Care Quality Commission

Inspection Report

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

Learning Disability Care Home

17 Banstead Road, Ewell, KT17 3EZ

Tel: 02087166144

Date of Inspection: 30 October 2013

Date of Publication: November 2013

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

Standard	Result
Consent to care and treatment	✔ Met this standard
Care and welfare of people who use services	✔ Met this standard
Cleanliness and infection control	✔ Met this standard
Requirements relating to workers	✔ Met this standard
Complaints	✔ Met this standard

Details about this location

Registered Provider	Leonard Cheshire Disability
Registered Manager	Mr. Timon Palmer
Overview of the service	Learning Disability Care Home at 17 Banstead Road, Ewell is registered to provide accommodation and personal care for up to six adults who have 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	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Cleanliness and infection control	10
Requirements relating to workers	12
Complaints	14
About CQC Inspections	16
How we define our judgements	17
Glossary of terms we use in this report	19
Contact us	21

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 30 October 2013, 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

We visited Learning Disability Care home to look at the care and welfare of people who used the service. We spoke with three people who used the service and four members of staff, including the registered manager.

All the people we spoke with said they liked living there. One person said "I think they do support me here. They are helping me to find more voluntary work." Staff were seen to interact well with people. For example they always spoke to people when they came across them in the lounge, and asked if they wanted anything. People appeared relaxed and happy.

We saw that systems were in place to ensure staff worked with the consent of people. One person told us "They help me when I want help, and they always ask me first."

People who used the service and relatives had been involved in the planning of care. We saw that risks had been identified to protect the welfare and safety of people.

We looked around the house and saw that it was clean and tidy. People who used the service told us how they helped with the cleaning, for example by doing their own laundry with staff support.

We saw that the manager carried out appropriate checks when they employed staff. This ensured staff were of good character and had the necessary skills and experience to do the job.

There was a system in place to record and respond to complaints. One person told us they had raised issues in the past and "The manager had put things right."

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We saw that staff asked people for their permission before we entered their rooms. Staff also asked peoples permission before they showed us their person centred plans. One person who used the service told us "They help me when I want help, and they always ask me first." This showed that staff obtained peoples consent before they carried out care or support.

We asked the staff about their understanding of consent, and how they made sure the care being provided was with the consent of the person who received it. One staff member said "They would tell us outright if they didn't want our help." Another staff member said "We ask what they want and give them choices." A third member of staff told us "I ask if it is OK for me to give them help. They will say no if they don't want my help." This showed us that staff understood that they had to obtain and act in accordance with peoples consent.

We asked staff what would happen if someone was unable to understand a decision that they may have needed to make. One staff member said "We would have to use the best interest's process. That means we would have to involve other people like GPs, family members, advocates and the care manager." Another member of staff said "I couldn't make the decision for them, I'm not allowed." This showed us that where people were unable to give consent there was a system in place to involve others in a best interest's decision.

We asked what would happen if someone refused to consent to care or support. One staff member said "I would try to find out why they were refusing. I would chat to them and explain why they needed the support. I would talk through the implications if they didn't have the support." Another staff member told us "I would talk to them, and if they still said

no, it is their choice. I would let the manager know they had refused support." This showed us that people had the right to refuse care or treatment. Staff understood that they could not make decisions for people without completing a best interest's procedure.

We saw assessments of people's capacity had been completed for certain decisions around their care and support. For example there were assessments seen in the files around dental treatment. We also saw a document called the 'best interests consultation and decision form.' This recorded why an assessment was required and who was involved in the consultation. We also saw information that recorded if the persons own preferences where known, and any factors that might affect their preference if they had capacity. For example cultural background or belief system. The form also recorded the least restrictive ways to achieve the desired outcome. The completed assessment forms showed us that the manager had a system in place for recording how decisions had been made for people when they lacked the capacity to make the decision for themselves.

