

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

Orby House

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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
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	D & A Rodgers Homes
Registered Manager	Mrs. Kirsty Louisa Hyam
Overview of the service	The home is registered to provide accommodation and personal care for up to four people. The home specialises in the care of people with a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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'.

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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 13 September 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

During the course of our visit we spoke with the staff member on duty and three of the people who used the service.

The service had taken into account the different needs of people living in the home by ensuring that information was provided in different ways including user friendly formats such as symbols and photographs. This fostered a more inclusive approach and supported people to have a better understanding on what was happening daily.

Care plans were developed specifically for each individual and provided staff with guidance on how to meet people's health, social and personal care needs. We saw that care plans were reviewed monthly. We saw that people using the service had signed documentation within their care plans to show that they agreed the content.

Each care file contained a pictorial copy of the complaints procedure. A copy of this was also seen in each person's bedroom and in the front entrance hall of the house. People we spoke with all said that they felt safe in the home and that they would speak to their key worker or the manager if they had any worries.

The staff member told us that the manager was very supportive and that they "loved" their job.

Care plan review meetings were held annually. These meetings are important as they enable relatives and professionals who have involvement with people's care, support and treatment to offer their views about the service provided.

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.

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

Daily records showed that people who used the service had the opportunity to access the amenities in the local community. On the day of our visit one person had gone to spend the weekend with their family and the other three people went to a supermarket to develop photographs from a holiday that they had recently returned from.

We spoke to three people who used the service. All told us that they were happy living in the home and that food was good. Each person at the home showed us their bedroom which was personalised with things that were important to them. They told us how the manager and staff had helped them to choose the colours for their bedrooms so that they could be decorated how they wanted them to be.

We looked at all four care plans and risk assessments, and spoke with the staff member on duty. The plans contained personalised information and showed that people and their families had been involved in making decisions about their health and social care needs. For example, we saw information about what an individual liked eating and the social and leisure activities they enjoyed participating in.

The staff member told us that people made choices about every aspect of their lives. An example of this was noted as one person had chosen not to join their peers on this year's annual holiday. Instead, staff from the home liaised with the person's family and organised for them to spend time with them for the duration of the holiday. They explained how they helped to maintain people's independence and choices by taking into account their different preferences. For example, by encouraging and supporting them to participate in daily tasks around the home, choosing the weekly menu and accessing community based activities.

People we spoke with told us that they choose the menus each week and helped compile the shopping list. The staff member showed us how people who lived in the home had opportunities to discuss their needs and wishes at bi-monthly house meetings. This meant

that people were able to express their views and were involved in making decisions about their care and treatment.

We saw that people were supported to participate in monthly reviews with their key workers (A key worker is where people using the service are allocated a named member of staff who takes a specific interest in their care and support). Here they discussed their well-being, desires and aspirations, future activities and annual holidays.

The service had taken into account the different needs of people living in the home by ensuring that information was provided in different ways. User friendly formats were used for the activities timetable and other important documentation such as the complaints procedure and the staffing rota. This fostered a more inclusive approach and supported people to independently have a better understanding on what was happening daily without having to rely on staff to give them the information all the time.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

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

We looked at all the care plans. These were developed specifically for each individual and provided staff with guidance on how to meet people's health, social and personal care needs. We saw that care plans were reviewed monthly by the individuals using the service and their key worker. We saw that people using the service had signed documentation within their care plans to show that it had been explained to them and they agreed and understood the content.

Risk assessments were also in place where areas of potential risk to people's general health, safety and welfare were identified. We saw that risk assessments were reviewed on a six monthly basis or sooner if there were significant changes in people's needs or circumstances.

Guidance was in place for how to support one person who presented with behaviours that were challenging. The specific behaviours the person may exhibit were clearly listed, together with the appropriate action that staff should take and information about what could trigger the behaviour. We sampled incident records that had been completed following an episode of challenging behaviour and saw that staff had adhered to the documented guidelines on every occasion.

The activity planners showed that people were supported to take part in a range of activities including going to a work placement, going to day services, bowling, cinema, shopping, discos, clubs, bingo, theatre, completing puzzles and listening to music. The activities were appropriate to the interests and age of the people using the service.

Health action plans were included in the care plans and contained information to support the person to remain healthy. Information about their prescribed medication, appointments attended with external professionals and weight charts were included in these plans. Hospital passports were also available in each care file. We saw that the hospital passports provided information about the individuals to assist hospital staff in the event treatment at hospital was required. This meant that care and treatment was planned and

delivered in a way that was intended to ensure people's safety and welfare.

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.

The three people we spoke with all said that they felt safe in the home and that they would speak to their key worker or the manager if they had any worries.

The staff member we spoke with was able to describe their understanding of safeguarding and protecting people who lived in the home. They told us that they would confidentially report any concerns to the manager or provider.

We saw that each care file contained a pictorial copy of the complaints procedure. A copy of this was also seen in each person's bedroom and in the front entrance hall of the house.

The staff training plan showed that there was an on-going programme of training to make sure that everyone received training in the safeguarding of vulnerable adults on a yearly basis. We also saw that all staff had also attended courses in how to manage challenging behaviour.

The staff member told us how the service protected people's finances. This included receipts being obtained and two people signing for expenditure. Monies were held in people's tins in the staff office and records were kept.

We saw that the provider had the most recent multi-agency safeguarding protocol from the local authority for staff and people who use the service to refer to. In addition, the staff member told us that the manager was approachable and people using the service, their representatives and staff were aware that they could contact them at any time if they had concerns.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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

We were told during our visit that the home had a full complement of staff. We saw that there was sufficient staff working at the home to meet the needs of the people who currently live there. The staff member that was supporting the people understood their needs and was able to recognise when people needed support or wanted something.

The staff member told us that the home did not use agency staff so that people were supported consistently by staff they knew. They said that unplanned absences were covered by staff working additional hours to that of their contracts or one of the senior team would cover the shortfall.

The staff member explained the procedure that was in place which ensured that all staff absences were addressed to ensure that the staffing levels remained constant. An on call procedure with contact numbers was displayed in the kitchen and in the entrance hall for when assistance or advice was needed in the absence of the manager or senior.

The staff member told us that they had received training appropriate to the needs of the service including first aid, manual handling, health and safety, fire prevention and safeguarding of vulnerable adults. They also said that the manager was very supportive and that they "loved" their job.

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

During our inspection we checked the quality monitoring systems that were in place. We saw the annual development plan. This included checking all aspects of the service such as reviewing risk assessments, reviewing policies and procedures, servicing equipment used and staff training. Weekly audits were also undertaken by staff covering fire safety, health and safety and the environment.

We saw that care plan review meetings were held every twelve months depending on the individual person's assessed needs. These meetings are important as they enable relatives and professionals who have involvement with people's care, support and treatment to offer their views about the service provided.

We saw that the service had carried out surveys to get feedback from people who use the service, their relatives, staff and external professionals. Completed surveys seen demonstrated that people were asked their views formally every six months. This showed that the organisation valued people's comments to improve the quality of care provided and the overall running of the service. The staff member on duty confirmed that action had already been taken to resolve suggestions raised in these surveys.

People we spoke with told us they did not have any complaints to make but would talk to their keyworker or the manager if they had any concerns at any time. People had access to the organisations complaints procedure. We saw details of how to make a complaint on notice boards that gave detailed information on who to contact. This demonstrated that the organisation ensured people were given information in order for them to raise any concerns.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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