

# Review of compliance

## Caretech Community Services (No 2) Limited The Laurels

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

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**The Laurels was meeting all the essential standards of quality and safety inspected.**

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, carried out a visit on 2 October 2012, talked to staff and talked to people who use services.

### What people told us

People we spoke with told us that The Laurels had helped them to become more independent and to be able to do tasks such as cooking, cleaning their rooms and managing their own medication.

They said they liked living at the home and liked the staff.

People told us they were supported to go on holidays and to take part in activities of their choice.

One person told us "I like living here with a group of people and staff".

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

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

The provider was meeting this standard.

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

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

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.

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

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The provider was meeting this standard.

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

**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 provider was meeting this standard.

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

**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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

## 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

One person sat with us for a while when we read their care plan and talked with us about some of the content. They confirmed that they had been involved in compiling the care plan, understood it, and demonstrated that they were interested in their personal information.

We observed that people were encouraged to make choices about their daily lives and staff supported them to gain independence skills and confidence.

##### Other evidence

Each person had a comprehensive individual care plan that had been developed from an initial assessment of their needs.

We read three people's care plans and saw that people had been consulted about them and had contributed information themselves. The care plans included photographs and pictures that helped to describe the activities that people had taken part in and the skills they were gaining. For example, cooking, housework and attending the gym to become healthier.

People had signed their care plans and we saw that they had also signed when information was brought up to date.

People's likes and dislikes and preferences in relation to how they liked their care and support provided were recorded. The care plans gave clear guidance for staff to follow,

the information was reviewed each month and any changes were recorded.

Individual risk assessments and support plans had been completed so that people were kept safe when undertaking certain activities at home or in the community. For example cooking or going to football matches.

A monthly record was kept of what each person had planned to do that month and had achieved. For example, withdrawing money from the bank independently, being supported with shopping and to go out for meals.

Each person had an individual personal activities planner. The ethos of the home was to support people to gain the skills and confidence they needed to be able to become as independent as possible, and in some cases to be able to live more independently.

Some people were able to access the community independently, others needed staff to support them. Two people had gone out to day activities during our inspection, others were going shopping, to the bank or spending time at home. One person told us they regularly went to football matches and were going to see Arsenal play the following day. People were supported to go on holidays abroad, one person told us they had been to Turkey on holiday and were returning there later this year.

Each person had a separate health folder with information and documents relating to their personal health needs. The folders were accessible to people and information was provided in text, pictures and photographs. We saw that people were supported to attend regular health appointments with health professionals such as dentists, their GP and chiropodists. Medication was reviewed six monthly to make sure the medication people were taking and the dosages were still appropriate for them.

People were supported to manage their own health needs. For example two people managed their medication independently. We saw they signed when they had taken it and staff audited the medication recording sheets to make sure they had been correctly completed.

People were supported improve their health if necessary. One person had achieved considerable weight loss through going to the gym and generally being more active.

The home had arrangements in place to deal with foreseeable emergencies. For example, individual evacuation plans were in place for each person in the event of a fire.

### **Our judgement**

The provider was meeting this standard.

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

## 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

We observed that if people were concerned about anything they were happy to approach staff and staff listened to them.

##### Other evidence

Staff confirmed that they had received safeguarding vulnerable adults training and the training was updated when it needed to be. Staff we spoke with demonstrated that they understood what to do if they suspected abuse.

The home had a copy of the Kent and Medway multi agency safeguarding vulnerable adults procedure, and an organisational safeguarding policy and procedure that had been updated this year. Staff had signed to confirm that they had read and understood the information.

Staff received other essential training to make sure they supported people safely. For example food hygiene and fire safety.

Staff had received training regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This meant that staff understood what action to take if people were not able to make significant decisions about their own care and treatment.

##### Our judgement

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.

## 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

The provider is compliant with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

People we spoke with told us that they liked their bedrooms. We saw that that bedroom had been decorated in colour schemes of their choice and included items that reflected their interests. For example, model aeroplanes, DVD's and a football team.

We saw on the notes of a recent residents meeting that a person had stated " I like living at The Laurels it is very clean"

##### Other evidence

When we last inspected the home in March 2012 we found that the provider did not always take appropriate action in respect of maintenance requests from the service, to ensure the safety and security of the people who lived there.

The registered manager wrote to us on 12 April 2012 to tell us how the provider was going to address the work needed on the property with timescales for completion of the work. They wrote to us again on 13 July 2012 to tell us that the work had been completed.

During this inspection we saw that the necessary repairs had been undertaken to the roof guttering which had been unsafe, and to a bedroom window frame. The garden had been made safe and secure with the fitting of new fence panels.

We walked round the home and saw that it was clean and tidy and had a homely atmosphere. People who were at home during the day accessed the shared areas they chose to use freely.

We saw that the building was free from health and safety hazards and that residents and staff meetings included discussion on health and safety topics. One person had responsibility for raising health and safety issues on behalf of the other people who lived at the home.

**Our judgement**

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

## Outcome 13: Staffing

### 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 sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

We saw that people were relaxed and comfortable with staff. One person said they liked the staff and felt well supported by them.

##### Other evidence

The home was full when we inspected it and the number of staff on duty was sufficient to meet people's needs. There were three staff on duty during the day and one waking member of staff at night. The manager told us that agency staff were never used so that people benefited from being supported by a consistent staff team.

Most of the staff team had worked at the home for a number of years so they knew the people who lived there and their needs well. Staff we spoke with told us that they felt there were enough staff on duty to meet people's needs.

We looked at the training plan which had been updated each month and saw that staff received essential training. For example, infection control and first aid. They also attended training that helped them understand the more specific needs of the people they supported such as about diabetes, epilepsy and autism.

Staff said they felt well supported, there were regular staff meetings and they received monthly supervision.

##### Our judgement

The provider was meeting this standard.

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

## 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

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We saw that monthly recorded residents meetings took place.

One person told us that they attended the meetings and they found them useful.

##### Other evidence

We saw that systems were in place to monitor the quality of the service.

Monthly separate staff and residents meetings were held. We looked at some notes from recent meetings and saw that the discussions included items such as health and safety and infection control. Residents meetings had been well attended and each person was given the opportunity to contribute.

We saw that a representative had visited the home monthly on behalf of the provider and written a report on their findings. The visits included discussions with people who lived at the home and staff. The organisation also produced a comprehensive annual quality review report. Internal house audits were undertaken on medication recording, care plans and training.

People had access to a complaints procedure that was available in text and pictures. We saw that any concerns or complaints raised by people were recorded with the actions taken to address them.

Weekly newsletters were produced for people who lived at the home and their relatives.

They showed what activities and events had taken place or were planned, general information and people's achievements in a colourful and attractive way.

**Our judgement**

The provider was meeting this standard.

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

# 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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