Inspection Report

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

Care Management Group - 5 Fengates Road

5 Fengates Road, Redhill, RH1 6AH

Tel: 01737780547

Date of Inspection: 28 February 2013

Date of Publication: May 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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Care Management Group
Registered Manager	Ms. Florence Rugonye
Overview of the service	5 Fengates Road is a home providing support and accommodation for up to five people with learning disabilities.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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 28 February 2013, 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 talked to two staff, all of whom showed a good understanding and knowledge of people at the home. We observed staff interacting with people and saw that they were respectful and offered them choices. We spoke to three people, who gave us examples of choices they had made, such as activities.

We observed staff assisting people in making choices and in offering choices, such as a choice of food. We read in people's records how their wishes, likes and dislikes were taken into account in their care and support plans. We saw detailed care plans and risk assessments and saw that people were supported to be involved in their care planning and in expressing their wishes.

We read recent responses to surveys of people, families and carers, outside professionals and staff. The responses were positive about the service.

We read in people's notes the process for making major decisions and a person did not have capacity to make them. This process involved outside agencies. We saw minutes of meetings about decision making. This made sure that people's best interests were protected.

We looked quality assurance and governance systems and found that there were suitable processes in place to monitor and improve the service.

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 privacy, dignity and independence were respected and 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

We read the care records of three people. We found that people had been involved in making their care plans and had signed them. We saw that care plans were written in a pictorial format. This meant that people had been helped to understand the choices they had made about their care and support needs. We read monthly key worker reports which had been signed by people. Most people that we spoke to told us that they were aware of their care plan and had been involved in it. We looked at consent to share information forms, which people had signed on each file. This evidenced that people were involved in their care.

We saw, in each file that we looked at, that people had personalised activity plans for each week. We spoke to three people, who told us that they were involved in planning their activities and had choice in what they wanted to do. Some people told us that they had chosen their employment and had been supported by staff in achieving this.

We saw a weekly activity plan for people displayed in the home. This assisted people and staff in knowing what people were doing.

We looked at the service user guide for the home, which was displayed for people to see. The guide contained both words and pictorial information and gave a detailed guide to what was available at the home; for example, food, activities and health support. This meant that people were aware of what the service had to offer.

The deputy manager told us that a questionnaire had been sent out to people in January 2013 and we were able to read two responses from people and one from a carer, which had been received so far. The responses confirmed that people had choices regarding food, their key worker, their care plan and their cultural and religious needs.

We looked at the minutes of meetings between people and staff, which were held monthly. We found that people were consulted about their choices of activities, change of key

worker and feedback on the service. This evidenced that people were involved and consulted about the service and given choices.

We spoke to three people, who told us that staff always knocked on their bedroom doors before entering and treated them with respect. We observed staff interacting with people and saw staff assisting people in making choices and speaking to them with respect.

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 and protected their rights.

Reasons for our judgement

We looked at three people's care records and found that each contained detailed and comprehensive assessments, care plans and risk plans. The care records were laid out in a clear, consistent way, which meant that staff could access the information that they needed. The records included external reports, such as social work and psychiatric reports, and we saw that these had influenced care and risk planning. We found that care plans covered a range of areas, which included activities and employment, mental health needs, emotional needs, daily living, recreation and community involvement. We found that all of the care plans had been reviewed within the last month. We saw that all of the staff had signed the plans to show that they had read them. We read daily records, which evidenced that people's care and risk plans were being carried out.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We read personalised guidelines on each file for reducing people's vulnerabilities and risks. These included plans about road awareness, bath safety and risks in the kitchen.

The files that we read contained hospital passports, so that, if a person was admitted to hospital, staff there would have information about them, including their likes, dislikes and needs. We read three people's health records. In each file, we saw records of primary care, dental and other health appointments, together with immunisation and medication information. We saw that people had been referred to specialist services, such as psychiatry and occupational therapy, if this was needed. This meant that people's health needs were being addressed.

We spoke to two staff, who were able to tell us about people's needs and care plans. We observed staff with people and saw that staff knew people and their needs well.

Safeguarding people who use services from abuse ✓ Met this standard

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

We saw a notice in the hallway that told people and visitors how to complain. The notice was in words and pictorial format. This ensured the information was accessible to people living at the service.

We looked at a safeguarding people from abuse file. The file gave staff information on how to report any concerns and included a flowchart.

We looked at the minutes of monthly meetings between staff and people and saw that safeguarding was discussed at each meeting. People were reminded of how to keep themselves safe at each meeting. The three people that we spoke to said they felt safe in the home and one was able to tell us in detail about how they would report any concerns that they had about possible abuse.

We read minutes of monthly staff meetings and found that safeguarding people from abuse was discussed at each one.

We looked at five staff files and found that they had all received training in how to safeguard vulnerable adults in their induction training. We saw staff training records and found that safeguarding training was given to staff four times a year. We spoke to two members of staff. Both of them were able to tell us about how to protect people if they had any concerns and what the procedure was. They were able to tell us how they would support people who lacked mental capacity and what the whistle blowing procedure was.

Supporting workers ✓ Met this standard

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, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the records of five members of staff. In staff records, we saw that staff had received an induction which trained them in essential areas of the service. We found that staff had received specialist training suitable for their roles, such as challenging behaviour, epilepsy and care of medicines.

In staff records, we saw that staff received monthly supervision. Most staff had received an annual appraisal. This was confirmed to us by the staff that we spoke to.

We saw a matrix of staff training needs for 2013/14. Proposed training included infection control and food safety. We saw from records that staff who had been trained in administering medication were competency assessed annually.

We saw job descriptions on staff files and on a notice board in the office. This meant that staff were clear about their roles.

We read the 2012 staff survey. Staff responses were good to very good in areas such as training, being listened to, communication and managerial support. Staff gave positive responses to almost all of the questions. This showed good levels of staff satisfaction with the support and training they needed to fulfil their roles.

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 deputy manager told us that there was a satisfaction survey in progress, of people, carers and care managers. We read two responses from people, one response from a carer and one from a care manager. The care manager was positive about all aspects of the service and commented, "they also do well at promoting independence and community involvement". The carer made positive comments about the service, describing it as supportive. Both people's responses were positive about the service.

We looked at complaints records and the procedure. The last complaint had been made in December 2011 and had been replied to and concluded appropriately.

We looked at the records from November and December 2012 which showed that manager monthly quality audits were conducted to monitor compliance with the essential standards of quality and safety. For example, there were checks that local authority safeguarding procedures were available, that there were adequate infection control procedures in place and people's finances were kept correctly. The audit also checked that all people were registered with a general practitioner, an optician, a chiropodist, a dentist and other professionals as needed.

We saw that the manager carried out a range of quality and safety checks including; temperatures of food and fridges, medication audits and health and safety checks. We looked at other audits, such as a health and safety audit, and found that these were being conducted monthly.

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@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk