

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

Queen Elizabeth's Foundation Dorincourt

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Leatherhead, KT22 0BT

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Staffing	✓	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	Queen Elizabeth's Foundation
Registered Manager	Miss Julie Tugwell
Overview of the service	Queen Elizabeth's Foundation Dorincourt is a large charity run residential centre. It offers independent living services to people with a range of disabilities. There are 14 self-contained flats, a group home with a maximum capacity of six and a residential centre with a maximum capacity of 18.
Type of services	Care home service without nursing Domiciliary care service
Regulated activities	Accommodation for persons who require nursing or personal care Personal care

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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 22 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and were accompanied by a specialist advisor.

What people told us and what we found

This planned review was undertaken by two compliance inspectors and a specialist advisor.

During our inspection we spoke with six people who used the service, six members of staff and the manager. The specialist advisor also spoke with another three members of staff and the manager.

People who used the service told us that they had care plans and they had signed them. People were complimentary about the staff and care they received. One person told us, "Staff always come quickly when I use my call bell." We saw that people were involved and consulted about their care and treatment.

People told us they liked the food provided by the service. They told us that they had a choice of food and they could always ask for a different meal if they did not like the food on offer.

People told us they enjoyed living at the service and were being provided with support and opportunities to promote their health and well-being.

People told us that there was always a member of staff available when they needed them. One person told us, "I have one to one support in the afternoon with a member of staff and this has never been missed." They told us they had regular meetings with the manager and the chef and they were able to talk to the manager at any time.

We saw that people and their relatives were involved in how the service was run. For example, the service regularly sought feedback from who used the service and their relatives through regular meetings and surveys.

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

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.

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 plan. There were arrangements in place to deal with unforeseeable emergencies.

During our inspection of March 2013 we found the service was non-compliant with this outcome. We found that people had not always had their care needs met because they sometimes had to wait or had been rushed when receiving support. During this inspection we found the service had made improvements and had become compliant with this outcome. People we spoke with told us that their care needs were attended to in a timely manner. The only exception would be the very rare occasion when a member of staff called in sick. One person emphasised that they were kept fully informed on the one time this had happened and that their care needs had been met at this time.

People told us that they enjoyed living at the service. People told us that they were provided with support to and opportunities to promote their health and well-being. One person told us that they had an initial assessment and had moved into one of the onsite flats. They told us that they were keen to build on their independence skills that they had learned at college. They told us that they were able to achieve this aim whilst living at the service. Another person told us that they were receiving physiotherapy that helped to improve their fine motor skills. They had an adapted wheelchair with buttons to steer that improved their mobility throughout the service.

People told us that they had care plans and they were consulted about their care and treatment. One person told us, "I have choice and control and I am well informed about my care." People told us that staff looked after them well. People were complimentary about the staff and care they received. One person told us, "Staff always come quickly when I use my call bell." This meant that people were involved and consulted about their care and treatment.

During our inspection visit we observed staff interacting with people who used the service in a courteous manner. We saw that people and staff were relaxed. We saw staff communicating with people in a respectful manner and no person was isolated.

We saw organised afternoon activities were provided for people. One person took us to the activity room where they were taking part in an art activity. They told us that there were lots of activities provided and that they enjoyed taking part in them. We saw staff were involving people in activities, asking questions and waiting for people to respond. We saw evidence that a variety of activities were provided every day. For example, some of the activities include going to the cinema, eating out, going to pubs, restaurants, shopping, wheelchair football and bowling.

On the day of our inspection we looked at five care plans. These included a five day initial assessment to ascertain if the person's needs could be met by the services provided. We saw that a person centred care plan had been produced from the assessments. Care plans included information in relation to the personal care and medical needs and how the person would like their needs to be met. Care plans also included the numbers of staff required to meet the assessed needs. For example, some people required a staff ratio of two staff for certain care needs. This meant that people could be assured that staff at the service would be informed of how to meet the assessed needs of people who used the service. Care plans also included information relating to the health care needs of the person. For example, GP, dental care, medication, physiotherapy and occupational therapy.

Risk assessments had been undertaken in relation to the person's daily living abilities. For example, use of wheelchair and manual handling. We saw that care plans and risk assessments had been regularly reviewed.

Staff we spoke with were knowledgeable about people's care plans. They told us that they operated a key working system. This is when a member of staff is appointed as the key person to work with individual people. Staff told us that they reviewed the care plans at least every six months and as and when they required changing. Staff told us that people could make changes to their care plans. This was confirmed during discussions with one person who used the service. This meant that people who used the service were involved and included in the delivery of their care.

The service had a disaster recovery plan in place. This included information on actions to be taken when an emergency arose. For example, if there was fire, flood or systems failure. This meant that people who used the service would continue to receive the support they required in the event of an emergency.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink.

People told us that they liked the food provided by the service. They told us that staff asked them what they would like for their meal. One person told us, "We have food meetings on Thursdays." We saw minutes of these meetings. People told us they had a choice of food and they could always ask for a different meal if they did not like the food on offer. During our inspection we saw that the menu and a pictorial version of the days' meals were displayed by the dining room. This meant that people were informed of the day's meals and also allowed them to ask for an alternative meal if they did not like the options offered. One person told us, "I can always choose a different meal." Another person told us that they were able to prepare and cook their own meals in their on-site flat as an alternative to having the meals cooked at the service. They told us that they were supported to this by having a meal allowance payment to purchase the ingredients. This showed that staff at the service promoted people's independence and living skills.

We observed the lunch during our inspection. We saw staff offering people choices. For example, we saw staff asked people what drink they would like. We observed sufficient numbers of staff in the dining room providing support to people as and when required.

