

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

Care Management Group - 5 Fengates Road

5 Fengates Road, Redhill, RH1 6AH

Tel: 01737780547

Date of Inspection: 27 August 2013

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Care Management Group
Registered Manager	Ms. Florence Rugonye
Overview of the service	5 Fengates Road is a home providing support and accommodation for up to five people with learning disabilities.
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'.

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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 carried out a visit on 27 August 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During our visit we met with three people who used the service and spoke with them about the service they received. We also spoke with the registered manager, two care staff and a relative.

Our observations of staff practice showed that people were receiving effective, safe and appropriate care which was designed to meet their specific needs. We saw that people felt comfortable in approaching staff and asking for assistance. People were relaxed and content in their surroundings. Staff engaged positively with people who used the service to encourage them to communicate their consent, wishes and choices.

Three people we spoke with told us that they were happy with the care and support they received. One person told us, "I like it here because it is closer to my family." Another person said, "I like it here and staff are polite and nice."

People told us that staff treated them with respect and promoted their privacy. They told us they felt they would be listened to if they raised any concerns.

Comments and complaints people made were responded to appropriately

People told us that staff supported them to visit friends and families.

We saw two people who were getting ready to attend a sport day and were looking forward to this event. Another person was waiting to go out with family for lunch.

One relative we spoke with told us "The service is good and we are very pleased. When I drop my relative I know she is safe and staff know her very well."

Staff told us that they have received regular training and that they felt confident to carry out their roles and meet the needs of people using the service.

We found that the provider had a system in place to monitor the quality of the service they provided and we found that people were generally satisfied with the care and treatment they received.

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

Reasons for our judgement

During our visit we spoke with three people who lived at the home. People we spoke with told us they were happy with the care and treatments they had received.

One person's that we spoke with told us "Staff always ask me what I would like to do then support me." Another person told us "Staff will explain when there is activity and will support me out in the community for my own safety."

People told us if they had any concerns they would report them to staff, service or registered Manager or the regional manager and the matter would be dealt with in an appropriate manner.

The home ensured that people were involved with making choices in their day to day lives. For example we saw that there were systems in place for gaining valid consent in relation to sharing information. We were told by the registered manager and staff that four people who used the service were assumed to have capacity unless there were reasons to believe otherwise. One person did not have capacity to consent, we saw an assessment was in place for that person's ability to retain and process information necessary for making the decision in question.

It was evident through our discussions with the registered manager that she was aware of her responsibilities to promote the rights of people who lacked capacity. We saw evidence of 'best interest' meetings for people using the service, which included other health care professionals.

The provider may find it useful to note that the home did not have a policy on consent which meant that it is possible that it may lead to inconsistency in practice.

We spoke with two members of staff about their understanding of consent; They demonstrated understanding of this in relation to everyday matters. For example, one staff

member said, "If one of the people decided that they did not want to eat what is on the menu, alternative food would be on offer, taking their wishes and preferences into consideration."

We looked at the care records of three people who used the service. We saw that records of consent for sharing information and care and treatments were obtained for each person. The document was signed by all parties. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. This meant that people who used services, where they are able, gave valid consent to the examination, care, treatment and support they received.

We spoke with staff they told us that they attended training on the Mental Capacity Act (MCA) 2005. We saw that guidance on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards was available to staff. The registered manager told us that there were no current care needs which required a deprivation of liberty safeguards application. This meant that the registered manager and staff were aware of the responsibilities to promote the rights of people who lacked capacity.

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

During our visit we observed and spoke with people about their experiences of living in the home. We saw people's interactions with each other and with staff were positive. We saw that people were relaxed and well cared for. People were wearing clean clothing appropriate to the temperature. It was clear from observations of staff interactions with people living in the home that they knew the people who used the service very well.

Care and treatment was planned and delivered in a way intended to ensure people safety and welfare. We saw risk assessments supporting people to reach their personal goals while minimising any risk. These included self-medication, using the bath or shower and risk assessments for people who used the service when they were out in the community. Risk plans had been produced for each individual and clear instructions were given to staff on how to manage or minimise the risk identified. For example one care plan that we looked at had guidelines for staff on how to support one person who was vulnerable in the community and staff were to accompany that person at all times. We also saw that the risk plans were regularly reviewed. This meant that people's needs were assessed and care and treatment planned and delivered in line with their care plan.

