

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

Chaffinches

108 Paynesdown Road, Thatcham, RG19 3TE

Tel: 01635874836

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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

Safeguarding people who use services from abuse ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	St Anne's Opportunity Centre Limited
Registered Manager	Mrs. Samantha Chengun
Overview of the service	Chaffinches is a care home without nursing for up to three people with a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	8
Requirements relating to workers	9
Assessing and monitoring the quality of service provision	10
Records	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

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 announced 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 20 November 2013, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service and talked with staff.

What people told us and what we found

There were three people resident at Chaffinches when we visited.

We spoke with all the people who used the service and they told us they were happy at the home. One person told us "things are fine", another said "they help us a lot, it's a nice home". Another said, "I am happy here, it's awesome". We found that each person's care and welfare was important to staff and the care plans were being followed. People were encouraged and supported to achieve maximum independence.

People were safeguarded from abuse because staff were trained to identify, prevent and to respond to events relating to safeguarding incidents.

One worker was on duty throughout each day and one each night doing a "sleeping night". If there was a need because of a special event another worker would be called in to help support people.

Staff were recruited safely and effectively, using standard procedures and checks. They were then trained to a minimum standard and above. This meant that people using the service were supported by suitable people who were well trained.

Staff, care and management records were up to date, reviewed and stored in a secure place. Action had been taken where necessary as a result of audits.

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.

People's privacy, dignity and independence were respected and their views and experiences were taken into account in the way the service was provided and delivered in relation to their care

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 looked at three care plans which were comprehensive, detailed and person centred. They contained personal details of each person, with contributions by the individual stating preferences and agreements. They also contained details of the person's health and medication, their preferred routines and communication needs. They had information about the person's mental, emotional, social and physical health and needs.

There were risk assessments in all care plans tailored for the individual's needs and lifestyle. The person had been involved in the completion of the risk assessments. These ranged from emotional attachments, personal fitness equipment safety, behaviour, using electrical appliances and other tools, swimming independently and self-administration of medication. One person's risk assessments were in easy read format. There was information about fire safety and drills. Two people also had "Home Alone" assessments. These indicated the person was able to be at home for periods of time without the support of staff. There were comprehensive instructions for the person on how to manage every day and more serious incidents. There was information about fire and safety procedures. This meant that there were arrangements in place to deal with foreseeable emergencies.

Occupational, learning and social preferences were noted with the level of support needed. Personal programmes included responsibilities for domestic chores, with agreements from the individual in writing. Daytime and night-time routines and work arrangements with information about the contract of employment were noted. Two people had paper rounds and one attended the local College. There were specific risk assessments and support plans for these activities. Holiday plans and arrangements were documented, as were financial details, arrangements and agreements. People's social activities were noted and ranged from gardening and ballroom dancing to horse riding.

There was also information for staff, such as behaviour management plans.

The Care plans including medication and health records had all been reviewed this year. Separate reviews of risk assessments had been carried out throughout the year.

There was also a general information folder for people called the service user folder which was available in the lounge. This gave information about the home and the organisation, as well as information about fire procedures and safety generally, along with other policy information.

People who used the service understood the care and treatment choices available to them. They had contributed to their care plans and were kept informed. They expressed their views and were involved in making decisions about their care and treatment. People were supported in promoting their independence and community involvement and their diversity, values and human rights were respect. People's individual needs were documented and care was delivered in line with their care plan.

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

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.

Reasons for our judgement

The provider had a safeguarding policy which made reference to 'No Secrets', the government guidance for safeguarding adults and the local authority guidance. The policy was clear and understandable.

Staff all received induction training. This training included safeguarding training which was scheduled to be refreshed every year. The two staff we spoke with explained the safeguarding process and showed a good understanding of it. The people's care plans also indicated that every effort was made to ensure people's safety, both at home and in the community. These included routine deprivation of liberty assessments, capacity assessments, safe financial systems and coping strategies with information on how to make a complaint. The service user folder which was in easy read format, contained information for people on safeguarding awareness.

This meant that people who used the service were protected from the risk of abuse because the provider had taken reasonable steps through training, to identify the possibility of abuse and prevent abuse from happening.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff

Reasons for our judgement

Appropriate recruitment checks were made before staff began work. We looked at staff files for two care workers who were employed at Chaffinches. Both files contained completed and signed application forms and copies of documents confirming identity. Passports confirmed the persons right to work in UK. All staff had had Criminal Records or Disclosure and Barring scheme checks returned before they commenced.

There was a record of why the person was applying for the post in the application form. Interview notes showed that the suitability of the applicant for the post had been established by careful questioning. The two references had also contained comments about the applicant's suitability. These references were in writing and they had also been verified by phone, with signatures and dates. Medical questionnaires had also been completed.

This meant there were effective recruitment and selection processes in place and that appropriate checks were undertaken before staff began work.

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 was meeting this standard. There was an effective system to regularly assess and monitor the quality of service that people receive. They had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

Medication records were kept in a separate folder and were up to date. There was information about prescribed and over the counter drugs, their use, dosage and the possible side effects.

All these records showed they had been regularly reviewed and updated, with dated signatures of the staff.

There were a series of audits including annual questionnaires completed by people who used the service, staff, GP's, dentists and family. There was a home check list and a document audit with risk assessments for the premises. All the audits and information had been reviewed within the previous year. Actions as a result of these audits were noted.

This meant that people who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Decisions about care and treatment were made by the appropriate staff at the appropriate level.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. The care plans we looked at were comprehensive and easy to understand.

Staff records and other records relevant to the management of the services were detailed and understandable. The staff records we looked at demonstrated safe recruitment processes. There was a training and development plan showing a broad range of course topics, such as one about Asperger's Syndrome and one about food safety. Work books were completed. There was a staff message book and a house folder which contained information for everyone who lived there.

The provider may wish to note that there was some person specific information regarding health needs in the staff message book.

All these records were kept securely in a locked room and were able to be located promptly when needed. Staff files were held centrally on site and so were not accessible by the staff on duty.

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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