

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

Royal Mencap Society - 12 Wales Street

12 Wales Street, Rothwell, Kettering, NN14 6JL

Date of Inspection: 03 February 2014

Date of Publication: February 2014

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

Meeting nutritional needs	✘	Action needed
Management of medicines	✔	Met this standard
Safety and suitability of premises	✔	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	Royal Mencap Society
Registered Manager	Mr. John Kemble
Overview of the service	12 Wales Street is a small residential home registered to provide accommodation and personal care for up to four people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 February 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, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with two people who lived in the home. They told us that staff were very friendly and tried to help them as much as they could.

We spoke with a relative who confirmed that the service was very good: "I have always been happy with the service. Staff are excellent".

This was a largely a positive inspection. Everyone we spoke with said that care that staff supplied was good. We saw positive, friendly interaction from staff towards people. The standards we inspected, except one, were compliant.

They were issues that needed to be dealt with; consistently promoting a person's nutritional needs, always having enough staff on duty to be fully able to meet people's needs, additional staff training to include training in people's health conditions, and locks to bedroom doors need to be reviewed to ensure that people cannot be locked in their bedrooms.

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

What we have told the provider to do

We have asked the provider to send us a report by 15 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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

appeal processes. We will publish a further report on any action we take.

More information about the provider

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

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

Our judgements for each standard inspected

Meeting nutritional needs

✘ Action needed

Food and drink should meet people's individual dietary needs

Our judgement

The provider was not meeting this standard.

The provider has not met this regulation. People were not fully protected from the risk of inadequate nutrition.

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

Reasons for our judgement

We spoke with two people. They said that the food they got was good.

We spoke with a relative. The relative said there had been no concerns about the food; 'I have never heard anything bad about the food'.

We saw a staff member giving people the opportunity to help to prepare a meal. This told us that people's independence was encouraged.

We looked at a care plan for a person with nutritional needs. This person had been assessed as at risk of losing weight. There was detail in the plan regarding a referral that had been made to the dietician to meet this need.

The dietician had recommended different things to meet the person's needs. For example, there was encouragement to eat a healthy diet. The plan contained details of types of food that the person disliked. However, there was no information about food that the person liked. This may have helped staff to encourage the person to eat more food. Staff told us they knew what the person liked eating. However, there was no evidence of this. The manager later sent us information about foods that the person liked to eat.

We saw the person eating her breakfast. Staff had encouraged her to eat scrambled eggs on toast. However, this encouragement was only carried out once, because the staff member was busy. We saw that over half of the meal had been left uneaten.

We found that there were occasions when there had only been one staff member on duty. The manager stated that another person was to be admitted into the home the following month. There would then be two staff members on duty during the day and evening, when everyone was in the home. He agreed to review this issue. The manager later sent us

information that two staff members would be on duty in the early morning period. This will help to ensure people's needs can be fully met.

There was other relevant information available to meet this person's needs. This included having a food diary to see what the person ate and drank. However, on occasion, this only recorded that the person had a hot drink. The information did not include the reason why the person had not eaten food at these mealtimes, which may have helped the dietician to provide a more comprehensive care plan to staff to meet this person's needs. The manager agreed this was needed and this would be followed up. The diary had also not measured actual food intake. This would indicate when staff needed to make a swift referral to medical personnel to obtain further support. We were later sent information contained in the person's health action plan, to instruct staff to record all food that was eaten.

Charts to record the person's weight had been in place. However, this did not include a direction as to when staff should refer to medical services if the person had lost a certain amount of weight. For example, over a seven week period from October 2012, the person lost seven pounds in weight. There was no indication as to what action was taken to refer this issue to the appropriate medical professional, although we saw evidence that the person had been properly referred on a number of other occasions.

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.

The provider has met this regulation. People were protected against the risks associated with medicines because the provider had arrangements in place to manage medicines.

Reasons for our judgement

We spoke with two people about this issue. They said staff supplied their medication when they were supposed to take it. No one said that they wanted to keep or take their own medication.

A relative we spoke with did not report any problems with medication being properly supplied by the service; "when they have come home in the past it has always been clear when to give the medication. There has never been a problem".

Staff members told us that they had received training to administer medication to people. They said that before new staff could undertake this, they had to be assessed by the manager as being competent. The manager also told us that this was the system in place. This provided a safeguard aimed to ensure that people received all their prescribed medication.

We looked at medication supplies. We found that they were up to date. This meant they had been properly given to people. We saw a staff member giving medication to a person. This was carried out correctly and the person was encouraged to take it.

Medication records were found to be up to date. Medication had been kept securely. This meant that the risk of medication being taken by someone for who it was not prescribed for was controlled.

We saw other useful information being available to staff, such as any allergies that people had and information about what medication was for. This meant staff had been provided with relevant information to be able to protect people's health needs.

