<p>Care Management Group Care Management Group - 44 Albion Road</p>	
Region:	London
Location address:	44 Albion Road Sutton Surrey SM2 5TF
Type of service:	Care home service without nursing
Date of Publication:	July 2012
Overview of the service:	<p>This Care Management Group owned and managed care home provides personal care and support for up to 7 younger adults with learning disabilities and associated behaviours that may challenge the service. The people using the service are an all male group.</p> <p>The building is a large detached house. Communal areas include a large lounge, separate dining room, a kitchen, and a</p>

	<p>garden at the rear. All the people using the service have their own single bedroom and some have en-suite facilities.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Care Management Group - 44 Albion Road was meeting all the essential standards of quality and safety inspected.

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 1 June 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

Most of the people using this service could communicate with us in a meaningful way and told us what it was like to live at 44 Albion Road, although because of some people's complex needs not everyone was able to vocalise their views about their home. Consequently, we used a number of different methods to gather evidence of people's experiences in order to help us understand what it was like for people living at this home, which included: Speaking to people using the service and staff, reviewing care plans and other relevant records, and using the Short Observational Framework for Inspection (SOFI) tool to see how staff interacted with the people using the service. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

The feedback we received from all the people using the service who we had a meaningful conversation with was on balance very complimentary about the standard of the care and support they received from staff that worked at this home. Typical comments we received from 2 people we spoke with, included: "Yes – I do like it here" and "I am happy at this home".

During our visit we found evidence that showed us the provider had suitable arrangements in place to ensure the people using the service were involved in making informed decisions and choices about the care and support they received.

All the people using the service we spoke with about the choices available to them told us they were allowed to make some decisions about the care and support they were provided. For example, people we met confirmed that they could usually choose the times

they got up and went to bed, what they ate, and the activities they joined in.

Furthermore, most people we met told us staff usually listened to them and that sometimes they could help run their home. Typical comments we received, included: "We sometimes have meetings to talk about food and holidays" and "I have got a key-worker who I always talk too. They are nice".

We found evidence during our review that demonstrated the provider had suitable arrangements in place to ensure the privacy and dignity of people using the service was always respected. Throughout the course of our visit staff were observed interacting with people in a very kind, courteous and respectful manner. For example, we saw staff continually enquire about the wellbeing of all the people who were relaxing in the lounge at the time of our visit and whether or not anyone would like a hot or cold drink. During lunch we also observed a member of staff take their time to support a person who required assistance to eat their meal in a dignified and discreet way.

We found evidence during our review that demonstrated the provider had suitable arrangements in place to ensure the people using the service were actively encouraged and supported to do as much for themselves as they were willing and capable of doing so safely. We observed numerous examples of staff enthusiastically encouraging people participate in various household chores around their home, such as making themselves and/or their guests a hot drink, vacuuming the communal areas, and doing their own laundry.

We also observed staff supporting people to participate in a variety of in-house activities. During our visit most people when out with staff at one point or another to engage in various community based activities. One person we met told us staff sometimes took them on day trips to the coast, walking, and to college, and helped them do the garden.

However, the provider may find it useful to note that the registered manager and most of the staff we spoke with felt people using the service would have far greater opportunities to participate in more interesting and meaningful community based recreational and leisure activities if they had more staff working at busy times of the day. The registered manager told us the homes staffing levels were currently under review and a proposal to have an additional member of staff working at peak periods of activity was being considered by the provider.

Most people we spoke with told us they knew they had a care plan, which they had seen and often discussed with their designated key-worker.

We found clear evidence that showed us the provider had taken reasonable steps to ensure the people using the service are safeguarded against the risk of abuse and that any allegations of abuse, neglect or information of concern will always be responded to appropriately. All 5 people we spoke with about whether or not they felt safe living at this home told us they did.

We toured the home and found it to be accessible, adequately maintained, decorated to a reasonable standard, and clean. The comments we received from people using the service about the physical layout, interior design and furniture in their home was on the whole positive. One person we met told us their bedroom was: "Alright".

What we found about the standards we reviewed and how well Care Management Group - 44 Albion Road 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 was meeting this standard.

This is because 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 also respected.

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

The provider was meeting this standard.

People experience care and support that meets their needs and protects their rights.

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

The provider was meeting this standard.

People who use the service are protected from the risk of abuse and/or neglect, because the provider had taken reasonable steps to prevent abuse and/or neglect from happening.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider was meeting this standard.

The provider has appropriate arrangements in place to manage medicines ensuring people receive their prescribed medication in a safe way and at times they need them.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's personal and

health care needs, as well as keep them safe.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard.