We saw that the provider had procedures in place around the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. For example we saw risk assessments were in place that detailed how staff should respond to certain behaviours. This would ensure that staff did not respond in a way that may deprive a person of their liberty. From the records we saw, and from what people told us, staff were meeting the requirements of those procedures.

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

All the people we spoke with said they liked living there. We asked one person if they were happy living there and they said "Yes". Another person we spoke with said "I am happy with the support I am getting. They help me to eat plenty of fresh food to keep my teeth healthy. I have chosen not to have sugar because of this." They went on to say "Staff help me with my confidence. When I am ironing they stand with me which I find helpful." We asked people if they felt the service needed to improve in any way to meet their needs. No one could think of an example, they all said they were happy with the service.

Staff were seen to interact well with people. For example they always spoke to people when they came across them in the lounge, and asked if they wanted anything. People appeared relaxed and happy.

We saw that people's support needs had been recorded in person centred plans. These recorded a number of aspects about how to support each person. These detailed information such as relationships the person had; their support needs to keep them healthy and safe; the things that matter most to them and how they communicated. From observations made during the day and what people told us, we saw that care and support was provided as detailed in these plans. This showed us that the provider had systems in place to meet people's individual needs.

We saw that risk assessments had been completed to ensure the welfare and safety of people who used the service. For example in the person centred plan files we looked at there was a section for risk assessments. These covered areas such as medication, epilepsy, and behaviours that might be displayed. Guidelines for staff to follow to minimise the risk of harm were also included. The provider might like to note that the person centred plans had just past their review date. The manager said they were aware of this, and were in the process of starting the reviews. They also showed us a new standard format that had been introduced by the provider. The manager assured us that the person centred plans would be updated. We saw that this process had started. A meeting had been scheduled with a care manager on the afternoon of our visit to review the needs of one of

the people that lived there.

We saw that there was a plan in place for dealing with emergencies that could affect the entire house, for example a fire or a shortage of staff. We saw that clear guidelines were recorded which detailed the actions staff should take if these emergencies occurred. This included contacting an on-call manager for advice and guidance.

The manager explained that if the house could not be used after an emergency, alternative accommodation would be provided in local care homes operated by the provider. These plans were detailed in the poster displayed on the wall in the office. This meant that the disruption to peoples care and welfare would be minimised.

Cleanliness and infection control ✓ Met this standard

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. People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

People were cared for in a clean, hygienic environment.

All the people we spoke with were happy with the standards of cleanliness in the house. One person said "I help staff clean the house and I try to keep my room nice and tidy." They went on to say "My bedding is cleaned each week."

We saw that there was a daily cleaning schedule in place. This detailed the cleaning tasks that were required each day for each room. We saw that staff recorded when these had been completed.

We looked around the home and saw that the house was clean and tidy. All the floors, walls, doors and light switches we looked at were clean. Kitchen surfaces and cupboards were also clean and well organised. Toilets were free from odour and baths and toilet bowls and pedestals were clean. This showed us that staff had followed the cleaning schedule.

We saw risks of infection had been identified and an assessment carried out to control those risks. For example there was a risk assessment on the wall in the laundry. This gave guidance on handling dirty linen. We also saw that the manager had completed a general work place risk assessment around infection control. This identified hazards such as cross contamination from bodily fluids; dirty laundry; bathrooms and toilets; and the water systems. Existing controls, training and known best practice had also been recorded.

There were procedures in place for cleanliness and infection control. These identified who the clinical lead was in the house, and gave guidance to staff on the best practice with regards to the control of infection. Areas covered included hand hygiene; use of personal protective equipment (PPE); and laundry management. Staff were seen to wear PPE when carrying out cleaning duties.

Staff and people who used the service were given information on how to reduce the spread of infections. For example guidance was available by the use of posters. These covered topics such as how to wash hands effectively, and when to wash your hands.

We also saw that guidance about infection prevention and control had been obtained from outside agencies. For example there was information displayed in the office about the Norovirus which is a winter diarrhoea and vomiting bug.

