Inspection Report

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

O'Shea Partnership - 239 Boxley Road

239 Boxley Road, Maidstone, ME14 2BG

Tel: 01622758802

Date of Inspection: 06 January 2014

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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
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	O'Shea Partnership
Registered Manager	Mrs. Karen Gowers
Overview of the service	Up to ten people with a range of disabilities can live at 239 Boxley Road. Each person has their own bedroom, with either a sink or ensuite facilities. Care and support is provided twenty four hours a day.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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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 6 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

During our visit to the home we met and spoke with five of the people who lived there, looked around the home and viewed records. We spoke with three staff as well as the manager.

People spoke positively about their experiences of living in the home. They told us they liked living there, and were able to make their own decisions about their day. They said that the staff supported them with what they wanted to do. One person said, "The staff are friendly, we do a lot and I really like it here".

People were treated with respect, and the care and support they needed had been agreed with them.

People receive their medication as prescribed.

The service has a number of systems in place to monitor the quality of the service it provides.

We found that the home was still registered for the Treatment of disease, disorder or injury, the provider had been requested to have this removed as it no longer applied to this service. Application has since been submitted to CQC to remove this regulated activity.

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

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.

Reasons for our judgement

People's privacy, dignity and independence were respected.

We spoke with four people who used the service about the kind of things they liked to do during the week and how staff had supported them. They all told us that they were asked each day what they wanted to do. One person said "even though some days things are planned, I can change my mind; I don't have to do what I don't want to. They also said "the staff do encourage me if it's something I really enjoy but am just feeling lazy". This meant that staff respected and encouraged people to make choices.

We saw that people had agreed goals and routines in their support files, one person for example had agreed to clean their room with some assistance from staff. They told us that the staff had to remind them sometimes to do it. This had been documented in the person's support plan and had been monitored at the monthly review. Another person told us that they enjoyed cooking and had been given lots of opportunities to cook different things. This meant that people were support and encouraged to develop skills that promoted their independence.

People spoken with also told us that they did feel that the staff respected them; one person said "they are always nice to me and if I want to talk about things then I can do that in private". Another said "the staff always talk to me, they understand me, and I think they are my friends". This meant that staff respected people's privacy and treated them with dignity.

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 and treatment that met their assessed needs.

Reasons for our judgement

People's needs were assessed, and their care and treatment was planned and delivered in line with their individual care plan.

We viewed two people's support plan files, and found that these were individualised and contained comprehensive information about all aspects of their daily living. Each file included a profile of the person, which provided staff with a quick overview of the person's needs and abilities. The support plans included information relating to different areas where support was needed, for example management of people's finances and budgeting; their likes and dislikes in regards to activities and outings; their health needs; behaviour management; and medication. We observed that staff appropriately followed these guidelines during our visit to the service. This meant people were receiving care in the way that had been agreed with them.

Records showed that people's health needs were met. People who used the service were supported to attend appointments to health professionals such as GPs, nurses, therapists; hospital visits and dentists. The plans viewed included their medical history giving staff an understanding of how care needs had to adapt depending on how well a person was day to day. This meant that people received the appropriate care and support on a day to day basis.

The support plans were accompanied by risk assessments. Some of the assessments were used to enable people to take measured risks and achieve personal development goals. Others were in place due to the extent of their personal learning or physical disability. Risks were assessed individually and if found to be a medium or high risk it recorded how staff should make sure risks were avoided. This meant that people received care and support in a way that was keeping them safe as possible.

The staff completed daily records for each person. We read three of these and saw that they were completed at intervals throughout the day, and were signed, timed and dated. They contained detailed information about every aspect of the person's day, including their mood, behaviour, health management, activities and outings. One person said that they looked after their own room, such as cleaning, and that they did the shopping for the meals they cook throughout the week. This had been documented in the person's support plan

and had been monitored at the monthly review. This meant that people were supported and encouraged to develop skills that promote their independence.

Four people told us that they were happy living in the home; one said "I get on with the staff and the others most of the time, sometimes some will get on nerves"; and another person said ", the staff help us a lot they are very kind, my keyworker is X but I like going out most with Y but I like all the staff here." People told us that they were able to decide what they wanted to do with their leisure time, and this included things such as shopping; going to cafes and restaurants; cinemas; and visiting clubs. One person said "I like to stay at home once it gets dark in the winter and just watch the TV". This showed that people's individual social and community involvement was understood and made possible by staff.

We found that the home was still registered for the Treatment of disease, disorder or injury, the provider had been requested to have this removed as it no longer applied to this service. Application has since been submitted to CQC to remove this regulated activity.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were handled appropriately.

There was a system for managing medicines for people who used the service and we saw that medicines were stored appropriately.

The home's medicines were supplied by a pharmacy in a blister pack system where possible. These were seen stored in locked cabinet. Staff were aware that fridges used for medicines had to have the temperature recorded daily to make sure the medicines stay within the safe temperature range. This meant medicines were stored safely.