People are being cared for by suitably qualified staff that are supported to deliver personal care safely and to an appropriate standard.

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 was meeting this standard.

The provider had an effective system in place to regularly assess and monitor the quality of service that people receive and manage risks to the health, safety of people using the service and others.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care because the provider keeps accurate records which are fit for purpose, held securely and remain confidential.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

We found evidence during our review that showed us the provider had suitable arrangements in place to ensure the people using the service had the opportunity to be involved in making informed decisions and choices about the care and support they received 44 Albion Road.

For example, we toured the premises and found a variety of easy to read information that people using the service might find interesting and useful conspicuously displayed in this homes main communal areas. We also saw photographs of all the staff that worked at this home, the provider's complaints procedure that was written in plain language and illustrated with easy to understand symbols, and pictorial versions of menus that clearly displayed the meal options that were available for people to choose from that day.

All the people using the service we spoke with about the choices available to them told us they were encouraged to make some decisions about the care and support they were provided. For example, people confirmed that they can choose the times they get up and go to bed, what they eat, and the activities they can participate in.

Furthermore, most people we met told us staff usually listened to them and that

sometimes they could help run their home. Typical comments we received, included: "We sometimes have meetings to talk about food and holidays" and "I have got a key-worker who I always talk too. They are nice".

We found evidence during our review that demonstrated the provider had suitable arrangements in place to ensure the privacy and dignity of people using the service were respected. throughout our visit we always observed staff interacting with the people using the service in a very kind and respectful manner. It was also evident after using the SOFI tool in the lounge for a half an hour before lunch that staff always treated the people using the service in a dignified and respectful way. For example, during this period before lunch we saw staff continually enquire about the wellbeing of all the people who were relaxing in the lounge at that time and whether or not any of them would like a hot or cold drink.

During lunch we also observed a member of staff support a person who required assistance to eat their meal and saw this was done in a dignified and discreet way. Throughout this meal the tone of voice used by this member of staff was very reassuring and they continually explaining what they were doing to the person they were helping. Furthermore, we saw this member of staff maintain appropriate eye contact with this person by ensuring they remained seated next to and at the same eye level as this individual whilst they assisted them with their lunch.

We found evidence during our review that demonstrated the provider had suitable arrangements in place to ensure the people using the service were encouraged and supported to do as much for themselves as they were willing and capable of doing so ensuring peoples independence was respected.

Whilst using the SOFI tool we observed staff politely encourage people who had requested to have a hot drink to make it themselves if they were capable of performing this task safely. During our visit we observed numerous examples of staff actively encouraging people to get involved in various household chores and to do as much for themselves as people were clearly willing and capable of doing; such as making themselves and their guests drinks, vacuuming the communal areas, and doing their own laundry.

Other evidence

The registered manager and all the other staff we spoke with confirmed people using the service are encouraged to participate in regular group meetings with their fellow peers. This includes, weekly meetings to plan menus and monthly residents meetings when social activities and holidays are often discussed. We reviewed the minutes of last months residents meetings, which indicated it was well attended by everyone who lives at this home. Staff we met also told us people are encouraged to choose a day every week when they can have their favourite meal, which staff support them to prepare for everyone who lives at this home.

All the staff we met told us it was custom and practice at this home for people who live there to have regular one-to-one meetings with their designated key-worker every month. Staff felt they were useful forums because they enabled people who were not always able to express themselves in a meaningful way during group meetings more opportunity to have their say and to get their point of view across.

Our judgement

The provider was meeting this standard.

This is because 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 also respected.

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

During our visit we found evidence that showed us the needs of all the people using the service had been assessed and appropriate steps taken by the provider to ensure they were being met. This meant that people using the service experienced effective, safe and appropriate care and support.

Most people who use the service told us they knew they had a care plan, which they had seen and often discussed with their key-worker during one-to-one meetings with them. All the people we met were able to name their designated key-worker.

During our visit we saw staff supporting people to participate in a variety of in-house activities, including art and crafts and household chores. Most people also went out with staff at some stage during our visit to participate in various community based activities. One person told us staff sometimes took them on day trips to the coast, walking, and to college.

Other evidence

We reviewed 2 care plans during our visit and saw both contained some good person centred information about the unique personal, social and health care needs of these individuals. It was also evident from the contents of these plans that the provider focuses on people's strengths and what individuals can do, as opposed to what they cannot. These plans make it clear what support these people require to ensure their needs and preferences are recognised and met. For example, care plans we saw clearly identify what peoples short and long term personal goals are, peoples social

interests, food and drink likes and dislikes, preferred methods of communication, and links with family and friends.