When asked staff were able to tell us what their roles and responsibilities were with regards to infection prevention and control. For example by using personal protective equipment when carrying out certain tasks and washing hands before and after tasks.

We saw from training records that staff had received training in infection control. From what staff had told us and our observations we could see that the provider had systems in place to identify, manage and control the risk of the spread of infection.

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

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

We looked at the files for four members of staff. We did this to see if appropriate checks had been carried out prior to them starting work at the home.

We saw that the majority of staff had been employed before the current regulations were in existence. This meant that not all files had the same information in them. For example only newer staff had completed application forms. The longer serving staff had transferred into the service under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE). This meant that they were treated as if their employment had been continuous, rather than starting a new job. This meant that references from the previous employer were not on the file for some of the staff.

The newer staff files we saw had fully completed checklists at the front of the file. These detailed what information had been received from the person. This meant that the manager could easily check if information was outstanding.

The newer staff files had completed application forms. These detailed peoples' work experience, qualifications and the reason why the person had left their previous employment.

The application forms also recorded people's employment history. We saw that there were no gaps recorded in the files we looked at. This meant that a full employment history had been provided. The manager told us that they were aware of the need to check for gaps in employment history.

We saw that checks had been carried out in all the files we looked at to ensure that people were who they said they were. We saw copies of passports and other photographic identification, as well as documents that confirmed home addresses.

Contact details for references were recorded on the application forms. We saw that written references had been obtained and were stored in the files. This showed the provider had checked that people were of good character.

There was a record in all the files we checked that staff had an up to date enhanced criminal record check carried out. This meant the provider had checked that people had no record of crimes that could affect their suitability to work with vulnerable adults.

Complaints ✓ Met this standard

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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

There was an effective complaints system available.

All of the people we spoke with said they were happy with the service. We asked people what they would do if they were unhappy about the service. One person told us they had raised issues in the past and "The manager had put things right." This showed us that people knew how to make a complaint.

At the time of our inspection we saw there had been no formal complaints recorded since our last visit. The manager explained that they had received comments from a relative, but these had not been given as a formal complaint. We saw that the staff and manager had recorded the issues that had been raised and what action they had taken to address them. This meant that the manager documented and acted on feedback from people, even if it had not been given as a formal complaint.

We asked staff what they would do if someone made a complaint to them. One said "I would go to the manager or the shift lead, and they would take action to find out what was wrong. I can call the on-call number if the manager is not here." Another staff member told us "I would follow our complaints procedure. I would record the complaint and tell the manager. They would then record it on our computer system. It may need to go to the safeguarding team if it is about abuse." A third member of staff said "I would bring them to the manager if they had a complaint to make. The manager would talk to them to find out what was wrong and then act to put things right." All the staff we spoke with confirmed they had not received a formal complaint since our last visit. This showed us that staff understood how to respond should they receive a complaint.

We saw that there was a complaints procedure in place. The procedure explained how people could make a complaint about the service. The procedures gave timescales that the manager would respond to a complaint. It also informed the complainant that they could contact outside agencies if they wished. Addresses and contact details were given for each contact agency. The information in the procedure matched with what the staff and people who used the service had told us.

The manager had brought the complaints process to the attention of people who used the service in a format that they would be best able to understand. The procedure was given

to people who used the service and relatives in the service user guide. An easy read copy was also on display in the dining room. It used pictures and simple language to explain the 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.

