

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

## Tozer House

Tozer Way, Chichester, PO19 7NX

Tel: 01243776703

Date of Inspection: 17 May 2013

Date of Publication: June 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Meeting nutritional needs</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	West Sussex County Council
Registered Manager	Mr. Paul Buckwell
Overview of the service	Tozer House is a care home situated in Chichester. It can accommodate up to 15 people with learning disabilities. Care is offered in two houses on the site.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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We spoke with three people living in the home and two staff. We also spoke with one relative on the telephone. People told that they were happy with the care they received in the home. One person told us "They look after me". Another told us "I like arts and crafts, bingo and discos". The relative spoken with was very happy with the care their family member received in the home.

We spoke with a health professional who told us the home works well with them to meet people's needs. We were told "People are well looked after"

We also spoke with a social care professional who had placed a person in the home and no concerns were expressed. The feeling about the home, we were told "Was very positive". We were told that the home offered care and support as assessed.

We saw from care records that people's care and support needs were assessed and met. We also saw that before people received any care or treatment they were asked for their consent and staff acted in accordance with their wishes.

People who use the service were safeguarded against the risk of abuse because training was taking place.

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

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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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.

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### Reasons for our judgement

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People who use the service understood the care and treatment choices available to them. People expressed their views and were involved in making decisions about their care and treatment. We saw that people's independence was encouraged. Only three people were in the home on the day of inspection and the others were all out at day centres. During our inspection one person from the home was taken out for a walk and returned having bought some plants. The two others were having one to one time with care workers.

People spoken with told us that their privacy and dignity were respected. People were observed to be clean and well dressed. They told us they were happy with the activities and outings in the home. We saw that staff knocked on people's bedroom doors before entering. This protected people's privacy and dignity.

Staff were observed to treat people with kindness and respect. People confirmed that the staff asked them what they wanted to do and what they wanted to eat.

We saw evidence that there were six monthly residents meetings. We saw the minutes of the last one and saw that communal space, a new cook, menus, families and plans for a barbecue were discussed.

Staff spoken with were knowledgeable about the people living in the home and their needs.

## 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

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### Our judgement

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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.

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### Reasons for our judgement

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Before people received any care or treatment they were asked for their consent and the staff acted in accordance with their wishes. We spoke with people in the home and they told us they were given choices in care and lifestyle and that they could make decisions to accept or reject what was being offered.

We saw that there was a Deprivation of Liberty Safeguards policy in the home. We spoke with staff and we were told that mental capacity was assessed on admission. We saw this in care plans. Staff also told us they talk to people and explain treatments.

We saw that people could ask for their preferred care worker to receive care from.

We saw evidence in care records that people's choices had been respected. We were told that if people continued to refuse care or treatment that would be in their best interests to receive, the home communicated this to the family, social worker and general practitioner.

We were told that best interests meetings were held for people who had been assessed as lacking capacity to make decisions for themselves. For one person with behavioural difficulties we were told that the Community Learning Disability team were liaising closely with the home to promote good outcomes for this person whilst not putting any other person's health and welfare at risk. We had been sent documentary evidence of this.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We observed support offered to people in the home. We spoke with people and we looked at care records for two people and saw that care and support needs were assessed and actions to meet those needs were recorded. People's physical and mental health, personal, communication and social need were assessed. Their levels of independence were recorded such as "Independent but may need some supervision". This promoted each individuals independence.

The support records had details of medical conditions and the professionals involved in peoples care; general practitioners, community nurses, speech and language therapists, dieticians, chiropodist, mental health team and the community team for people with learning disability.

We saw that there were clear daily and weekly charts that recorded all needs met. These were up to date. For one person who required fluid intake and output to be monitored, we saw charts were in place for this and these were up to date.

We saw risk assessments were in place for; travelling in a vehicle, mobility, safety, diet, eating, drinking, choking, health, medication, finances and bullying. Clear actions for staff to take were recorded to maintain people's safety.

We were told by staff and we saw in support plans that there was ongoing review to ensure people living in the home were in the best home to meet their needs. This avoided unlawful discrimination and ensured individuals' needs were met.

A relative told us they felt communication about care needs was good.

We spoke with a member of the community nursing team who told us people were well cared for in the home. We were told "The home is organised and they work well with us"

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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People were supported to be able to eat and drink sufficient amounts to meet their needs.

People told us they were happy with the choice of food. One person when asked was able to tell us what foods they did not like to eat. They told us they enjoyed the food on offer in the home. Another person when asked told us they did not know what was for lunch.

Each house had a kitchen where drinks and snacks could be prepared. People were helped to prepare snacks if they wished. There was a main kitchen where meals were prepared and transported to the houses. We saw that drinks were available.

There was not a menu on display in any format. We were told the cook speaks to people about food choices. The provider may wish to note that notices about food choices were not on display for people to help them make choices.

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

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had made suitable arrangements to ensure that all staff knew how to respond appropriately to any allegations of abuse by the provision of training.

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## **Reasons for our judgement**

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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. We saw that the West Sussex County Council's safeguarding adults' policies and procedures were available via computer.

A staff member told us they had safeguarding training as part of their induction last year but could not show us any evidence of this. There was not any documentary evidence of other staff receiving training in safeguarding in staff files but we were told that it had been done. When asked, staff were able to identify types of abuse. The home has reported incidents to us and to West Sussex County Council and we also saw that they followed safeguarding action plans to protect people. They had strategies in place to manage challenging behaviour in order to protect people.

A staff member did show us the reporting process to the safeguarding adults' team, usually via the learning disabilities team. We were informed by email following the inspection that safeguarding adults' training was last held on 7th September 2011 and that all staff had attended. We were also subsequently sent by email attendance certificates for this training.

The provider might wish to note that one staff member was unaware of having had this training and was unsure of the full reporting process

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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There were effective recruitment and selection processes in place. A staff member spoken with told us about their recruitment to the home and confirmed that the provider had gone through the process. They confirmed interview, the supply of references and clearance from the Disclosure and Barring service.

We looked at four staff recruitment files and found that the required documentation was in place. We saw the application process, saw that two references were in place and there was evidence of people's qualifications.

There were effective recruitment and selection processes in place, staff had received criminal clearance from the Disclosure and Barring service or its predecessor organisations prior to commencing work.

There was photographic identification in the staff on file.

This meant that there were effective recruitment and selection processes in place.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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People were made aware of the complaints system. This was provided in an easy read format that met their needs.

One person we spoke with told us that they "Would tell" and named a care worker and the manager who they would tell if they had a complaint. A relative spoken with told us that they would know how to complain but have never had reason to do so. They felt confident that any complaint would be dealt with. This relative also told us they did not have any concerns about how care was offered.

Staff spoken with were knowledgeable about the people living in the home and their needs. A relative spoken with told us that they were happy with their family member's care and did not have any complaints . They felt communication about care needs was good .

There was a complaints policy and procedure in place. There was a pictorial version on the notice board near reception. It did not give details of the timescales in which a complaint would be dealt with. We were told by staff that complaints would be acknowledged within seven days.

The provider may wish to note that this policy was not on display in the individual houses on the day of the visit.

We saw that there was provision to record complaints but the home had not received any complaints since our last inspection of August 2012.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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