

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

Care Management Group - Longdown Road

9 Longdown Road, Epsom, KT17 3PT

Tel: 01372748153

Date of Inspection: 09 April 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
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Care Management Group
Registered Manager	Ms. Denise Rush
Overview of the service	9 Longdown Road is a supported living home which provides personal care to nine adults with complex physical and learning disabilities.
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

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 looked at the personal care or treatment records of people who use the service, carried out a visit on 9 April 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 9 Longdown Road to look at the care and welfare of people who used the service. We were not able to speak to most people who used the service because they had complex needs which meant they were not able to tell us their experiences. However, we used a range of other methods to gather information about this service. We spent time watching the interactions people had with staff and with the other people who used the service.

We spoke to one person who used the service and three staff members, including the registered manager.

One person told us "I like it here; I'm able to do the things I want." Staff were seen to interact well with people who used the service.

We saw that systems were in place to ensure staff worked with the consent of people who used the service. Staff told us "Before I do anything I need to ask their permission; if they don't allow me then I don't do the tasks."

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

There were systems in place to safeguard people from unsafe premises.

All the staff we spoke with said they felt supported to do their job. We found they received regular supervisions, appraisals, and training to enable them to carry out their roles.

We saw that the provider had systems and procedures in place for dealing with

complaints.

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

More information about the provider

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

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

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

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

A person who used the service told us "I'm able to do the things I want."

We asked staff about their understanding of consent, and how they made sure the care being provided was with the consent of the person who received it. All the staff we spoke with knew about the Mental Capacity Act (MCA) 2005. One staff member said "Before I do anything I need to ask their permission; if they don't allow me then I don't do the task." They went on to say "We let people decide for themselves." They gave an example "If someone wanted to go out in a cardigan rather than a coat when the weather was very cold, we would explain to them what could happen - they could get ill. If they still don't want to wear a coat we wouldn't force them."

Another staff member told us that "If people are unable to understand a big decision, such as having medication or an operation, we have to involve the family or an advocate." They went on to say "We work on the idea that people are able to make day to day decisions for themselves. It should always be their choice to say yes or no to decisions such as food and taking tablets. They can refuse if they want, it's their choice."

Staff told us about the training they had received in the MCA 2005. They told us "It's about choice and giving information to the person to help them understand and make decisions for themselves; we respect people's choices here."

The manager explained that if someone was not able to understand decisions around their care and treatment, best interest meetings were held. They also explained that "Just because someone lacked capacity to understand a big decision, it did not mean they were unable to make day to day decisions." This matched with what the staff had told us.

The manager explained how they had been involved in best interests meetings for people who may not have understood a complex decision, for example an operation. We saw evidence that Independent Mental Capacity Advocates (IMCAs) had been used to help people understand decisions around their care and treatment. We could see that the manager was in the process of arranging a best interests meeting at the time of our visit.

People's decisions around their care had been recorded. An example was seen where a person had refused to have an end of life plan. A date to discuss this decision with them was recorded. This meant that people had the opportunity to review the decisions they had made, and change them if they wished.

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.

One person told us "I like it here; I'm able to do the things I want." People who used the service and staff were seen to interact positively together.

We spoke with the manager who explained how people's needs had been assessed before they joined the service. We looked at the files for two people who had joined the service since we had last visited. We saw that a needs assessment form had been completed in both cases. Information from these assessments had been used to develop care plans.

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

Staff were able to describe specific needs of individuals and how they met those needs. For example one person had a specific need around how their laundry was dealt with. Staff were seen to support the person in a way which matched with their care plan. From observations made and speaking with people we could see that care was being provided in a way that met people's needs.

Risk assessments had been completed to ensure the welfare and safety of people who used the service. For example one person had a support need that had not been apparent when the initial assessment had been carried out. A risk assessment had been completed to protect the individual, staff and others. The risk assessment identified the issues that may trigger a behavioural response from the person. The assessment also included details of actions to take if the person did react. Staff were able to tell us what they should do. This matched with what had been recorded on the risk assessment. This showed us that welfare and safety needs of the people who used the service were being met.

We observed staff being attentive to people's individual needs, and protecting their welfare and rights. For example one person wanted to dance with another person who used the service. This second person had specific support needs which meant that they may not have wanted to dance. Staff checked with them to make sure they were happy to dance with the other resident. When they said they were, staff checked the area and moved a small table out of the way which may have caused an accident.

We saw that there was a plan in place for dealing with emergencies that could affect the entire house, for example a fire. A 'buddy' property had been identified which would be used as temporary accommodation if people were unable to live in Longdown Road after an emergency. This meant that the disruption to people's care and welfare would be minimised.

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

We looked to see what systems were in place to protect people from the risks associated with unsafe or unsuitable premises.