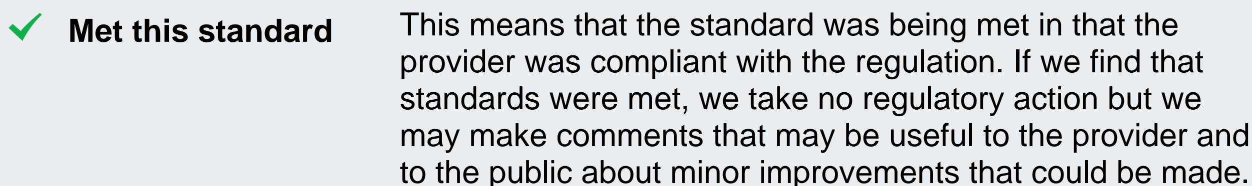
In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

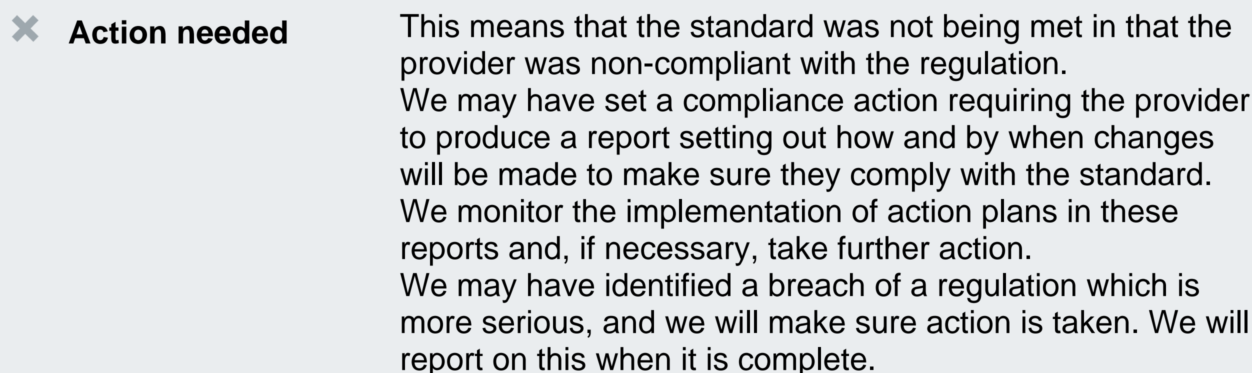
How we define our judgements

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.

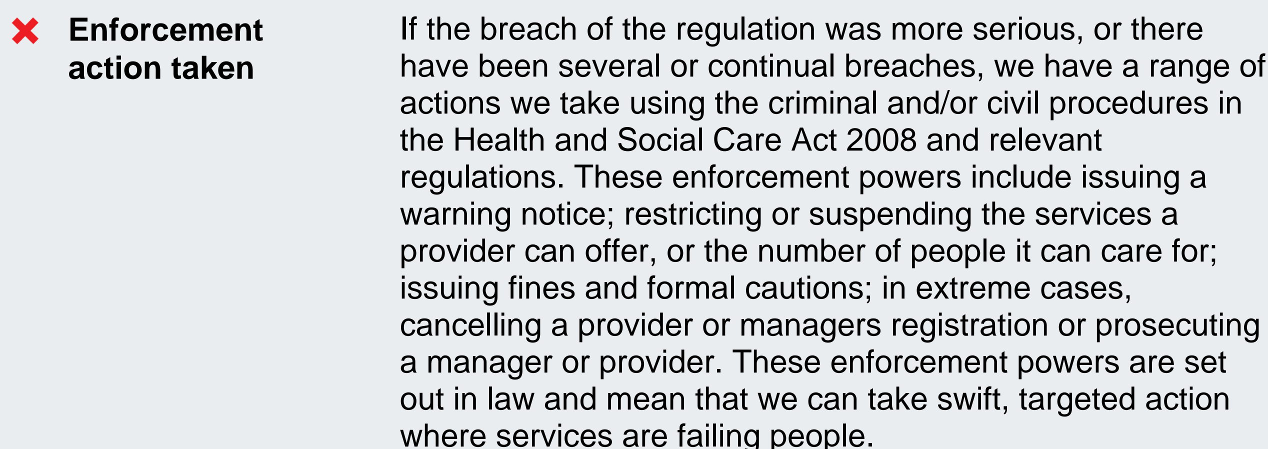
We reach one of the following judgements for each essential standard inspected.



✓ **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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.