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

Our judgement

The provider was meeting this standard.

The provider has met this regulation. People had generally been protected against the risks of unsuitable premises.

Reasons for our judgement

We spoke with two people. They said that they were satisfied with their bedrooms. One person told us that they could have all their personal possessions in them. This enabled them to have homely accommodation that met their needs. It showed that people's choices had been taken into account.

We spoke a relative of two people living at 12 Wales Street. We were told that the home was kept in a clean and tidy condition.

We toured the home. We found it to be clean, tidy and odour free. We found that furniture and decor had been of a good standard in all areas of the home. Bedrooms were attractively presented, contained personal possessions and looked homely and individual to the person.

We found that people's bedrooms had locks on them that would enable the door to be locked with people not being able to get out of the room. We asked the manager to look at the replacement of these locks to ensure there was no risk that this could ever occur to compromise people freedom. The manager later sent us information stating that keys would be provided inside bedroom doors so that it was not possible for people to be locked in. This needs to be tested to see if this system works in practice.

Staff told us that the home was maintained in good condition. If any repairs were needed, staff said they were swiftly attended to. We looked at the maintenance book. This listed issues that needed to be rectified. Issues had been ticked off and dated as having been attended to. This helped to ensure a homely and safe environment for people.

We looked at fire records. Fire bell tests had been carried out at the required frequency. Monthly tests for emergency lighting systems and weekly fire alarm tests had also been carried out.

The last recorded fire drill was in January 2014. There was a previous fire drill in March 2013, a gap of ten months. We asked the manager to ensure that fire drills were carried

out on a regular basis. The manager said this would be carried out. We saw that fire drill records were comprehensive. They included what happened during the drill and which staff members took part.

There was evidence in the fire officer's report of March 2013 that the service had satisfactory fire precautions in place. This meant that people had been protected from fire risks.

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.

The provider has met this regulation. People were cared for by staff that were supported to deliver care and treatment safely and to a generally appropriate standard.

Reasons for our judgement

A person told us that staff knew what they were doing in providing care that met her needs.

A relative informed us that staff appeared to be trained to carry out care tasks.

We asked staff members about the training provided by the service. They said that they had received training in relevant issues such as health and safety, infection control, first aid, medication, fire safety and protecting people from abuse. There was a suggestion that training in computer programs and learning Makaton to better communicate with one person would also help to provide a better service. Management may wish to note that this training may help in delivering a more comprehensive service.

We looked at the staff training matrix. This confirmed that staff had been trained in relevant issues. This included first aid, medication, food hygiene, health and safety, fire safety, keeping people safe and infection control. However, not all staff had received relevant training such as training in epilepsy, dementia, vision impairment and mental capacity. This meant that staff were not fully aware of the effects of people's conditions. This could have affected the quality of care supplied to people. Management may wish to note that all staff need to receive relevant training so they are fully equipped to deal with any relevant issues. The manager later sent us information that the organisation will provide further training.

We saw evidence that staff had received regular supervision. This meant that staff had been provided with consistent support to ensure people had more chance of receiving a quality service.

We also saw evidence of staff having regular staff meetings. This enabled them to put their views forward and for care practice to be reviewed to ensure people's needs were met.

Staff told us that they received good management support. This helped them provide a quality service to people.

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 has met this regulation. There was generally a system in place to identify and assess risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People said that they were asked, for example in residents meetings, what they thought of the service.

A relative also confirmed that she had been asked her views on how the home was run, by way of yearly questionnaires.

The manager stated that issues regarding the proper running of the home were recorded on a computer spreadsheet. Each logged item/task had an expiry date and indicated when it needed to be reviewed again. The system indicated specific actions to be carried out with a date that the specific task needed to be signed off. The manager stated the area manager undertook a monthly visit to also check and see if any issues had been dealt with.

The manager showed us evidence of this system. This showed that there was a system to indicate what needed to be in place to promote peoples' welfare and safety. However, detailed audits were not in place showing what had specifically been checked. We did not see detailed audits on relevant issues such as medication, staff training and care planning. The manager said he would follow this up. This would enable a more detailed check on systems to indicate and ensure that quality and safety was always fully in place to promote and protect people's welfare.

We saw evidence of annual quality surveys that had been supplied to people and their relatives. Staff also informed us they were supplied with a questionnaire so they could comment on the support they were given. This provided an opportunity for comments to be made in relation to the quality of service provision to see whether they required any improvement to provide a better service.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs
	How the regulation was not being met: The care plan for someone at nutritional risk was not detailed enough to meet the individual need. Comprehensive staff assistance had not been in place to encourage the person to eat. Food records were not detailed enough to check whether a variety of vegetables had been offered to people.

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

The provider's report should be sent to us by 15 March 2014.

CQC should be informed when compliance actions are complete.

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

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of 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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