We also found evidence that demonstrated the provider has a can do approach to enabling people using the service to take 'responsible' risks if it helps people maintain and develop their independent living skills. The plans we looked at reflected the risks associated with these individuals known behaviours that could challenge the service and clearly set out how staff were expected to prevent and manage them.

All the staff we informally interviewed demonstrated a good understanding of the various needs, daily routines, preferences and goals of all the people who live at this home. All the staff we spoke with told us they felt the care plans used in the home were useful tools that ensured they had most of the information they needed to care for and support the people using the service. Typical comments made by staff we met, included: "As a relatively new member of staff I found the care plans we use really useful in getting to know the people who live here" and "Care plans are quite simple so it makes them pretty easy to use and understand".

The registered manager told us care plans are formally reviewed at least once a year and up dated accordingly to reflect any changes in peoples needs and/or circumstances.

The 2 care plans we reviewed each contained a health action plan which revealed these individuals were in regular contact with various community based health and social care professionals, including: GOP'S, district nurses, speech and physiotherapists, chiropodists, dentists and opticians. Staff we spoke with confirmed they had supported some of the people using the service to attend appointments with their dentists during our visit.

The registered manager told us the hospital passports contained in both the plans we looked at would automatically be sent to the hospital in the event of anyone being admitted.

Our judgement

The provider was meeting this standard.

People experience care and support that meets their needs and protects their rights.

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 found evidence during our review that showed us the provider had taken reasonable steps to ensure the people using the service are safeguarded against the risk of abuse and that any information of concern received will be, including allegations of abuse and/or neglect, will be responded to appropriately. This meant that people using the service are protected from abuse and their human rights are respected and upheld.

All 5 people we spoke with about whether or not they felt safe living at 44 Albion Road told us they did. One person said they got well with all the people they lived with and most of the staff.

Other evidence

The registered manager demonstrated a good understanding of what their safeguarding role and responsibilities were should they witness or be notified about the alleged abuse and/or neglect of vulnerable adults.

We also spoke with 3 support staff about their safeguarding preventing and reporting responsibilities and they all demonstrated a clear understanding of what constituted vulnerable adult abuse or neglect and who they needed to notify without delay should they witness or suspect that anyone who lives at 44 Albion Road was being harmed or placed at risk of harm.

The registered manager told us all the services current staff team had received up to

date training in recognising, preventing and reporting vulnerable adult abuse and/or neglect. All 3 support staff we met confirmed their safeguarding knowledge and skills had either been refreshed in the past year or they had received training in this area as part of their induction.

Furthermore, all the long standing members of staff we spoke with told us they had received British Institute of Learning Disability (BILD) training in Preventing and Managing Challenging Behaviours (PMCB) in the past 4 months, which the registered manager confirmed was mandatory for all staff to attend annually. It was evident from the comments made by staff we met that they understood BILD approved physical intervention techniques should only ever be used as a last resort when all other attempts to deescalate an incident of challenging behaviour had failed and when it was clearly in the 'best interests' of the people using the service to do so. The registered manager and all the other staff we met confirmed they had not used any physical intervention techniques to prevent or manage an incident of challenging behaviour within the service in the past year.

Our judgement

The provider was meeting this standard.

People who use the service are protected from the risk of abuse and/or neglect, because the provider had taken reasonable steps to prevent abuse and/or neglect from happening.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We assessed people's experiences of the services medication handling arrangements by speaking to staff and reviewing medication records kept by this home. We found that the provider had appropriate arrangements in place for obtaining, recording, handling, the safe keeping, and dispensing of medicines they held on behalf of the people using the service. This meant that people using the service receive their medicines at the times they need them, and in a safe way.

Other evidence

We found other evidence that indicated the care home has appropriate arrangements in place for the safe obtaining, recording, administering, storing and disposing of medicines prescribed the people who use the service.

We reviewed last months Medication Administration Record sheets for 3 people and saw they had each been appropriately maintained and kept up to date by support staff authorised to handle medication on behalf of the people using the service. We found no recording errors on any of the services medication documents we looked at during our visit.

Staff we met were able to confirm that 'as required' psychotropic medication could be used to manage behaviours that might challenge the service. These staff told us they had been suitably trained in the safe handling of medication in a residential care setting and were clear that this type of 'as required' behavioural modification medication should

only ever be used as a last resort when all other deescalation techniques had failed. The registered manager eventually found copies of the guidance staff should follow regarding the use of 'as required' behavioural modification medication, which made it clear who was responsible for authorising its use, and when and how it should be administered.

