

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

Quest Haven Limited - 31 High Street

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Date of Inspection: 17 June 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Quest Haven Limited
Registered Manager	Mr. Isaac Asafoatse Tagoe
Overview of the service	Quest Haven is a small home for three people who have a learning disability and /or mental health needs.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 June 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We visited Quest Haven to look at the care and welfare provided to people who used the service.

People who live at the service told us that "It's nice here. I like to go out every day to get my paper, and staff help me do this." They also told us they were able to go out and do the things they like.

People told us that they felt respected by staff, and were able to take part in decisions about their care. People we spoke with told us that they had meetings to talk about how the house was managed.

We saw that people's individual needs had been assessed and 'care protocols' put into place. People told us they received the support they needed.

We saw that rooms were clean. People we spoke with were happy with the standard of cleanliness in the house. We saw that people were encouraged to help with keeping the house clean.

The provider had systems in place to manage the maintenance and safety of the premises.

We saw that the provider carried out checks on staff before they started working at the service. This was to ensure they were of good character and had the skills and experience to meet people's needs.

We saw that people had the opportunity to express their views about the service, and that

action had been taken where needed.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's 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 privacy, dignity and independence were respected.

We asked if people felt respected and one person told us "Yes, staff are very good to me."

We spoke with staff and they gave us examples of how they treated people with dignity and respect. For example a staff member said "We always knock on the door and wait for a reply before going into peoples rooms; and we call people by their preferred names." The staff member was seen doing this during our inspection.

When we observed staff interaction with people who used the service we saw that they were respectful. For example they talked with the people they supported, asking them about their day, and encouraged them to help with the household chores. They also responded to questions that the people asked.

We saw that staff ensured people were dressed appropriately. For example one person had not put on their trousers completely. The staff member pointed this out to the person and encouraged them to fix the item of clothing themselves. This showed people's dignity was being protected, and that staff were encouraging independence.

We saw that information about the home had been printed in an easy read format. This enabled people to make decisions on the care choices available to them. This information detailed the facilities offered and the support that could be provided to people. We saw this in the residents' care protocol file.

People told us they were able to express what was important to them. We saw personal preferences had been recorded in the initial assessments and care plans.

House meetings were held. These gave people the chance to discuss how the service was

run as well as how their care was provided. The minutes of a meeting held in February 2013 recorded that issues such as food; trips and activities; and upcoming annual events, for example mother's day, were discussed. The service had acted on the issues raised.

We saw that people were able to access the community in a number of ways. These included trips out to local shops and day centres. A holiday to a coastal location was also planned for the summer. People told us they were looking forward to this.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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

People who used the service and staff were seen to interact positively together. For example when a person asked about the weather staff told them about the daily forecast. They were seen to talk in a friendly and respectful manner to people who used the service.

We spoke with people who used the service and staff. One person told us that "I'm able to go out to get my paper, and staff help me." We asked if they felt their needs were being met and they told us "Yes." We asked if there was anything they felt could be done better. They told us "No."

The manager and staff member were able to describe specific needs of individuals and how they met those needs. For example the staff member was able to describe the particular types of food that one person should be encouraged to eat to help with their medical condition. This information was documented in the care protocols. This showed us that staff had read the protocols.

We saw that care protocols had been reviewed with the person, their relatives, care professionals, and staff within the last year. Monthly reviews were also completed by staff. This ensured that changes in care needs were being documented and support provided to meet these new needs.

The care protocols also contained information that showed people had regular appointments with health care professionals such as GP's and dentists. This showed that people's health and welfare needs were being met.

We saw that risk assessments had been completed to ensure the welfare and safety of people using the service. For example in the care protocols we looked at there was a section for risk assessments. An example seen was around a behaviour that could be displayed by a person using the service. The assessment recorded the potential risk to the

person and other people; early signs that the behaviour may be about to start; potential triggers for the behaviour; areas where the behaviour may happen; and strategies for staff to limit the risk of the behaviour starting. During our inspection we saw that staff acted in accordance with this assessment.

We looked at the daily dairy notes and saw that care was being provided as described in the care protocols. For example peoples weights were being recorded where a need had been identified; activities that people had taken part in were recorded, as well as medication that had been given.

We saw that there was an emergency plan in place for dealing with emergencies that could affect the entire house, for example a fire. This meant that the disruption to peoples care and welfare would be minimised.

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

People were cared for in a clean, hygienic environment.

We saw that the home had systems in place to reduce the risk of infection. A daily cleaning schedule was in place. This detailed the cleaning tasks that were required each day for each room. We saw that staff were cleaning areas as detailed in this schedule.

We saw that when staff carried out cleaning duties they wore disposable gloves. These were removed when the task was completed and they washed their hands. This reduced the risk of cross infection.

