

Review of compliance

Caretech Community Services (No 2) Limited The Laurels

Region:	South East
Location address:	209 Faversham Road Ashford Kent TN24 9AF
Type of service:	Care home service without nursing
Date of Publication:	April 2012
Overview of the service:	The Laurels is registered to care for up to 6 people with mental health needs or learning disabilities. The home is a detached house on two floors, with a large usable garden. People have their own bedrooms and there is a bathroom on each floor. It is situated in a residential area on the outskirts of Ashford, and within easy travelling distance of local amenities such as health centres, shops and colleges. The

	home has access to all necessary healthcare services within the community.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Laurels was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

People told us that they were encouraged to be independent and achieve goals that they had set. They said that they felt supported to access services in the community.

People said that their health and well being had improved since they had been at the service.

We were told by people that they felt that they were able to give their feedback about the service. They were confident to raise any issues with staff and felt listened to.

What we found about the standards we reviewed and how well The Laurels was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People participated in making decisions about their care. People were given appropriate opportunities and support to access the local community and were encouraged to be independent.

Overall, we found that The Laurels was meeting this essential standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The service assessed peoples' needs and offered appropriate care and treatment.

Overall, we found that The Laurels was meeting this essential standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People said they felt safe using the service. Staff were trained and able to respond appropriately to any actual or suspected abuse that occurred.

Overall, we found that The Laurels was meeting this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

The service assessed the safety and suitability of the premises regularly and made improvements where possible. The provider did not always take appropriate measures to maintenance requests from the service to ensure the safety and security of people that used the service.

Overall, we found that improvements are needed for this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Staff received appropriate training and development and had regular supervision and appraisals.

Overall, we found that The Laurels was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The Laurels assessed the quality of the service it provided and put actions in place where a shortfall was identified. Some Health and safety actions that were identified by the service had not been completed by the provider.

Overall we found that The Laurels was meeting this essential standard of quality and safety but to maintain this we suggested some improvements were needed.

Actions we have asked the service to take

We have asked the provider to send us a report within 7 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any

action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us that they had been involved in planning their care. They told us that they worked with staff to decide what they wanted to achieve and agreed how they could do it.

People told us how the service had supported them to go on holiday. They told us that they had decided where they wanted to go and found a suitable holiday package. They told us that they were supported to manage their money to budget for their holiday. They told us that they were very happy that they had been able to do this. They said "I never thought I would go on holiday until I came here".

People told us that they could decorate their rooms how they wanted them. They said that they liked that they could have their own things in their room.

Other evidence

We observed staff talking to people in a respectful and polite manner. We heard them ask people what they wanted to do and they suggested some activities to them.

We saw care records that showed that people had been involved in planning their care. People had signed their care plans to agree the care and support they were receiving.

Daily records were written with people and one person wrote their own with the assistance of staff.

People took part in lots of activities each week. Although people had individual plans in place, if they didn't want to do something on a particular day, they could do something else instead. Personalised trips were arranged for each person based on what they liked. We saw that one person was an avid football fan and staff supported them to attend all home games of their favourite team.

Each person had their own room at the service. We saw two bedrooms. Each bedroom had personal items belonging to the people that lived in them. The rooms were decorated individually.

Our judgement

People participated in making decisions about their care. People were given appropriate opportunities and support to access the local community and were encouraged to be independent.

Overall, we found that The Laurels was meeting this essential standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us that their health had improved since they had been at the service. One person said that "I feel like I'm making progress and getting better here".

One person told us that they had set a goal of having a healthier lifestyle. They told us that they were supported to go to the gym and eat a balanced diet. They said "I feel better than ever".

People told us that they visited the doctor and dentist regularly. One person told us that they had regular blood tests. Their care records showed that their blood tests were documented and they were being monitored as advised by their doctor.

Other evidence

We looked at three out of six peoples' care records. Care plans that we saw were individual to each person and contained information about peoples' lifestyles and what people liked and didn't like. Staff had completed risk assessments for each person which promoted people's independence so that they were supported to make choices as safely as possible. Care plans seen during our visit had been reviewed on a regular basis. Some had been changed before their review dates as peoples' needs had changed.

Each person was allocated a key worker that they reviewed their care needs with every month. We saw records of their monthly meetings which showed what progress people had made each month. We also saw that people reviewed their goals as part of their

key worker meetings.

Staff gave us examples of how peoples' health and well being had improved since they had been at the service. One person had significantly reduced the number of cigarettes that they smoked each day. We saw care records that showed how the person had done this gradually.

Our judgement

The service assessed peoples' needs and offered appropriate care and treatment.

Overall, we found that The Laurels was meeting this essential standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People told us that they felt safe at the service. They told us that if they were worried, they would raise their concerns with staff.

Other evidence

We saw staff training records that showed that staff had received training in how to keep people safe from the risk of abuse. Training records also showed that staff had received training in the Mental Capacity Act and how to understand if people were able to make decisions for themselves.

Staff described the process that they would follow if they suspected abuse. What they told us was in line with local authority safeguarding protocols. Staff told us how they knew if a person's ability to make decisions about their care needs had changed. They gave us an example about when they had held a meeting to decide what was in someone's best interests. Records confirmed that other healthcare professionals had been involved.

The service had processes in place to safeguard people's finances. We saw records of how people's money was managed. People had set up weekly budget sheets that had allocated their money for things that they wanted to buy for that week. People were supported to save up for more expensive items that they wanted with a saving plan that they had agreed to. All transactions were documented so that people could see how they had spent their money.

