

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

## Howard Goble House

Harland Avenue, Sidcup, DA15 7NU

Tel: 02083083561

Date of Inspection: 05 February 2013

Date of Publication: February 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
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<b>Care and welfare of people who use services</b>	✓ Met this standard
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<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
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<b>Staffing</b>	✓ Met this standard
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<b>Records</b>	✓ Met this standard
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## Details about this location

Registered Provider	MCCH Society Limited
Registered Manager	Mrs. Christina Harris
Overview of the service	Howard Goble House provides accommodation for up to 12 older people with learning disabilities, including people with dementia care needs.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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We spoke to three people using the service and five staff and observed the way people were supported at our inspection on 05 February 2013. People told us they were supported to be as independent as they wanted to be and they were consulted with about their care. We saw that care plans were mainly up to date and reflected guidance from other professionals. There was a programme in place to ensure staff were updated in safeguarding training and records were kept securely. People told us that there were not always sufficient staff to support people in the community on an ad hoc basis, but that planned activities and appointments were attended.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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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

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### Reasons for our judgement

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When we inspected the home in March 2012 we found that in a small number of cases staff did not treat people with respect and dignity. The manager wrote to us and told us what they would do to improve this.

At our inspection of 05 February 2013 we observed staff supporting people at the home. Staff spoke to people in a way that showed them consideration and respect. They ensured people were involved in conversation whenever possible. The interactions staff had with people living at the home were collaborative. We saw staff share a joke with a person using the service.

People expressed their views and were involved in making decisions about their care and treatment. Staff we spoke with told us how they offered people choices and we observed how a staff member offered a person a choice in the way that the person's communication passport suggested was best for this individual. Key workers held regular meetings with people at the home, and these meetings were recorded. We saw that a person had been consulted with and supported to take action to meet their needs.

People's individual preferences were recorded on a likes / dislikes record at the beginning of their care plan. There was also a document which asked people about both their and their family's hopes and dreams for the future, as well as fears about the future so that staff could work to support people in a way that took account of this.

We spoke with three people on the day of our inspection and they told us they could choose the activities they took part in and the sort of things they would like in their rooms. One person told us how they preferred to lock their door at night and we saw this was reflected in their care plan and guidance for night staff. Another person told us they attended meetings about the home with other residents, where people could express their views and ask for any changes. One person told us how they had raised an issue about the size of their room with the manager and had felt listened to.

People were supported in promoting their independence and community involvement. A person living at the home told us how they made their own tea and prepared snacks, as well as doing their own laundry and cleaning. They told us they could ask for support from staff if necessary. Another person told us that they liked the independence of having their own key and said "I can use it whenever I want to".

We looked at people's individual activity plans and saw that people had activities in the community at times such as attending a day centre or visiting their family home. Staff told us that people who wanted to attend church were supported to do so.

People who use the service were given appropriate information and support regarding their care or treatment. We saw that there were easy read versions of documents available to people in the home. The manager told us how an advocate had been involved for a person in the home recently. A person we spoke with explained how they were given the opportunity to visit the home before they made a decision to move in. We saw a copy of a contract between people living at the home and the provider which was in an easy to read format and gave clear information about expectations people could have whilst living in the home and the expectations the provider had of people. On one unit of the home people kept their care plans in their own room.

People's diversity, values and human rights were respected. We saw that a person who had a different cultural background was supported to visit their family often and take part in family meals. The person's religious beliefs were also detailed in their care plan. This person could not communicate with us at the inspection, but a staff member told us about the person's background and how the person had been supported to obtain equipment to allow them to watch television stations in their own language.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at a sample of people's care plans and saw that there they were reviewed whenever a change in the person's condition occurred. For example we saw that a person's change in medication had been recorded on the review of their care plan in January 2013.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were risk assessments in place for issues such as the risk of choking, increased risk of fractures due to a person's medical condition and challenging behaviour. Staff were asked to sign each risk assessment to confirm they had read and understood it. The majority of risk assessments had been updated recently and signed by staff.

People's care and treatment reflected relevant research and guidance. We saw that some people living at the home had been assessed by different professionals including speech and language therapists, learning disability and mental health specialists. The guidance from these professionals had been recorded in the person's care plans. We asked staff to tell us about some of the ways they could support people at the home with complex needs and the staff were aware of the specialist guidance. For example one staff member was able to describe exactly how a person's food should be prepared and how they should be supported to eat, in line with documented guidance from the speech and language therapist. Another staff member was able to identify possible triggers to a person's challenging behaviour, and actions to take in order to support this person, in line with the recommendations from a specialist professional.

