Care Quality Commission

Inspection Report

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

Ash Street

23 Ash Street, Southport, PR8 6JE

Tel: 01704534433

Date of Inspection: 23 January 2013

Date of Publication: February 2013

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

Standard	Result
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Speciality Care (Rest Homes) Limited
Registered Manager	Mr. Mark Musselle
Overview of the service	23 Ash Street is a student residence for Arden College owned by Specialty Care (Rest Homes). The home provides accommodation for up to four people aged between 16 and 25 with with a learning difficulty. The home comprises of individual bedrooms, bathrooms/wetroom, two lounges, dining kitchen areas and a large rear lawned garden. A registered manager is in post.
Type of service	Specialist college service
Regulated activity	Accommodation and nursing or personal care in the further education sector

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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 announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 23 January 2013 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, 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

People at the home attended college each day and sometimes returned late. We therefore announced our inspection, so we were able to meet people at the home and staff. Some people preferred not to meet with us, however we were able to speak with two people to see what they thought about the home. We spoke with some relatives and met with members of the management team and staff. We saw a number of care documents and observed the care and support people received. It was evident the staff provided people with the care and support they needed to ensure their well being. We observed good interaction between the staff and the people they supported. Communication aids were available for people to use in and outside of the home.

Staff told us about various activities people were involved with and how they supported people with daily life skills to promote their independence. People chatted freely with the staff and they appeared at ease and 'comfortable' with them. There was a relaxed atmosphere in the home.

Staff received training and support, so they had the skills and knowledge to provide safe care to people. A relative confirmed the staff were well trained.

The home had a complaints policy and procedure (in picture format), so people who used the service had the information they needed should they wish to raise a concern. Regular meetings were held at the home to enable people to give their views and be involved with choosing activities and menus, for example.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Staff told us about the different communication aids used in the home to help support people. We saw these in use during our visit and people's preferred method of communication was recorded in their support plans. For example, pictures, symbols, signs and computer applications. The communication aids helped people to express their views and wishes and maximise their independence. A relative told us the staff were good at listening to what their family member wanted and respected their wishes. Weekly discussions were held by the staff with people at the home. Topics discussed included the menu and social activities. We saw evidence of what people had chosen in respect of these topics.

There was some information recorded about assessing people' capacity to make decisions about their care, treatment and support. We discussed this with the home manager in the context of assessments around mental capacity and the home manager agreed this was an area that needed further development. The home manager said they would re evaluate this and ensure there was input from people about key decisions or issues, or evidence input from other acting on their behalf in the care records.

We looked at a person's care file and this showed the staff had recorded information about people's chosen lifestyle. This included areas such as, likes and dislikes, preferred routine, level of support they needed with personal care and independent living skills. Staff told us the importance of respecting these decisions. For example, people who like to stay in bed late on a weekend were able to do so. They told us they always sought people's consent about the way in which they wanted their support given on a daily basis. A staff member told us "I make sure people are given enough time to decide."

We saw a support plan which had been signed by a person to evidence their involvement and agreement. Relatives told us they were invited to formal reviews to discuss their family member's care needs and were involved with decisions when needed. We saw evidence of a review report during the inspection.

There was information for people and visitors, in picture and sign format about the home, so that people knew about the service provision. A relative confirmed this and said the information was helpful and informative.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People received a good standard of care. We evidenced this in a number of ways. For example, talking with people at the home, staff and relatives, observing the support people received and looking at care records. Staff said the care files held sufficient information for them to know how to care for people. They said they were able to discuss people's needs at the hand over period between shifts. Each person who lived at the home had a member of staff who was appointed the role of key worker. The key worker worked regularly with the same person to ensure continuity of care and to support them fully. A relative told us they were very pleased with the standard of care given by the staff.

Although we only saw people at the home for a short time, as they were out for most of the day at college, the home manager and staff demonstrated care and support was given to people in accordance with their wishes and needs. This ensured their health and welfare. Staff interviewed were knowledgeable about people's care needs and told us about people's preferred routines, behaviours and likes and dislikes. A person confirmed they were 'OK' and had enjoyed their day.

Each person who lived at the home had a care file, which was kept secure when not in use. We looked at care records for two people. This was to evidence how people's care needs had been recorded and how the staff provided the care and support needed.

