

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

The Old Rectory

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Date of Inspection: 19 October 2012

Date of Publication:
November 2012

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
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✗ Action needed
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Parkcare Homes (No 2) Limited
Registered Manager	Ms. Teresa Hibbs
Overview of the service	The Old Rectory provides care and support for up to 8 people with autism.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 October 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

QRP and notifications

What people told us and what we found

We saw people's privacy and dignity were respected and people were involved in decisions about their care. People's were able to go out and become involved in the community.

We observed care which was patient and caring and demonstrated staff understood people's needs. One person told us "it's good here"

We saw people's nutrition and hydration needs were met and risks were monitored.

There were enough suitably qualified staff to provide care and support.

The provider had the appropriate systems in place to monitor risk and assure quality

People who use the service may not be protected from the risk of abuse because the provider had not taken reasonable steps to ensure their safeguarding policy was fully implemented. Staff did not fully understand the signs of abuse or the role of external agencies. People who use the service may not have been aware of how to raise concerns about abuse.

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

What we have told the provider to do

We have asked the provider to send us a report by 08 December 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We saw people's privacy and dignity were respected. Staff knocked on people's bedroom doors before entering and asked for permission to enter.

Most of the interactions we observed and the conversations heard were discrete and respectful. The provider might find it useful to note talking with people about their personal continence needs was held in a communal area.

We saw staff communicate with people as equals. We saw staff banter and joke with people who laughed in return.

Staff told us they used different forms of communication including Makaton and choice cards when people did not communicate verbally. We observed staff understood non verbal cues and responded appropriately. For example one staff member explained how one person would exhibit a certain behaviour when in pain. Understanding this enabled the staff to manage their pain effectively.

The manager told us people with continence needs now had an en suite bathroom to enable their care needs to be met discreetly and privately.

We observed people who were dressed appropriately for the time of year in clean clothes. The provider might find it useful to note for those people wearing continence protection it was not well covered by clothing.

People had an individual daily activities plan which reflected their likes and dislikes and provided many opportunities to go out of the home into the community. Activities included horse riding and swimming, visits into town and walking. People had holidays together. People were supported to be independent. We were told some people had a key or preferred to ask to use the kitchen to make their own drinks and there was also a skills kitchen. Staff explained how they had helped one person increase their independence by asking for their snack box using non verbal means. By leading a staff member to where it

was kept meant there was not a wait for staff to ask if they wanted a snack.

We saw in people's records mental capacity assessments for important decisions which would affect their independence. For example, there were assessments for people in relation to managing their finances and medicines. We saw some people had responsibility for their own medicines.

The provider might like to note some of the mental capacity assessments had not been reviewed for some time.

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.

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

We spoke to one person who used the service who said " It's good here"

We observed care was patient and caring. We saw staff understood people's needs by the way they responded to their verbal and non verbal cues. We saw staff respond in a timely manner to people's requests for help and support.

We saw staff manage people's behaviour and change in mood patiently and with insight. We observed staff understood the reasons for some of these changes. For example one member of staff recognised one person's behaviour was connected with having exercised and being hungry, even after lunch. Staff offered a snack and the person settled quickly.

We looked at three sets of care records. There were risk assessments and support plans for everyday activities which reflected people's preferences for care and how staff could best support this. The provider might like to note some risk assessments and plans dated back to 2010. We saw support plans were being written in a new format and the manager told us plans would be reviewed and updated as this happened. The manager told us the key worker report reflected any changes in a person's plan of care and these were reviewed on a monthly basis. We saw a person's key worker report which demonstrated care had been reviewed regularly. We were told the key worker would meet with people they supported each month to discuss and update their care needs. The key worker would then generate a report which reflected any changes in the person's needs and the support required. The manager would read the reports each month and issues raised would be discussed at the team meeting. The provider might find it useful to note, plans of care were held in people's care records and key worker reports. This could be confusing for staff if both sets of care plans were not updated to reflect changes in people's care. We were told reports would be sent to families if requested.

We noted one person was to be weighed every six months but had not been weighed for over a year. The provider might like to note that although staff were aware of this and able to recognise and provide support if the person's weight was fluctuating, no formal plan had been developed with the person and recorded in their care plan.