Our judgement

People said they felt safe using the service. Staff were trained and able to respond appropriately to any actual or suspected abuse that occurred.

Overall, we found that The Laurels was meeting this essential standard.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

There are moderate concerns with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

People told us how they helped out around the house. One person said that they liked painting the house. They showed us the conservatory that they had painted. They told us that they had been paid for the painting that they had done. They said "I am looking forward to doing more, it is building up my skills".

People told us they enjoyed helping out with the garden. They said, "Its hard work but I enjoy it".

Other evidence

When we arrived at the premises, we saw that the paint on the front of the house was peeling; the windows looked in need of repair or replacement. We saw that there was a health and safety notice attached to the front door. The notice warned people to be careful as there may be lead guttering falling from the roof. We saw records, that went back to 18 February 2011, that showed that the service had asked the provider to repair it. It was agreed in March 2011 that this work would be done. On 30 November 2011 the service informed the provider that more guttering had fallen off the roof. At the time of the inspection in March 2012 it had not been completed. We saw an e-mail that the provider had arranged for someone to provide a quote for the repairs on 22 March 2012. .

When we entered the service, a person that lived there showed us their bedroom window. They told us that it was "Rotten" and that they had asked for it to be repaired. We saw that it was in need of repair. We saw copies of residents meeting minutes that showed that the person had raised this as an issue. We saw that the service had

asked the provider to repair the window, however on the date we visited, no repairs had been made.

We saw that the service completed health and safety risk assessments. The service also completed a quarterly health and safety audit. We saw copies of audits that showed that the service had identified that some improvements were needed, for example, the fencing at the rear of the property was inadequate to provide safety and security to people that used the service. We saw records that showed that the service had reported maintenance issues to the provider but the provider had not addressed all of the issues. We saw records that showed that the service had completed smaller maintenance work that they were able to without needing approval from the provider. These included painting the interior of the house.

We observed that the inside of the premises was clean and tidy and free from health and safety hazards. We saw that the conservatory had been recently decorated. Staff told us there were plans to redecorate the rest of the house in the coming months.

The service had a large garden. We observed people helping out with the gardening. Staff told us that people had their own areas that they worked on.

Our judgement

The service assessed the safety and suitability of the premises regularly and made improvements where possible. The provider did not always take appropriate measures to maintenance requests from the service to ensure the safety and security of people that used the service.

Overall, we found that improvements are needed for this essential standard.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People told us that they liked the staff. They said "They're good at their jobs and we all get on well with them".

Other evidence

We saw training records that showed all staff had received training that they needed to be able to carry out their roles. Training was monitored by the manager and training needed was discussed and planned during supervision sessions and appraisals.

We were told that the service had increased the amount of e-learning for staff. We saw records that showed that it had been agreed that staff could complete the e-learning in their own time as there was lack of resources available on site. Staff told us that they thought this was better as they said "We can spend more time with people rather than trying to fit training into a shift as well".

Staff had regular supervision sessions with their manager where they had protected time to talk about their work. We saw that supervision sessions were documented and any actions were followed up in the next sessions.

We saw records that showed all staff had completed an induction when they started work at the service. Staff said that the induction had covered learning about the people that lived at the service, training that was required to do the role and reading policies.

Our judgement

Staff received appropriate training and development and had regular supervision and appraisals.

Overall, we found that The Laurels was meeting this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People told us that they attended meetings with the staff and other people at the service every month where they could give their feedback. They told us that they were able to have copies of the minutes if they asked for them.

They told us that they felt involved in decisions about the service and how the home was run.

Other evidence

The service held staff meetings every month. We saw minutes of these meetings that showed that topics covered included health and safety and how the service was running. All staff had signed the minutes to agree they were an accurate record of the meeting.

The service held a meeting for the people that lived at the service every month. We saw copies of minutes of the meetings. We saw that each person had been able to give their feedback each time about the service. We saw that progress had been made on previous actions and an update for everyone was included at each meeting.

The service recorded compliments and complaints received on a monitoring form. We saw that where complaints had been received, action that had been taken was documented. Staff were able to tell us about the services complaints procedure and whistle blowing procedure. They told us that they felt confident to use them if they needed to.

We saw copies of weekly newsletters that were sent to each service from the provider that gave people information about the service. They also shared peoples' achievements and people were able to give their feedback. Some people asked for their own copies of the newsletter and the service had arranged for additional copies to be sent.

The service completed a health and safety audit every three months. We saw copies of the last three audits. We saw that some improvements had been made but some were still outstanding. We saw that the service had reported maintenance issues to the provider and was still awaiting a response. Some of these actions included needing new step ladders for fire evacuation.

Our judgement

The Laurels assessed the quality of the service it provided and put actions in place where a shortfall was identified. Some Health and safety actions that were identified by the service had not been completed by the provider.

Overall we found that The Laurels was meeting this essential standard of quality and safety but to maintain this we suggested some improvements were needed.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns:</p> <p>The Laurels assessed the quality of the service it provided and put actions in place where a shortfall was identified. Some Health and safety actions that were identified by the service had not been completed by the provider.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 7 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p>How the regulation is not being met: The service assessed the safety and suitability of the premises regularly and made improvements where possible. The provider did not always take appropriate measures to maintenance requests from the service to ensure the safety and security of people that used the service</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 7 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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