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. The provider may like to note that the carpet in the dining room was showing signs of age and wear. This meant it would be difficult to keep clean and free from infection.

We saw that there was some water damage on the kitchen work surface. This had been identified as an issue during a recent environmental health visit. The manager told us that a plan was in place to replace the surface. We saw that a senior manager had recently visited to check on repairs and decorations that were planned.

Toilets were free from odour and baths and toilet bowls and pedestals were clean. This showed us that staff were following the cleaning schedule.

At the time of our visit the washing machine was not working. The manager had arranged for a contractor to fix the issue. They had visited twice, but had been unable to solve the problem. We saw that a quote had been obtained for a new machine, and the manager assured us this would be ordered shortly. Clothing was being washed at a nearby home managed by the same provider.

We saw from training records that staff had received training in infection control. We also saw that guidance was available, for example there were posters on the walls which showed the correct way to wash hands. This meant that staff had been given training and

information about infection prevention and control.

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

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

We looked at this outcome as we had raised concerns at our previous inspection. We saw that some improvements had been made.

We looked around the premises and saw that the layout was suitable for the people who lived there. People had their own rooms and could close their door for privacy. We noted that the door that had been missing at our last visit had now been replaced.

We saw that the manager had carried out a number of risk assessments on the property. These had been reviewed and updated after our last inspection. Staff had recorded checks that had been carried out around the house. For example recording water temperatures to ensure the temperatures were within an acceptable range. This would reduce the risk of legionella bacteria growing in the pipes. It would also reduce the risk of people being injured by hot water scalds.

We saw that a Fire Safety Officer had visited the premises and the provider had worked on the actions that had been identified. For example a new kitchen door had been installed, and a new smoke detector had been bought and fitted in the lounge. This showed us that the provider was ensuring identified safety and maintenance issues were being dealt with.

We saw that fire evacuation drills were being carried out regularly. Staff recorded the results. This meant that people knew how to respond if the fire alarm went off.

We noted that the grass at the front and back of the house was very long. This did not however affect the escape routes at the back of the house. The pathway from the kitchen door to the side gate was clear of grass and other trip or slip hazards.

We saw that an external company regularly checked and serviced the lighting and fire extinguishers. For example we saw up to date labels on the fire extinguishers which showed they had been tested.

At the time of our visit we were unable to see up to date records of staff checks of the smoke detectors or emergency lighting. The fire safety Log book where this information was recorded had no entries since the end of January 2013. The manager told us that there was another book with the up to date information. We were sent a copy of this information soon after the inspection. This showed that staff were checking and recording the smoke detectors and emergency lighting. No issues had been identified by staff during these checks.

The provider's action plan from our last inspection recorded that the 'head office would include detector tests during their audit'. These were not available on the site at the time of our visit. We were sent examples of these audits soon after our inspection visit. The 'Directors Monthly Audit Report' recorded that maintenance issues and fire safety equipment had been checked. This showed us that the provider was monitoring essential safety systems in the house.

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 two members of staff. We did this to see if appropriate checks had been carried out on people to ensure they were suitable for the job.

Both files had completed application forms. These detailed qualifications (including copies of certificates) and references.

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

The application forms also recorded people's employment history and included the reason for any gaps.

There were documents in the files that showed us 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.

We also saw that checks had been carried out to ensure that people were who they said they were. We saw copies of passports and other photographic identification, as well as documents confirming home addresses

The files contained details of people's previous training and experience. The two files we checked showed that staff had the necessary experience to support the people who lived there.

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.

We saw that information on how to complain was displayed in the house. Both people we spoke with said they had never felt the need to make a complaint. One person said "If I was unhappy about something I would tell the manager."

We saw that the provider was recording comments and complaints in a log book. There had been one complaint recorded since our last inspection. This was from a relative of a person who used the service. We saw that details of the actions taken as a result had been recorded. For example a dental appointment had been set up for the person. This showed that the provider responded to concerns when they were raised.

We asked staff what they would do if someone made a complaint to them. They said "I would try to sort the problem with the person. I would then inform the manager" This showed us that the staff knew how the complaints process worked, and that it was their responsibility to bring it to the attention of the person who made a complaint.

We saw that there was a complaints policy in place. The procedure was displayed on the walls in the house. It was in an easy read format so that people who used the service could understand it. It detailed how to make a complaint and what the provider would do in response. The information in the policy matched with what the staff had told us. This showed us that staff understood how to respond should they receive a complaint.

We saw that house meetings took place. This gave people the opportunity to raise any issues that they may have with the service. People had the opportunity to discuss any concerns. We saw from the minutes of a meeting held in February 2013 that people had been asked if they had any concerns about the service. All had responded they had none. This showed us that the provider supported people to bring up any complaints they may have had.

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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