The care records we saw were in picture format to assist people's understanding and involvement. The care documents were clearly laid out and the information easy to follow. We found information in respect of people's medical and social history, their behaviours, how they wanted to be supported, their communication and educational needs. Support plans, care plans and personal profiles were in place for areas such as, personal care and promoting independent living skills. Information held was based around each person's needs and how they wanted to be treated. The staff had updated the care records to reflect any change in the care provision. This meant the staff had the information they needed to ensure people were fully supported. We saw a template for a care plan for a specific medical condition. This provided the staff with an over view of the condition and detailed information how to monitor and support people safely.

The home manager was aware of their role and responsibility of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. These safeguards are to protect people who are

unable to make decisions around their care and treatment when they need care and support in a way which may restrict them.

Risk assessments were in place, for supporting people with community based activities and independent living skills. For example, shopping, laundry and cleaning the home. The risk assessments provided guidance for the staff on how to support people safely, taking into account people's rights and maximising their independence.

We found evidence in the care plans to demonstrate the staff worked with external professionals to support people's needs. This included appointments with GPs, opticians, chiropodists and hospitals.

People's health goals were recorded and we saw information about people's diet and healthy living promotion. Staff confirmed the importance of this when supporting people with food shopping and exercise programmes.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

The care home did not have a separate laundry room. The washing machine was situated in the kitchen and this enabled people to care for their laundry with the support of the staff, when needed.

The staff had access to infection control policies and procedures and also the Code of Practice for infection control. These documents set out the criteria relating to the maintenance and promotion of good standards of cleanliness and infection control within a care setting. A member of staff was appointed as infection control lead, in accordance with the Code of Practice to ensure good standards of cleanliness. We saw evidence of cleaning schedules and checks of the standard of cleanliness for the kitchen. It was agreed with the home manager that the staff would undertake more formal checks (audits) of the home to manage and monitor the prevention and control of infection and associated risks.

Staff told us they had received infection control training and we saw staff training records which confirmed this. The staff had access to gloves, aprons, appropriate hand washing facilities and laundry bags to promote good standards of hygiene. Areas seen in the home were clean.

There were no paper hand towels in the bathrooms to promote good standards of hand hygiene. We brought this to the attention of the home manager who confirmed these would be sought following the inspection.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at staff training to ensure staff were suitably skilled and trained to provide care and support to people. This was evidenced by the electronic training records we saw, our observations and talking with relatives and staff. We spoke with two members of staff and they told us the training courses were easily accessible and thorough. A staff member told us the induction they received had been "Very good" and had provided them with an over view of how the organisation supported people. They also stated they worked with a senior member of staff during their induction, to help them get to know the routine and the care and support people needed. Our observations confirmed positive interaction between the staff and people they supported. Staff interviewed were able to tell us about people's individual needs and how they supported them.

We saw evidence of staff electronic training records for 2012 in areas such as, moving and handling, safeguarding adults, medication administration, first aid, mental capacity, Deprivation of Liberty Safeguards, infection control, food hygiene, Asperger's Syndrome, Autism and supporting the students (people residing at the home). Staff we spoke with told us they were encouraged to take part in learning and were supported with the courses they undertook.

NVQ (National Vocational Qualifications) in Care at Level 2 and above were ongoing for the staff and this demonstrated a commitment to formal learning in care. The organisation had a training officer who oversaw the training programme for the staff and senior staff at the home were undertaking training to become trainers. This formed part of their professional development.

A rolling programme of staff supervision meetings provided the staff with opportunities to explore and develop their practice. We were shown dates for staff supervision and staff told us these meetings were held regularly.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The home had a complaints policy and procedure, details of which were displayed in the home. The documents were in picture format to help people's understanding. The complaints procedure was also recorded in the home's Service User Guide. This document provided information about the home and the service provision.

The home manager told us no complaints had been received and we saw none had been recorded. Forms were available to record complaints and interviews with staff confirmed they were aware of who to speak with should a person wish to raise a complaint. The home manager advised us that the home's complaints procedure was discussed during staff induction, so new staff were aware of the process to follow.

People at the home attended meetings with the staff, so they were able to take part in the running of the home. A staff member confirmed this and said they had plenty of opportunities to spend time with people on a 'one to one' basis, thus enabling them to find about the person's day and to check all was well. People had information in picture format about feeling safe and who to go to should they be unhappy. Comments and feedback forms were available for everyone should they wish to record their views about the home.

A relative told us they had no complaints and would have no hesitation speaking with staff should they wish to raise a concern. They said their comments would be listened to.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✗ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✗ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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