Inspection Report

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

Woodrow Cottage

Hill Close, Fair Oak, SO50 7HJ

Tel: 02380693957

Date of Inspection: 03 January 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
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Independent Living in a Caring Environment (ILIACE) Limited
Overview of the service	The provider is registered to provide the following regulated activity: Accommodation for persons who require nursing or personal care. The service provides accommodation and personal care for up to seven people who have learning disabilities or autistic spectrum disorder.
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'.

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, reviewed information sent to us by other organisations, carried out a visit on 3 January 2013 and observed how people were being cared for. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke to three of the seven people living in the home. These people use a programme of signs and symbols known as Makaton as well as pictures as their main means of communication. We have not included their verbal views in this report as we were unable to accurately verify what they told us. We observed how care was being provided to help us understand the experiences of people using the service.

We observed that staff communicated effectively with people using the service and supported them in ways that promoted their independence. Support provided was individual to people's needs. Health issues and any risks associated with the individual's care and support were assessed and managed well, taking into account people's safety and their right to make choices.

The service had systems in place to ensure people were protected from abuse, or the risk of abuse, and their rights were respected and upheld. Staff had an understanding of safeguarding issues and how to report abuse or allegations of abuse.

We observed people were supported by adequate numbers of staff, all of whom received ongoing training to ensure they had the knowledge and skills to meet people's needs.

We saw that there were systems in place to monitor the quality and safety of the service that people received and to continually make improvements. We saw feedback from a relative who wrote "Thank you all so much for your continued and constant care and support."

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

We spoke to three of the seven people living in the home. These people use sign, symbols and pictures as their main means of communication. We have not included their verbal views in this report as we were unable to accurately verify what they told us. We observed how care was being provided to help us understand the experiences of people using the service.

We observed people communicating through a variety of sign language and use of pictures. Our observation of people's interaction with each other and the staff told us how they were supported to be involved in activity planning. We observed staff appropriately supporting people in their daily routines and activities. For example, this included providing support to people with preparing food and drinks. An individual risk management plan included details on how this support was provided and any risks involved. Support was given to people in ways that upheld their dignity and promoted their independence as much as possible.

Throughout the day we saw a variety of activities being undertaken with people coming and going from the home. Staff supported people to access community activities such as shopping and going to the local pub. The weekly service user meetings recorded people's requests for activities and helped staff to provide people with an opportunity to identify and fulfil their individual requests. A member of staff told us that they "really enjoyed coming to work and seeing the service user achieve a new goal."

We saw staff speak to each person using the service in the same respectful manner and gave them the same level of attentiveness.

We looked at three people's care files. These were organised into three sections, were individualised and reflected their personal preferences and how they expressed themselves and communicated with others. Staff we spoke with gave examples of how they supported people to make choices and how these were regularly reviewed, for

example through weekly house meetings. On the day of the visit we saw people being supported to make a choice with food and activities. Any support required was described in their care files.

The manager described the process that was in place to take account of each individual's capacity to consent and make choices. For one person the home had made adaptations to more closely observe a person at times when they might be at risk of injury. In doing this the home had considered all the options on how to ensure this person's safety whilst respecting their dignity and privacy. The process had involved the person, their family and external agencies and was documented in the person's risk management plan.

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

Reasons for our judgement

We spoke to three of the seven people living in the home. These people use a programme of signs, symbols and pictures as their main means of communication. We have not included their verbal views in this report as we were unable to accurately verify what they told us. We observed how care was being provided to help us understand the experiences of people using the service

We saw a sample of three care records which contained detailed information about each person's health and social care needs, as well as the goals and objectives of the support being given. Each aspect of a person's care and support had been assessed to identify and minimise any potential risk. The records showed that the service involved and co-operated with external health and social care professionals to promote people's health and welfare. Each person using the service had an annual review of their individual needs and support strategies.

All four of the staff we spoke with had a clear understanding of the care planning process and of the outcomes they were supporting people to achieve. They were able to describe the support required to promote health while balanced with minimising risk. For example minimising the risk of cross infection by encouraging and providing tools for hand washing.

A member of staff told us that they had been concerned about the deterioration of a person's speech, and how the service had engaged with other healthcare professionals to explore how best to manage this. We tracked this through the care records which provided evidence of the actions that the service had taken.

The manager described the disaster plan that was in place to deal with a variety of interruptions that could happen to the service. This plan included the actions for staff to take. We saw the health and safety plan that told us that the how the service would maintain the health and welfare of people in the event of an emergency.

Safeguarding people who use services from abuse ✓ Met this standard

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

We spoke to three of the seven people living in the home. These people use a programme of signs and symbols as their main means of communication. We have not included their verbal views in this report as we were unable to accurately verify what they told us. We observed how care was being provided to help us understand the experiences of people using the service.