The registered manager told us it was mandatory for all support staff authorised to administer medication on behalf of the people using the service to receive appropriate training in the safe handling of medication. We saw the services electronic staff training record which indicated that sufficient numbers of the teams staff routinely up date their existing medication handling knowledge and skills.

The provider may find it useful to note that several members of staff told us they felt that some of the people using the service could become even more independent if they had the opportunity to take at least some responsibility for managing their own medication. The provider should look at ways it might actively encourage and support those individuals who would be willing and capable of looking after their own medication safely.

Our judgement

The provider was meeting this standard.

The provider has appropriate arrangements in place to manage medicines ensuring people receive their prescribed medication in a safe way and at times they need them.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

We toured this home and found it to be accessible, adequately maintained, decorated to a reasonable standard, and very clean.

The feedback we received from people we spoke with who live at 44 Albion Road was positive about the physical layout, interior design and furniture in their home. One person we met told us their bedroom was: "Alright".

We viewed 5 bedrooms during our tour and saw they were all decorated and furnished to a reasonable standard. We also saw these rooms had been decorated and furnished in various styles to reflect the individual needs, wishes and interests of the people who occupied them. For example, we saw a bedroom on the ground floor has been suitably adapted to include a Parker bath to ensure staff are able to meet the personal care needs of the individual who occupies this room. Other bedrooms have reinforced windows to minimise the risk of them being broken by the people who occupy these rooms.

The homes communal areas, which include the main lounge and a separate dining room, are well maintained. During our visit we observed most of the people who live at 44 Albion Road use these areas to either relax in, watch television, join in an in-house activity organised by staff or have lunch together. We also saw the homes kitchen is well-equipped and was never locked during the course of our visit ensuring everyone who uses the service can access this area whenever they chose to. The large garden at the rear of the property is reasonably well maintained and contains several table and chairs for people to enjoy this outdoor space.

Other evidence

We spoke to the registered manager about this homes physical environment who told us funds had already been ring fenced by the provider to replace all the services damaged windows, wooden flooring, and garden rails, as well as missing curtains and carpets. The registered manager told us they felt confident all the aforementioned improvements to this homes interior would be completed within the year (2012).

We have asked the provider to confirm in writing what maintenance work they are planning to carry out to improve the homes physical environment and the dates they hope to have completed the work. Progress made by the provider to achieve these stated aims will be reviewed at the care homes next review of compliance.

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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

It was clear from the evidence we gathered during our visit that the provider had taken appropriate steps to ensure that there were always sufficient numbers of staff on duty in the home to keep the people who lived there safe.

It was evident from the comments we received from people who use the service that most felt there were always enough competent staff on duty to meet their needs and wishes.

Other evidence

During our visit we saw there were always 3 support staff on duty in addition to the registered manager. We reviewed the previous month's staff duty rosters, which indicated there were always a minimum of 3 support staff working across the day with an additional fourth member of staff employed occasionally to ensure people who use the service participated in pre-arranged community based activities. For example, 4 staff worked the same shift last month to ensure all the people using the service could go a day trip to the coast.

The registered manager confirmed she was usually supernumerary to calculating the weekly staff duty rosters. It was also clear from the staff duty rosters we reviewed that the service always has both a waking and sleeping-in member of staff on duty during the at night.

However, the provider may find it useful to note that the registered manager and most

of the staff we spoke with told us they felt people using the service would have far greater opportunities to participate in more interesting and meaningful recreational activities in their local community if there were more staff on duty at busy times of the day.

Typical comments we received from support staff we met, included: "The people who live here are always kept safe, but there's not always enough of us on to take people out", "We do lots of in-house activities here, but it would be nice if we could go out more when the guys wanted to" and "The mornings are usually the busiest so that's when we could do with more staff on duty".

The registered manager told us the services staffing levels were under review and a proposal to have an additional member of staff on duty to cover peak periods of activity was currently being considered by the provider. Progress made by the provider to achieve this aim will be assessed at the services next review of compliance.

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's personal and health care needs, as well as keep them safe.

Outcome 14: Supporting staff

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 competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

During our visit we found that the provider had taken appropriate steps to ensure staff that work at this home are properly trained and supported. This meant that people using the service are kept safe and their health and welfare needs are met by competent that are suitably trained, supervised and appraised.

All the people using the service who we spoke with were complimentary about the attitude and skills of the staff that worked at their home. Typical comments we received from people we met, included: "Staff are alright here", "I like my key-worker", and "Staff are nice".

Other evidence

All 3 staff we informally interviewed told us they felt the training they had received from their employer was always relevant to their work they had to perform. Relatively new staff we met also told us they felt their induction to the home had covered most of the things they needed to know about the people using the service. One member of staff told us their induction had been: "invaluable".