The home currently does not hold any controlled medication. The provider may wish to note that if in the future people living who lived in the home were to be prescribed controlled medication they would not have suitable storage arrangements.

The staff had processes in place for checking in medication and for discarding unused medication. We viewed the medication administration records ("MAR" charts) for the three people who had been prescribed medication. We found that accurate records were maintained. A team leader was in charge of checking that medication was ordered, stored and administered correctly. They showed us how medication was audited twice a day to make sure staff had given out the correct medication. This meant that people were receivingreceived their medication as prescribed.

The staff person spoken with confirmed that they had undertaken medication training, and the staff training records confirmed this. This meant that people who used the service would have their medicines administered in a safe way.

In one person's support file viewed we saw that staff had been advised to look for the signs that the person was in pain as they may not verbalise this to staff, there were for example pictures the expressions the person may show on their face. One staff spoken with confirmed that they were aware of this and said they would always ask if that thought they had any pain. This showed staff were aware of the signs when people were in pain and had offered appropriate medication

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

Staff received appropriate professional development.

We spoke with staff who told us that they had recently undergone training updates and we saw that these were evidenced on the training matrix.

Face to face training was carried out for subjects such as moving and handling medication, basic food hygiene, health and safety. Training was also being provided via an online system which staff had worked through on the computer at the home. However some staff commented that this training was more difficult as it was not possible to ask questions when they were not sure about things. Also they would do a test at the end and be given a mark but they could not find out if they had not got 100% which questions they got wrong. The provider may wish to note that mandatory training had not always been updated in line with good practice guidelines, for example moving and handling, this means some staff's skills and knowledge was out of date and could compromise people's safety. The manager confirmed that moving and handling training had been booked and all staff would have completed this training by the end of January.

The manager had a plan of the staff's supervision dates on the wall of her office. Staff were given an agenda for their supervision session so they knew the areas that would be discussed. The manager had carried out individual supervision with staff at least six times a year. Supervision could be more frequent if it was necessary. For example, the manager said she had more frequent supervision sessions with new staff and had booked them in two weekly. The supervision sessions had looked at the staff members personal responsibilities in the home, such as medication system and updating the training matrix. It recorded discussions about the staff member's key clients, any issues that had arisen such as the amount of money a client was spending or how they could afford an activity that they wanted to do. It recorded training that had taken place and any training the staff member had wanted to be considered for.

We found that all permanent care staff had completed a National Vocational Qualifications (NVQ) to levels 2, 3 and/or 4 in Learning Disability Care. This meant staff were given the opportunity to gain a recognised qualification that gave them the skills and understanding

to care for people appropriately and safely.

We saw that training in additional subjects was being carried out such as the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DOLs), learning disability, and training in managing challenging behaviour. This gave people the specific skills that they needed to support people in their 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 to regularly assess and monitor the quality of service that people receive

Reasons for our judgement

People who used the service and their representatives were asked for their views about their care and treatment. The views of people who lived in the home were regularly sought at person centred review meetings, one to one and at client meetings when people wanted to attend. This meant people were regularly consulted about their care and support to make sure it met their expectations. .

The home had regular staff meetings monthly, the last had taken place on the 17 December 2013. These meetings are recorded and staff had signed them to show they had read them. We found that the last meeting had included discussions around new documentation which had been introduced regarding an activity planner for the Anticipatory Calendar that had been advised for two people living at the home. It also included the need to obscure the glass in the outside door to the medication room and up and coming events for Christmas. This meant that staff were aware of what was happening in the home and had supported the people accordingly.

We saw the home had a number of systems in place to make sure that the service assessed and monitored its delivery of care. This included regular reviews of care plans, risk assessments and audits of medication. Other audits included health and safety, cleanliness of the home, kitchen stock rotation and cleaning. The home was given 5 stars for the kitchen following a recent inspection by Environmental Health, staff at the home were very proud of this and said that they had been following the guidelines set out in the Safe Food Better Business. Audits were signed when completed which showed they had been regularly checked. The manager explained that any shortfalls were identified then action would have been taken to put things right. This meant that the service identified any issues quickly and took action, to ensure a quality service was maintained.

Managers or Team Leaders from other services in the company had visited the service each month and undertook an assessment of the quality of the service that the home provided. We saw that this had included them talking with staff, and the people who lived in the home, looking at the premises and documentation. The manager told us that they

would have taken any necessary action to address issues that had been raised. The last months review had no issues identified.

The manager explained that they had the money held for people who lived in the home audited by the company's head of finance every six months The manager said that although this is not necessary as it is checked monthly internally, the manager wanted to know that someone independent had also confirmed people's finances were correct. This meant that the manager had made sure that people's money was handled safely.

The systems that had been put in place showed that the service was proactive in trying to achieve a consistent quality of life of the people who live in the home.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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

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