We spoke to two staff members and the manager who were aware of the safeguarding and whistle blowing procedures. They told us that they had received the relevant training and this was confirmed by the training records we observed.They expressed their confidence that any concerns or issues they raised would be acted on appropriately and demonstrated their knowledge of guidelines for keeping people they supported safe.

We saw guidance for staff on how to recognise signs of potential risk and respond positively to challenging behaviours. Staff demonstrated their understanding of the procedures and knowledge of how different individuals may communicate through their behaviours. There was a clear policy on the use of physical interventions as a last resort and upholding the dignity and rights of people using the service. All staff had either attended training on the use of physical interventions or in the case of two new staff were booked to attend later in January 2013.

Details of the whistle blowing procedure and the local safeguarding team were easily accessible for all staff in the entrance hallway.

Records showed that risk assessments were carried out to protect people using the service and the risk management plans provided clear details for staff delivering the care and support. Staff had signed to say they had read and understood the risk assessments and agreed to work in accordance with them.

The manager was aware of the process for making a Deprivation of Liberty Safeguarding referral. The service would include this as part a Best Interest review, so that the actions taken to protect an individual who lacks capacity to make decisions are in that person's best interests. The detail of the process was observed in an easy read flow chart in the office. We saw an example of this process having been followed.

We were told of a safeguarding referral that had taken place in June 2012, the details had been recorded, the Care Quality Commission had been notified appropriately and the incident investigated in line with the local safeguarding guidelines. The records showed us that service had taken appropriate and timely actions as a result of the investigation and there were no outstanding matters required by the service.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

On this occasion, we did not speak to people about their views of the staff in the home, we observed how staff interacted and spoke to people living at the home to help us understand the experiences of people using the service.

The manager told us that the staffing levels are planned in line with the people's needs. The risk management and individual assessments indicate the level of support and time required to meet each persons needs. This detailed information is then used in the planning of the staffing numbers so that there is sufficient staff on duty to support people's needs.

We saw that staffing levels varied at times throughout the day depending on the support required. For example on our arrival two people were out shopping with two staff members and three staff were present in the service supporting personal care, engaging in activities such as preparing breakfast, lunch, playing games and craft making. We later saw three people being supported to visit the local pub with two members of staff. This told us that there was sufficient staff to support individual's needs and choice of activities.

We spoke to four members of staff who told us that they "really enjoyed working in the home", "doesn't feel like a job because it's fun" and that this was "the best job" they had ever had. They told us that they received regular training to carry out their job. We saw that the training records confirmed that all staff had completed mandatory training in the last year. This included training specific to supporting the needs of people living at the home, for example Makaton, Autism and Spectrum Disorders and Mental Capacity Act training.

Staff told us at night there are two staff on duty and once all of the routine activities are completed and people have gone to bed, one member of staff's responsibilities changes to a "sleep" duty. They added that in their experience the person on "sleep" duty was rarely woken because everyone sleeps well. This told us that there was sufficient levels of staff during the night.

The manager told us that the organisation monitored the staffing levels and training records to ensure all of the service users had their needs met and that staff were equipped with the right knowledge and skills to support people living at the home.

The newly appointed manager told us that they had applied to the Care Quality Commission to be the registered manager.

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 had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw that regular audits of the quality and safety of the service were recorded. These included checks carried out by the manager and others performed through the organisation's quality assurance teams, who visit the service monthly and quarterly. We saw the minutes of the monthly Health & Safety meetings and details of the actions completed. The most recent quarterly audit had been carried out by the organisation's Quality Delivery Team to review medication administration, the records confirmed that the actions identified for improvement had been completed.

There were risk assessments for each person using the service and for matters relating to the home environment. Procedures were in place for reporting accidents and incidents and there was a system to monitor and respond to any concerns or complaints about the service. The manager also kept records of ongoing assessment of the service's compliance with the essential standards of the Health and Social Care act 2008. These were detailed and frequently reviewed to show how the service was continuously developing and updating strategies for meeting people's changing needs.

We observed that staff worked in ways that maximised people's choice, control and inclusion. Weekly service user meetings provided an opportunity with the use of picture cards to express feelings about the service and staff. We saw a complaints picture board in the main hallway this provided them with another way of telling staff if they were unhappy with any aspect of the service or their care. Additionally we saw the service's complaints procedure on display in the entrance hall with appropriate contact details. The manager told us that reviewing complaints is part of the services ongoing quality audit, we saw the complaints record, actions taken were recorded so that any learning outcomes were followed through in order to make changes or improvements.

The annual survey for obtaining views of the service for 2012 was in the process of being completed, several feedback forms had been received, we saw a comment from one relative; "Thank you all so much for your continued and constant care and support".

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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

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