We reviewed an electronic record of an assessment carried in respect of the training needs of this homes staff team, which revealed the team was receiving on going training. The record indicated most staff had completed all their mandatory training regarding: basic food hygiene, fire safety, first aid, infection control, preventing and managing challenging behaviours, safeguarding vulnerable adults, and handling medication. The record also showed us staff had opportunities to acquire further skills and qualifications that were relevant to the work they undertook at this home. For

example, we found that most staff had attended suitable training courses in understanding the Mental Capacity Act and supporting people with epilepsy.

We spoke with the registered manager about her staff teams' qualifications who told us they were not aware of any significant gaps her staff teams existing knowledge and skills. The registered manager told us dates had been arranged for all staff to refresh their moving and handling training, which was now overdue for some staff.

All the staff we spoke with told us they regularly attend formal recorded one-to-one supervision sessions with either the homes manager or deputy. Staff we met also told us the manager ensures team meetings with their fellow peers are usually held every month.

Typical feedback we received from staff about the support they are provided, included: "I have worked here for the past 2 months and attended 1 supervision meeting with the manager", "We have monthly staff meetings, which are always well attended and a good place to share both good and bad practice with the team", and "I have worked here for just over 6 months and have received 3 supervision in that time and yesterday I attended a team meeting".

Our judgement

The provider was meeting this standard.

People are being cared for by suitably qualified staff that are supported to deliver personal care safely and to an appropriate standard.

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 assessed people's experiences of how the provider assures the safety and quality of the care and support they receive at this home by speaking to the registered manager and other staff on duty at the time of our visit, and by reviewing the provider's quality monitoring records. We found that the provider had appropriate arrangements in place to identify and manage risks to people who use, work in or visit the service. This meant that people using the service benefit from safe quality care and support, due to effective decision making and the management of risks to their health, welfare and safety.

Other evidence

The registered manager told us the people using the service are always encouraged to express their view and have the opportunity to attend weekly meetings to plan the forthcoming week's menu, as well as monthly residents meetings with their fellow peers. In addition to these meetings staff we spoke with confirmed people using the service also have one-to-one meetings with their designated key-workers at least once a month.

We spoke with the registered manager about stakeholder satisfaction surveys and were told they were always carried out annually and involved the people using the service and people that act on their behalf. For example, relatives and care managers. We requested to see a copy of this homes most recent annual stakeholder satisfaction survey and the registered manager advised us that this year's survey was still in the process of being carried out.

The registered manager told us it was custom and practice for the services regional manager to visit this home at regular intervals and to carry out quality assurance audits regarding the services practices once a quarter. Staff we met told us the findings of these internal audits are always discussed at this homes monthly staff meetings to see if any lessons can be learnt, especially with regards the occurrence of significant incidents, safeguarding issues and/or complaints. We are also aware that this provider operates its own Safeguarding Board, which meets at regular intervals, to discuss the number, nature and outcome of any safeguarding incidents involving people who use this and any other Care Management Group service.

We reviewed the findings of a medication audit carried out by a pharmacist in September 2011, which indicated this external professional was satisfied with the way this home managed medication on behalf of the people who use the service.

The registered manager told us the electronic training record was a useful tool for identifying and monitoring the training needs of her staff team, which ensured she could effectively plan her staff teams' professional development. We reviewed this information technology system and saw how it automatically flagged up a date by which each member of staff would need to refresh their existing qualifications in certain core areas of practice.

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to regularly assess and monitor the quality of service that people receive and manage risks to the health, safety of people using the service and others.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We assessed how confident people using the service were about the providers record keeping arrangements by speaking to the registered manager and reviewing personal and other records the service is required to keep to protect the people who live at 44 Albion Road. We found the provider had appropriate arrangements in place to ensure records it is required to keep are accurate, fit for purpose, and securely held.

Other evidence

However, the provider may find it useful to note that not all the records we requested to review were being stored in an accessible way that allowed them to be located quickly. This meant the manager and other staff that worked in this home were not always able to promptly lay their hands on records the service was required to keep to protect the safety and wellbeing of people using the service.

For example, when we requested to see copies of staff guidance regarding the appropriate use of 'as required' behavioural modification medication, social activities people using the service had participated recently, and the results of this homes most recent stakeholder satisfaction survey it took the registered manager some considerable time to either find this information. The manager conceded that this was probably because these records had either been incorrectly filed away in the wrong place or archived prematurely.

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care because the provider keeps accurate records which are fit for purpose, held securely and remain confidential.

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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

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