We saw appointments with health care professionals including the chiropodist and dentist were recorded regularly and were up to date. We saw concerns about another person's

weight loss had been reported to the person's GP. The person's weight was monitored in line with their recent plan of care and was last updated in October 2012.

We looked at some daily records for the day and saw a representative account of each person's behaviour and activities, each one being different and of value in anticipating care needs for the remainder of the day.

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 hydration

Reasons for our judgement

The provider offered a four weekly menu. There was one hot option at lunchtime and one at dinner time. The four weekly menu was on display in the hall. The menu offered meat, fish and vegetables and a take away once per month. The food was cooked by care staff on the premises. We were told one person was vegetarian and this was catered for. We observed lunchtime. We saw there were two dining areas to enable people who preferred a quieter meal experience a choice. We saw people ate enthusiastically. We saw there were sufficient staff to serve and provide support and assistance with eating. Two people required assistance with eating. The staff were patient and people received the help they needed to eat at the pace they wanted. We observed adaptive crockery was used when needed.

We saw staff understood people's appetites, likes and dislikes and recognised changes in weight. Staff assessed people for nutritional risk and where there were concerns they sought specialist support and advice.

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

Our judgement

The provider was not meeting this standard.

People who use the service were not protected from the risk of abuse because the provider had not taken reasonable steps to ensure staff understood how to recognise and report suspected abuse. People who use the service were not able to easily access to information about reporting concerns of suspected abuse.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with some staff about safeguarding. The staff we spoke with were not confident in explaining what safeguarding was. Although one staff member was able to identify examples of physical abuse they were not able to explain how other forms of abuse might be recognised.

Staff told us they would report suspected abuse to their manager but were not aware of how to report suspected abuse to external agencies if necessary.

We were told by the manager each person had an easy read copy of the Mental Capacity Act (2005) in their rooms. The staff we spoke to were not aware of this. We went to one person's room and were not able to locate the document. We saw there was an easy read copy of the document in the person's records in the office. There was a copy of the policy in a glass fronted cabinet on the wall in the hall which would not be accessible to people who use the service.

We saw records which demonstrated nearly all the staff had either completed or were to complete training on safeguarding, The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards in 2012.

We saw the safeguarding policy which provided clear guidance to staff. The manager told us there was dedicated time for staff to read the policies. There was no record of when staff accessed or read the policies.

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 and experienced staff to meet people's needs.

Reasons for our judgement

We observed care which was responsive to the person's needs, patient and unhurried. During the visit we saw there were enough staff to take people out for their regular activities.

The manager told us there should be five members of staff during the day shifts and two staff at night one of whom would be sleeping. One member of the care staff would have responsibility of cooking during the day. There was a 'therapist' who worked in the home and across other provider locations. The manager told us bank staff were used or people asked to work longer to cover uncovered shifts. We saw from the staff rota the provider's recommended staffing levels were achieved.

We saw staff had undertaken mandatory training in 2012 and one staff member told us they were enrolled on the Diploma in Health and Social Care.

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 in place to regularly assess and monitor the quality of service people receive.

Reasons for our judgement

We saw the provider had a quality monitoring system which involved people who used the service. We saw minutes from the quarterly 'Your voice' meetings which demonstrated feedback from people was acted upon. One person wanted to go train spotting and this was now on their timetable. We saw the meeting in February 2012 discussed the Accident and Keeping Safe policy with people and people were involved in the Health and Safety meeting.

We saw the manager was responsible to complete a specialist services core action plan which required the manager to audit different areas of the service including care plans, levels of staffing, training and mental capacity assessment. These records were reviewed monthly with the regional manager and audited annually. The next annual audit was due in October 2012.

The provider's electronic system provided records of who had completed training, the recording and outcomes of incidents and accidents and notifications. The provider might like to note CQC had not received one notification.

The provider had completed an annual Health and Safety audit in October 2012. The manager was awaiting the action plan.

We saw there were no complaints. We were told people could access an easy read copy of the complaints process.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse
	How the regulation was not being met: Staff did not fully understand the relevant aspects of the safeguarding process. Staff did not fully understand the signs of abuse. People who use the service may not have been aware of how to raise concerns about abuse.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 08 December 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

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