

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

Sudbury Care Homes Limited

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Tel: 02089225138

Date of Inspections: 09 September 2013
30 August 2013

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2014

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

Management of medicines ✓ Met this standard

Staffing ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Sudbury Care Homes Ltd
Registered Manager	Mrs. Danalutchmee Tyahooa
Overview of the service	Sudbury Care Homes Limited is care home registered for a maximum of five adults who have learning disabilities.
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'.

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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 30 August 2013 and 9 September 2013, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

At the time of our inspection, the home was providing care for five people.

People who used the service received appropriate care and support that met their individual needs and were treated with dignity and respect. One relative told us " they are very good people and look after my son very well. I am very pleased with them".

There were processes in place to protect people who used the service from harm. The staff were trained to recognise the signs of abuse and to report concerns in accordance with the home's procedures.

The service had arrangements in place to manage medicines safely and appropriately.

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

Records kept were fit for purpose and held securely.

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 found people were supported in promoting their independence and had a choice of what to do around the house. This included preparing food and being involved with chores around the home. We saw this was clearly documented as positive achievements in peoples' care plans and encouraged by staff.

We found people were free to come and go as they pleased in the home and the needs for privacy were understood and respected by staff.

We saw people being treated with respect and dignity. We observed staff provided prompt assistance and were patient when supporting people. Staff communicated well with people and explained what they were doing and why. We observed people were given a choice by staff and asked what they wanted to do.

We found people expressed their views and were involved in making decisions about their care and treatment. We saw people were consulted and activities reflected people's individual interests, likes and dislikes. We found the home had accommodated day trips requested by people who used the service. Relatives also told us the manager always consulted with them before arranging any activities or outings for people who used the service.

We found people who used the service were regularly consulted and had a choice with the food they wanted to eat. The home has a menu planning folder which contained pictures and people were able to choose and their choices were accommodated for.

During the inspection, we found the rooms were clean and bedrooms were personal and very individualised.

People who used the service understood the care and treatment choices available to

them. Care plans had been signed by residents and family members. They were regularly reviewed, at least every six months. These reviews involved meetings with people who used the service, relatives, social workers and staff where all aspects of their care were discussed.

We also found that the care plans contained a service user guide explaining to people their rights and the need for resident participation. A Statement of Purpose for the home and the complaint procedure had also been included.

There were person centred plans in place for each person which contained short term and long term goals which had been discussed and agreed with people who used the service. We found this encouraged people to be more involved and to take decisions and act on them such as choosing a birthday present for a friend, taking pictures with a camera, buying new clothes and being involved in organising a day trip of their own choice.

We saw these were followed up and documented showing how the goal was achieved and if there was any follow up that was required. Pictures were also used to ensure people who used the service could easily understand what they had achieved.

We found regular residents meetings had been held and residents had signed the minutes. We saw people were regularly asked whether they had any complaints or any concerns about the home and encouraged to speak about what they had done and wanted they wanted to do.

Staff told us that they used pictures and objects of reference to aid their understanding and for them to be able to tell us what they wanted. We saw the minutes had been written using pictures and had been signed by people who used the service.

Relatives spoke positively about the service and told us the management were very approachable and were always in contact. Relatives were kept informed on a regular basis. One relative told us the home "go through everything, the finances, they talk through the care plans, everything".

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

One relative told us about the home that "they are very good people and look after my son very well. I am very pleased with them".

We found people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Care plans were thorough and contained an individual person centred plan. Care objectives had been set for each person. We found the objectives reflected individual needs and requirements and were followed through which ensured the correct care was continually being provided to people who used the service.

When speaking with staff, they were also able to tell us about each person's personal and individual needs. We found evidence which showed that either the care worker or manager had attended medical appointments with people.

We saw that the care provided was accurately reflected in the care plans and in accordance with people's wishes. During the inspection, we observed and found information in the care plans were being correctly followed by the staff when providing support to people who used in the service.

We also found regular reviews were being held between people who used the service and their social workers.

Detailed records of appointments and medicine prescribed by healthcare professionals had been kept. We found dental appointments were kept and weight was being monitored.

Comprehensive risk assessments had been completed and we found that they were relevant and individualised to people's needs and requirements. These included preventative actions that needed to be taken to minimise risks and to help support people. There was one risk assessment specifically drawn up for a person's medical condition and clear actions that needed to be taken. When speaking to one member of staff, they were

aware of what to do in this instance. We found the home had also completed risk assessments for when people went outside the home and their involvement in the community.