The outside of the house was secure, with the only access to the inside of the house being by the front door. The side and back entrances to the house were protected by high fencing, and a locked side gate. This gate could be opened from the inside without the use of a key in the event of a fire.

The layout of the house met the needs of the people living there. Outside pathways at the back of the house had ramps. This minimised the risk of accidents caused by tripping on steps. It also enabled essential wheelchair users to move around independently.

The ground floor of the property had clear flat wooden flooring. This meant that people could move about independently without the risk of tripping over objects or carpets. Communal areas were laid out in such a way that a person who used a wheelchair would be able to easily move around the rooms. When a person who used the service dropped a cushion on the floor, we saw staff respond quickly and pick it up. This showed us that staff were aware of the need to keep the floor clear of obstructions and trip hazards.

We saw that staff carried out regular tests of the fire safety systems. This included testing the fire alarm; the emergency lighting; fire exits; fire doors; and evacuation drills. Records of these checks were seen recorded in a fire log book. We saw comments such as "All Working" for the weekly fire alarm tests carried out from January to April 2013.

We saw evidence that the provider carried out appropriate maintenance and safety checks. For example an electrical safety check of the premises had been completed within the last two years. We also saw that the fire alarm system was serviced on a quarterly basis, with no faults identified on the last two service reports seen. The water system was also checked for Legionella on a regular basis, with no issues raised on the reports we saw.

We saw from the maintenance log book that maintenance issues were completed quickly.

For example new restrictors had been placed onto first floor windows. A fire safety report was seen that had identified areas that needed to be improved. We saw that the actions identified had been carried out. For example the cellar ceiling had been replaced.

The provider might like to note that in the last two months 'safety checklist' staff had identified an issue with the fire doors not sealing against smoke as well as they could. It was unclear at the time of our visit if the provider had planned to take any action, for example having the doors inspected by a fire safety expert.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We interviewed two staff and the manager during our visit. All the staff we spoke with said they felt supported to do their jobs and were happy working there. One person said "I feel supported by the manager and the deputy." Another said "I'm very happy here, there is good teamwork, unity and respect for all."

Staff told us that they had regular one to one meetings with their manager, and had appraisals. One person said "During supervision they listen to my concerns and ideas about how to improve the place." We looked at the supervision plan and could see that all staff received supervision and appraisals.

We reviewed the training records and saw that staff received ongoing training in a number of areas. Areas covered included infection control; food safety; first aid; dementia; mental capacity act; safeguarding; and equality and diversity. We saw that the manager monitored the training to ensure staff were up to date. This ensured staff had the necessary skills to provide care to an appropriate standard.

We saw that a need for staff training had been identified by the manager to enable them to meet the needs of a new resident. These needs had not been apparent when the person had their initial assessment. The manager had organised training for staff in a timely manner, and we saw that all staff were booked on the training. This meant staff would be able to meet that person's needs.

The training records showed us that staff were able to gain further qualifications. We saw that three people were doing a level three certificate in health and social care, and two were doing the level two certificate.

There was a structured training process in place for the induction of new staff. We saw that new staff were given an induction booklet which had to be completed within six months of them joining the service. We saw that a new staff member was working through one of these booklets. Each stage had been signed off by the staff member and the manager as it was completed.

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

There was an effective complaints system available.

The people we spoke with told us they were happy living or working there and had no complaints.

We asked the manager how they ensured that the people who used the service or people acting on their behalf knew how to make a complaint. We were shown a copy of the complaints procedure. The procedure gave guidance on how to make a complaint; who to complain to; timescales that the provider must respond by; and what to do if people were unhappy with the outcome. The procedure also gave the details for external agencies such as the Care Quality Commission.

The complaints information was presented in two formats, a text based document and an easy read version. The easy read version was on display on the notice board in the dining area and in the office. It used large text and pictures to describe what someone should do if they wanted to complain. The manager said that they were discussing making a taped version of the complaints procedure for a person with a visual impairment. They had already done this with the fire safety procedure. This would mean that the complaints procedure would then be in a suitable format for the all people living at the service.

A complaints and comments book was also available next to the visitors book by the front door. This meant that any visitor had the opportunity to make a comment on the service if they wished.

We asked staff what they would do if a person who used the service, or a visitor, was unhappy about something. Both of them said they would inform the manager, or deputy. This meant that a complaint would be brought to the people identified in the complaints procedure.

The manager told us that they had received no complaints since our last visit. We checked the complaints log and also looked at the last two quarterly management reports that the manager had to complete. All of these recorded there had been no complaints made.

The manager talked us through what they would do if they received a complaint. We saw

that the Care Management Group used computer software to record complaints. This monitored the action taken by the manager, and gave timescales that each stage had to be completed by. We could see that the manager had an appropriate system in place to record and deal with complaints.

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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