People told us they could have a drink or snack any time they wished. This was confirmed during discussions with staff. We saw in the dining room that there was a salad bar, hot and cold drinks and snacks freely available for people to have whenever they chose to.

The service used an external catering company. We had discussions with a cook who was on duty during our inspection and had a tour of the kitchen. The cook was aware of people's likes and dislikes and their special dietary needs. For example, some people required soft foods and some required their food to be liquidised. This meant that people were provided with food of their choice and food that met their dietary needs.

We saw that food was appropriately stored. For example, foods were stored in fridges and freezers and daily records of temperatures had been recorded. Foods that had been opened were kept covered. Records of cooking temperatures were also recorded. This showed us that people were provided with food that had been closely monitored.

The service had gained a 5 star award from the Environmental Health Officer (EHO) on the 23 April 2013.

The service used a four week menu. We looked at the menu provided by the service. We saw that this included meat, fish and pasta. The cook told us that mixtures of fresh and frozen vegetables were provided. We saw that choices of food, including vegetarian options, were included on the menus.

The manager and staff told us that the menus were regularly reviewed and they had input from dietitians and speech and language therapists.

In the care plans we looked at we saw that people's nutritional needs had been assessed and action had been taken to monitor and meet people's nutritional needs.

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.

During our inspection of March 2013 we found the service was non-compliant with this outcome. We found that there were insufficient numbers of staff on duty to meet the assessed needs of people. During this inspection we found the service had made improvements and had become compliant with this outcome.

People who used the service told us that they believed there were enough staff on duty. They told us that there was always a member of staff available when they needed them. One person told us, "I have one to one support in the afternoon with a member of staff and this has never been missed."

The registered manager told us that the staffing ratio had been increased since the last inspection. We were told that there were 17 members of staff on duty for the early shift and 14 for the afternoons and four waking night staff. We were told that there were also two senior staff on duty for each shift. The manager stated that the service provided one to one support to people who had been assessed as requiring this support and these staff were extra, that is, they were not included in the staff rota numbers. We saw evidence of this in the care plans we looked at. This meant that there were sufficient numbers of staff on duty who knew people and how to attend to their assessed needs.

During discussions staff confirmed the staffing numbers as we were told by the manager. Staff told us that they did use agency staff but these were regular agency staff. This meant that the provider ensured continuity of care was provided to people with staff they were familiar with.

We looked at four weeks duty rota and we saw confirmation of the staffing numbers for each shift.

On the day of our inspection visit we noted that there 20 staff on duty for the early shift and 15 for the afternoon. The staffing numbers on duty were clearly displayed so people would know how many were available.

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 by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

Staff told us that they had received induction training when they commenced their employment at the service. We were told that this was in line with the Skills for Care Common Induction Standards. We saw a copy of the induction programme that confirmed what we had been told by staff. Staff told us that new starters worked with another member of staff for two weeks and they had a three and six month probationary meetings. This meant that new staff were provided with the training and guidance they needed which enabled them to undertake their duties at the service.

Staff told us that training provided at the service was very good and they were constantly renewing their training. They told us that they had undertaken all the mandatory training and other training. We saw evidence of this in the training records we looked at. For example, staff had received training in relation to safeguarding adults, the mental capacity act, first aid, pressure awareness and Percutaneous Endoscopic Gastrostomy (PEG) feeding. We saw the training programme for 2014. This included all the mandatory topics and other training that helped staff in their roles. This meant that staff were receiving training that enabled them to carry out their roles as carers.

Staff told us, and we saw evidence, that they were receiving regular one to one supervision and an annual appraisal. This meant that staff were provided with the opportunity to review their performance or identify any training needs they may require.

All the staff we spoke with told us they enjoyed working at the service. They told us that they were very supported by the manager and could approach her at any time.

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

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

During our inspection of March 2013 we found the service was non-compliant with this outcome. People's views were not being taken into account. During this inspection we found the service was compliant with this outcome.

People told us that they had regular meetings and that they were able to talk to the registered manager at any time. This was confirmed during discussions with the manager and staff. We were told that a meeting with people who used the service took place every Thursday.

The manager told us, and we saw, that arrangements were in place to quality review all aspects of the service. For example, we saw that monthly audits were undertaken in relation to the Care Quality Commission outcomes, staff training, medication, the duty rota and care plans. We saw that external audits had been undertaken and the outcomes of these were positive. The manager told us that accidents and complaints were regularly reviewed. We were told and we saw evidence that the service had a safeguarding and care quality sub-committee that meet four times a year. This was when any issues in relation to the quality of care and any current safeguarding were discussed. This showed us that the provider was committed to ensuring that people would receive safe and effective care through ongoing monitoring.

We saw evidence of weekly meetings with people who used the service and the manager.

We saw that people's care plans were regularly reviewed. We saw that the service had developed risk assessments that related to people's health, safety and lifestyles. This meant that there was an effective monitoring system designed to regularly identify, assess and manage risks relating to the health, welfare and safety of people who used the service.

The manager told us that monthly meetings were held with parents of people who used the service. We were also told that an external agency conducted and collated feedback from people who used the service on an annual basis. We saw that one of the issues raised was in relation to the lack of leisure activities. As a result of this the provider employed a recreation officer who had organised lots of activities and outings. People we spoke with told us that they liked the new activities that were arranged at the service. The service also had a page on their website where comments could be left by any person. We saw that comments left were very positive about the services provided. We saw minutes of a food forum meeting that had taken place with people who used the service and the chef. We saw that items raised had been acted on. For example, people had asked if there could be photographs of the meals displayed on the noticeboards. We noted during our inspection visit that this had been done. This meant that there were systems in place for people to make their views known about the service.

Through discussions with the manager, our observations, viewing of records, discussions with people and staff we found that the service was well led, effective, safe, caring and responsive to people's needs.

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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