We saw risk assessments had been regularly reviewed. There was evidence that people's needs were monitored. We saw relevant monitoring charts in place for each person which had been completed by staff.

We also found that the care plans contained detailed challenging behavioural guidelines about each person which showed the triggers and signs which would cause them discomfort. We saw information which showed the social and emotional support that was to be required by staff to help people to feel at ease, for example a member of staff told us that when a person in the home displayed any challenging behaviour, they were able to comfort them by offering tea in their favourite cup or if they wanted to wear their favourite t-shirt which would put them at ease straight away.

We found that staff had received training in challenging behaviour and there were additional guidelines on challenging behaviour in place for staff to use.

Staff also told us there was a handover after each of their shifts. We found daily logs were being produced by staff detailing the needs of people who used the service and the care which had been provided.

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

One relative told us "My son is safe and is looking happy. I can pop into the home anytime".

We found the home had safeguarding, whistle blowing and Deprivation of Liberty Safeguards policies and guidance in place. Policies had been signed by staff showing that they had read them.

We saw information was easily accessible on making complaints and reporting abuse was clearly displayed around the home. We also found information was contained in people's care plans detailing how to make a complaint and who they could contact, which included the manager, social services and the Care Quality Commission. This information also contained pictures so people who used the service were able to understand this information.

Training records showed staff had received training in safeguarding and Deprivation of Liberty Safeguards. When speaking to staff, we found that they were aware of the policies and knew how to identify abuse and report any concerns to the manager.

We found staff were aware of how to make a complaint and felt comfortable approaching the manager with any concerns they had.

We found the home had appropriate arrangements in place for managing people's finances which were checked by staff on a daily basis and also monitored on a monthly basis by the manager. Money was accounted for and there were accurate records of financial transactions and the support that people received from staff with regard to this.

Relatives also told us that the manager regularly went through the finances with them and consulted them when activities and outings were arranged for people who used the service.

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The manager told us that she has a nursing background and was responsible for the management of medicines in the home.

We found appropriate arrangements were in place in relation to the recording of medicine. Medication administration recording sheets had been signed and monitored on a weekly basis by the manager. We found that these were up to date, with no gaps in recording when medicines were given to a person, which informed us that the people who used the service had received their medicines at the prescribed time. Reminder cards and details of allergies were also listed.

Care plans also contained detailed records of appointments and medicines prescribed by doctors and other healthcare professionals.

We found that the home had appropriate arrangements in place in relation to obtaining and disposing of medicine appropriately with the local pharmacy. Detailed records were kept which clearly showed which medicines had been prescribed and the reasons why. Records also showed the reasons why medicines were disposed of and when. We saw regular audits had been carried out by both the manager and the pharmacist supplying the medicines.

There were appropriate systems in place to ensure that people's medicines were stored and kept safely. The home had a separate medicine storage facility in place. The facility was kept locked and was secure and safe. Regular temperature checks had also been maintained.

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

We spoke with the manager, staff and looked at the staff rotas. The manager and staff told us that there were at least three members of staff in the morning, two during the day time and three during the evening of each day. There was one member of staff who stayed during the night.

We found there were systems in place to maintain the level of staff and account for any other absences.

Positive feedback was given from staff. Staff told us the home responded well to people's needs and additional staff would always be available to accommodate any extra support that was required.

Staff reiterated that the team had a good working relationship with each other which enabled flexibility to ensure that adequate cover was always available.

One member of staff told us "there is enough staff at all times, we work together and the management are supportive. They are flexible to rota changes when needed".

We found the home ensured that people who used the service were also informed of any staff changes and absences. We saw a large staff notice board downstairs which clearly showed which members of staff were working on each day. Staff told us this was updated as required. The board also had a picture of each member of staff which helped people who used the service to understand better who the members of staff were and when they would be in the home.

We looked at staff records and found staff held relevant qualifications and had received recent training in areas such as safeguarding, first aid, managing challenging behaviour, manual handling, autism, basic life support, health and safety, infection control and fire safety which ensured a consistent level of care amongst staff and an appropriate level of knowledge and skills to meet the needs of the people who used the service was available.

Records

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

During the inspection we found that personal records including medical records were accurate and fit for purpose. We saw that the care plans had been updated to accurately reflect any changes with people's conditions and their needs were being continuously monitored and documented through regular reviews.

We found records were kept securely which ensured the personal details and records of people who used the service remained confidential.

Staff records and other records relevant to the management of the services were also up to date and stored in an accessible way which allowed them to be located quickly.

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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