There were some arrangements in place to deal with foreseeable emergencies. Staff on one unit of the home were able to produce a first aid box which contained all items listed on their checklist and items were in date. However the other unit's first aid box contained out of date items and was not easily located. When we discussed this with the manager they immediately arranged for a replacement first aid kit to be purchased on the day of inspection and then confirmed that carrying out checks on the first aid box items had been added to the staff rota so it was clear when the checks needed to be done. We were not able to monitor this at the time of the inspection.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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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 home manager confirmed that by April 2013 all staff would have completed an annual refresher course in safeguarding and all staff had undertaken their initial safeguarding training. Bank staff working for the provider were also required to undertake safeguarding training.

We spoke with five staff working at the home on the day of our inspection. Staff all understood what constituted abuse and how they would report concerns to managers. A small number of staff were unsure of exactly how to raise concerns outside of the provider, such as reporting to social services or the Care Quality Commission, but all staff said they would pursue any concerns and would find out how to escalate these if necessary. This was discussed with the home's manager who said they would feedback to the provider's training department to ensure external escalation of concerns was covered on the training. There was a safeguarding information sheet provided by Bexley local authority which contained contact details for reporting concerns externally, available in the staff office on the day of our inspection.

The provider responded appropriately to any allegation of abuse. The provider had correctly notified the care Quality Commission of two safeguarding concerns and had taken appropriate action to inform other authorities and investigate the concerns internally. An advocate had been provided for one person using the service involved in a safeguarding concern.

The home manager confirmed that all staff had criminal records checks done before they commenced work at the home. We saw that part of the responsibilities of the Lead Person on a shift was to ensure the criminal records checks were available for agency staff sent to work at the home, before the agency staff began work. This meant that only suitable people were employed by the home.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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Some staff and people we spoke with said there were not always sufficient staff on duty to take them out into the community on an ad hoc basis as much as they would like to, although planned activities and appointments were always kept. The manager told us that there had been recent vacancies for permanent staff due to some changes made by the provider, but these posts were being recruited to at the time of our inspection. The manager said that extra staff were booked to ensure planned activities could be attended, and that they would consider the shift patterns of staff to see if a change in some shift timings might increase the availability of staff to take people in to the community on an ad hoc basis. We could not monitor the effects of this at the time of our inspection.

We saw that bank staff were used by the provider in order to meet their required levels of staffing. The manager explained that bank staff worked permanently on the provider's bank and the majority of the staff knew the people using the service very well. We spoke with three permanent bank staff at the inspection. One staff member told us that they had known a person using the service for seven years and was able to describe the care and support this person needed in detail, in line with the person's care plan. Another staff member had been employed on a permanent basis at the home for several years before working for the bank in order to gain flexibility. This staff member knew the people using the service well and was aware of their preferences and effective ways to support them. Therefore we found that most staff who worked at the home were experienced in supporting the people using the service despite not being permanent staff.

Permanent staff were suitably qualified. The provider told us that all but one of their permanent staff had obtained a relevant NVQ qualification.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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People's personal records including medical records were accurate and fit for purpose. We saw that people's records were usually updated in line with any changes in their support needs or medical needs. For example, we saw a risk assessment and challenging behaviour guidelines that had been updated immediately after an incident had occurred to reflect the persons current condition.

However the provider may wish to note that there was an inaccurate copy of the staff rota available on unit one on the day of our inspection. When we arrived on unit one on 05 February 2013 staff were unclear about who was in charge for the day, and which staff were expected on shift. According to the rota kept on unit one the home manager was on a training course. However when the manager arrived they showed us the correct rota kept in the office, which clearly indicated which member of staff was the lead person on shift for the day, and that the manager had changed their training day. The manager told us the unit one rota would be updated to identify the shift leader and an accurate list of which staff were expected on duty. The manager said that staff had access to the master copy of the rota at all times. The rota on unit two was accurate.

Records were kept securely and could be located promptly when needed. People's individual support plans had a statement on the front which said "please don't read this unless you have my permission or are involved in my daily support" and we saw that people's care plans were kept locked in their bedrooms or else in a cupboard on the unit. Staff, and some of the people who were able to speak with us, knew exactly where to find the care plans.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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