

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

Trent House

Balcombe Road, Horley, RH6 9SW

Tel: 01293826200

Date of Inspection: 09 July 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	✘ Action needed
Supporting workers	✔ Met this standard
Complaints	✔ Met this standard
Records	✘ Action needed

Details about this location

Registered Provider	Ashcroft Care Services Limited
Registered Manager	Mrs. Sharon Davies
Overview of the service	Trent House provides care for people with a learning disability with accommodation for up to 4 people in the main building and 1 person in the attached bungalow.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 July 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 reviewed information given to us by the provider.

What people told us and what we found

We saw that the home had areas of good practice and that outcomes assessed compliant in previous reports remain the same. However there were areas for improvement needed that we identified.

People who use the service told us they liked the home, their rooms and the food was good.

Two people told us they would tell a staff member if something worried them and would ask staff if they wanted a drink.

One person talked about the activities they liked doing and showed us their room and how they had individualised it to their taste.

When telephoning the home for additional information we were pleased to hear a person who uses the service casually answer the phone instead of staff.

We saw that people's rights were not always upheld. People's capacity to make decisions had not been assessed under the Mental Capacity Act and yet they were being subjected to two restrictions of liberty, which had only been assessed as needed for one person.

We noted that staff received appropriate professional development and support.

We saw comments and complaints that people made were responded to appropriately and that people had their comments or complaints listened to and acted on.

We found that although work was occurring to improve records, people's records were not all fit for purpose, some could not be promptly located when needed, specifically mental capacity assessments and risk assessments, and some records were all not kept securely and confidentially.

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

What we have told the provider to do

We have asked the provider to send us a report by 28 August 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

People who use the service cannot be always confident that their human rights will be respected and taken into account because the provider had not assessed capacity to consent for all the people who live at the home. This meant they had not taken appropriate steps to establish where service users lacked capacity and act in accordance with the best interests of the person, in line with the Mental Capacity Act.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We saw that care plans demonstrated the involvement of the person using the service by being person centred, being drawn up with them, written from their perspective, describing how they preferred care to be carried out and showing input and involvement from relatives. These plans were regularly reviewed and updated with the people to ensure they reflect the type of care people wish to receive. This demonstrated a level of consent to care.

We saw that the home had restraints procedures and staff had attended training in this area. We also saw that it been risk assessed that the restraints policies did not need to be used at this home as they had supported the person they used to need it for to move away from old behaviours than required the home to protect them and others at times with minimal intervention.

We found 2 restrictions of liberty in force for all the people based on one persons needs and that people's liberty and freedom was being restricted when it was not in their best interests.

The first involved the bathroom and toilet on the top floor that served two people. There were no paper towels in the dispenser or any other drying equipment. Staff told us they were removed because one person stuffs them down the toilet, so instead they got a towel for people when they needed it or they were usually in the bathroom. When questioned, staff said people could mix up towels considering the nature of their disability. When asked where they washed their hands they told us they had towels in the staff office. This meant

they would have to touch door handles of at least two rooms with contaminated hands to get to this office.

Apart from the infection control concerns, only one person had been assessed as needing the paper towels removed. The other person had not been assessed as needing this nor had their capacity to make that decision assessed.

Therefore this restricted this person and unnecessarily reduced their freedom, privacy, dignity, independence and independence development, as they had to ask for a towel when they wanted to go to the toilet or carry one with them.

The second restriction of freedom in force we found for everyone that was only designed for one person was the jugs and undiluted fruit drinks. The drinks jugs and undiluted fruit drinks cupboard was locked. This meant that people who did not need this restriction had to ask staff if they wanted to make a drink, which unnecessarily restricted people's freedom and reduced their dignity, independence and independence development.

Staff told us some people do unlock the cupboard themselves, but this was not the case for everyone and infers permission is needed. This does not promote confidence in people being allowed to access areas of the home or encourage independence.

We asked staff whether individual people had capacity to consent or not, but as they did not have assessments to guide them they were not clear, saying people had 'a bit of capacity' but not in some things.

We saw that home had only assessed one person's capacity to consent under the Mental Capacity Act and staff only knew of one best interest meeting for this person.

We saw that although the manager was working through people's mental capacity assessments in a risk assessed manner, the process was still in the initial stages with only one person assessed. We also noted that the manager's working time was temporarily divided between two homes, which would also delay the work required to achieve compliance under this standard.

We found that all the people were being restricted without assessments to show this was needed or of their ability to consent.