The Provider may find it useful to note that not all risk assessments were not signed which meant that it was not clear that people were fully involved and in agreement with their risk plans

The care plans were person centred and offered visual aids about people's needs, preferred routines, likes and dislikes. Each person who used the service had an individual care plan. The care plan included their support needs, staff guidelines to manage their support and relevant risk assessments. We looked at three care plans and all the information contained in the plan had been reviewed monthly. We looked at communication passports which provided a practical and person centred approach to passing on key information about individual were used to support people with communication difficulties. The communication passport had detailed information about the people family and friends, things that person like to talk about, places that the person likes, help support the person needs and communication methods. Having this information helped staff to support people in the way they wanted to be supported and meant that staff

would be able to understand their needs.

We spoke to one person who told us "I know I have a care plan but have not read it yet."
Another person told us "I know my care plan and it is in my pink folder."

People had health assessment plans that showed people had access to health care professionals such as GP, dentist, opticians and chiropodist. Each person had a hospital passport which explained their needs and preferences for continuity of care and treatment should they be admitted to hospital.

There were arrangements in place to deal with foreseeable emergencies to ensure that the needs of people who used the service would be met before, during and after emergencies.

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

We found that there was enough staff to meet people's needs. On the day of the inspection we saw that there was a deputy manager and two support workers on duty. We were told that all of these staff were full time regular staff.

We looked at the service's staff rotas for the previous month and these showed that there were sufficient staff on duty at all times during the day and there was one staff member during the night.

There were suitable procedures in place to cover sickness or absence. Arrangements included a team of staff that could be called on to cover sickness or annual leave. The registered manager of the service told us that regular staff were also available to work extra shifts if needed and staff we spoke with were able to confirm that they were available when needed.

Staff we spoke with confirmed they felt there were sufficient staff on duty during the day however one staff member told us "We could do with an extra member of staff to sleep in at night."

We spoke with one person who told us "I think there is rather enough staff on duty. I don't have to wait long when I need support." Another person told us "we have enough staff on shift."

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw documentation to show the provider carried out annual surveys with people who used the service and their representatives and that the results were analysed and used to inform and improve the quality of the service provided as necessary. The registered manager told us if there had been any negative comments these would have been discussed with the management team and an action plan would be produced to deal with these matters.

The provider had a system in place to regularly monitor the quality of the service. We saw documentation that showed regular monthly audits were conducted across all areas of the service, such as premises, fire safety, equipment and reviews of care plans.

We saw that staff meetings and residents meetings were also held and there were minutes of the meeting.. Discussions at these meetings ranged from suggestions for activities and outings for residents, health and safety, abuse, feedback to staff about complaints and incidents and training needs.

Staff we spoke with told us that they were informed of any comments raised at staff meetings and they were also encouraged to give their own feedback at these meetings.

Staff we spoke with told us they were aware of the audits and confirmed they were made aware of changes at the regular staff meetings or if urgent at one to one sessions.

We saw evidence that complaints and incidents were recorded and analysed to identify any patterns and lessons learned. We looked at an incident form completed by the home which involved two people who used the service and there were a debriefing session that took place for staff to learn from the incident to prevent reoccurrence of similar incident. We saw that there was a detailed complaints policy and procedure in place for people who used the service and their representatives in the residents guide.

We looked at some of the comments from the 2012 survey from representatives. One

relative said "My daughter is being looked after very well." Another person said "I am very grateful to the manager and all the staff."

These monitoring processes meant that people who used the service benefitted from the delivery of care and support in an environment that continually monitored the quality of service and responded where improvement was required.

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.

Reasons for our judgement

People were made aware of the complaints system. Information that explained to people how to raise a concern or to complain was displayed on notice boards in the home. We saw an 'easy read' complaints policy in the dining room. The "easy read" is an accessible format designed for people with learning disability.

The provider may find it useful to note that the "easy read" complaints procedure did not include information about how to contact the Parliamentary Health Service Ombudsman, local Government Ombudsman or Independent Sector Complaints Adjudication Service if the person complaining was dissatisfied with the way their complaint had been handled.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

We saw a copy of the home's complaints policy which included timescales for the provider's response to issues raised. Records we looked at showed the provider made a timely and objective response to concerns raised and the outcome was recorded. We also saw a summary of complaints people had made and the provider's response. We found people's complaints were fully investigated and resolved where possible to their satisfaction.

The staff we spoke with told us they would tell the registered manager if a person using the service shared any concerns with them. Staff told us they felt confident that management would respond to concerns raised.

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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