

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

Anvil Close

21-24 Anvil Close, Streatham, London, SW16
6YA

Tel: 02086774717

Date of Inspection: 16 September 2013

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2013

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

| | | |
|--|---|-------------------|
| Care and welfare of people who use services | ✓ | Met this standard |
| Cleanliness and infection control | ✓ | Met this standard |
| Safety and suitability of premises | ✓ | Met this standard |
| Safety, availability and suitability of equipment | ✓ | Met this standard |
| Complaints | ✓ | Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | MacIntyre Care |
| Registered Manager | Ms. Hannah Crampton |
| Overview of the service | Anvil Close provides care for up to 12 adults with a range of learning difficulties. There are two flats on the ground floor and two flats on the top floor each with three bedrooms. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

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 16 September 2013, observed how people were being cared for and talked with carers and / or family members.

What people told us and what we found

During our visit we were unable to speak to any of the people using the service as they were out taking part in activities during the day. We spoke to the relatives of some of the people using the service by telephone following our visit.

We saw that the issues previously identified relating to the fire door system, central heating and general maintenance had now been repaired. The communal areas of each flat had been redecorated and the damaged furniture in one of the lounges had been replaced.

The relatives we spoke with confirmed that they were involved in the development and review of the care plans for the people using the service. We saw that the care plans were up to date and a new detailed care plan format was being introduced.

The relatives we spoke with said "I am very happy with the care provided" and "The home provides very high class care". They also said that they were happy with the cleanliness of the rooms and communal areas.

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

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

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

We saw that when a member of staff or visitor entered a flat they rang the doorbell so it felt like they were going into a person's own home. The manager explained that they had now provided 'ski pad' evacuation equipment for the bedrooms of the people who had mobility issues in case of an emergency.

There were weekly activity plans for each person living at Anvil Close displayed on the walls of the office and the communal areas of the flats. These planners had a picture of the person they related to and gave details of the various daytime and evening activities they took part in. These included structured activities such as a theatre group or one to one sessions with staff as well as unallocated free time where the person could choose an activity either in the home or the community. They also included information about transport, location of the activity and the time. Information on any issues to be considered for an activity for example ensuring that the person going out had enough money to pay for the cab they used to get to the venue was also recorded.

The relatives we spoke with were very happy with the care provided. Relatives said "The staff are very caring" and "My relative likes to go and socialise and enjoys the activities".

During our visit we saw the care plans for a number of people using the service which were clear and up to date. The manager explained that they were in the process of introducing a new format for individual's care and support plans. The new support plans had the person's photograph on the front page and was in an easy read format. There were sections on how the person wanted to be supported, their daily routine, behaviour, personal care and going out. There was also a section for new skills and activities to be identified and how these could be achieved. There were appendix sections to record the person's belongings and health and medical history. The manager explained that the aim was to replace the existing separate care plan and health folders so that all the information

was in one folder and in an accessible format.

The relatives we spoke with confirmed that they were involved in the development and review of the care plans for the people using the service.

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

During our visit we saw the flats were being cleaned by staff and we saw that the communal areas and rooms were clean and tidy. The manager showed us the daily cleaning rota for each flat. The rota identified each area to be cleaned for example kitchen, dining room and bathrooms and the member of staff would initial the rota when the task was completed.

The manager explained that people using the service were given support to be actively involved in the cleaning of their room and the communal areas. Some people had specific tasks that they responsible for including cleaning the kitchen, washing up and helping with the laundry.

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

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.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. During our previous visit we identified a number of issues in relation to the safety and suitability of the building.

We saw on our last visit that the communal areas of the four flats required repair and redecoration which included damaged workspace in the kitchens, ripped sofas, missing curtains and damaged walls and ceilings. During this visit we saw that the work surfaces in the kitchens had been repaired and the communal areas had been repainted. The flooring in the kitchen and the bathrooms had been replaced. The linoleum in two of the dining rooms has been replaced with wood effect laminate flooring. The damaged toilet seat, drain cover and rusty bins had also been replaced.

The manager explained that they now had a new maintenance contractor in place. The staff at the service regularly carried out inspections and any maintenance issues were reported to the contractor.

When we visited in January 2013 we saw that the heating was not fully working and they were waiting for the system to be repaired. Portable heaters were being used to keep the communal areas and bedrooms warm. The manager explained that the heating had been repaired and serviced. The new maintenance contractor was now responsible for the servicing and any repairs to the central heating system.

During our previous inspection we saw that a number of fire doors in all four flats were kept open using wedges and the automatic closing system was not working. After our visit we contacted the London Fire Brigade who carried out an inspection and identified a number of issues. During this visit we saw that the service had repaired the fire doors and replaced the closing system. The manager explained that the service had been inspected again by the fire brigade and was now compliant with their regulations.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment because the provider

When we last visited we saw that two of the adjustable baths were not working which meant that the people using the service were restricted in their choice of bath or shower.

During this visit we saw that the adjustable baths had been repaired and the manager explained that the equipment was regularly serviced.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs.

During our visit we saw a copy of the complaints, comments and feedback policy used by the service. There were complaint and feedback forms and a leaflet describing the policy. The manager confirmed there were no current complaints being dealt with.

An easy read version of the complaints and comments policy was displayed on the wall in the reception area. It had pictures of the manager and area manager and a copy of the form people could complete if they had any complaints or feedback.

We saw a copy of the good practice guide for staff on dealing with complaints and comments.

The manager explained that they were currently looking at ways of making the complaints and comment process more accessible for people with non verbal communication needs.

The relatives we spoke we were aware of how to raise any concerns or complaints. One relative said "When they send me a copy of the reviewed care plan they include information on the complaints process".

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.

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