Therefore, staff could not support people to make informed choices if they could, or, where the person has been assessed as not having the ability to consent, facilitate a best interest meeting so that the person's need to be restricted their own safety or others can be legally agreed and acted upon.

We found people's rights were not always upheld as their capacity to make decisions legally and yet they were all being subjected to restrictions of liberty, which were only assessed as needed for one person.

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

Staff received appropriate professional development and support.

We saw that staff received regular supervision and appraisals regarding their performance, conduct and training needs.

Staff told us they had regular supervision and appraisals, could raise personal issues as well and receive support, and felt very well supported to access training. They also said they had received a range of additional training to meet the individual needs of people using the service. For example, training in diabetes.

We saw that new staff received a local induction. This then went on to a longer monitored induction. Following the longer monitored induction there was an appraisal and once they have passed this, the member of staff then joined the ongoing staff training programme, which covered core training and refreshers.

We saw that staff were supported to attain National Vocational Qualifications (NVQ) and new staff had the new equivalent qualification made available to them.

We saw that there were staff meetings to involve the staff in the running of the home and provide a venue to raise concerns.

We saw that there was a development route for staff supported by training up to shift leader.

To support staff was a whistle blowing and grievance and disciplinary procedure.

To further support staff there was a confidential 24 hour telephone support line made available to them by the providers.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints that people made were responded to appropriately.

Reasons for our judgement

People were given support to make a comment or complaint where they needed assistance and had their comments or complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

Two people told us they would tell a staff member if something worried them.

The home had a complaints procedure that included a response time, a form of escalation if not satisfied with the initial outcome and was also available in more accessible formats.

The complaints procedure also included information about other people that can be contacted with concerns such as the Care Quality Commission.

There were copies of the complaints procedure in the hall. A pictorially supported complaints procedure was also in people's service user pack. They received this when they arrived and it was stored in their rooms or the office as they chose.

House meetings and one to one meetings were used to make people aware of how to complain and support people to raise concerns.

We saw that the home's reviews and social services reviews were also used to support people to raise concerns and complaints.

Staff told us that they listen to what the people who use the service want and try to give it to them. They said they communicated with relatives often and so can deal with issues as they arise and before they need to develop into formal complaints.

There was a complaints and compliments book that was in good order with dates recorded. This was monitored to follow up complaints and to identify any trends.

We saw that the provider listened to comments being raised and made changes where appropriate. For example, concerns raised about the affects of different products on a person were recognised and addressed, and where concerns were raised about storage space this led to a storage shed being acquired by the home to address this.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People's records were not all fit for purpose, were not all kept securely and confidentially, and some could not be promptly located when needed.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Records that were required to be kept and produced promptly when needed were not readily available.

We found people's records were not stored in an efficient and accessible way and so could not be promptly located when needed. People's Mental Capacity Act assessments could not be located by staff. This was because there had only been one made so far and there was not a regular system familiar to staff.

These records were not all kept and not produced promptly when needed. Without all the required documentation being both kept and easily accessible, the home was not able to ensure that people would be protected against the risks of unsafe or inappropriate care and treatment.

The manager told us that they were working through the required assessments but their time was divided temporarily between two homes, giving them less time to produce these required documents and records.

We found people's records were not kept securely and confidentially.

We saw that files containing information about staff were kept securely and confidentially in a locked metal filing cabinet that only the manager has a key for in a lockable room. However, this was not the case for the people who use the service.

We saw that people's main archive files were kept securely in the staff office but other confidential documentation was stored in the dining room insecurely. We found people's health files on an open shelf with the home's policies, and also found care planning documents in the daily files, in a part open unlocked drawer underneath. These were not kept securely or confidentially.

The provider should take note that besides the data protection concerns addressed under

this standard, the policies on the shelves and other documents elsewhere in the dining room also made the area look less like the people's dining room and a bit like a staff office. This also physically took space away from the people's communal areas and gave it to staff. This could affect compliance of those related standards in the future.

We found that although work was occurring to improve records, people's records were not all fit for purpose, some could not be promptly located when needed, specifically mental capacity assessments, and some records were not kept securely and confidentially.

This section is primarily information for the provider

✘ **Action we have told the provider to take**

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Consent to care and treatment</p>
	<p>How the regulation was not being met:</p> <p>People's rights were not always upheld as people's capacity to make decisions had not been assessed under the Mental Capacity Act, yet they were all being subjected to restrictions of liberty that were only assessed as needed for one person. Regulation 18.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Records</p>
	<p>How the regulation was not being met:</p> <p>People were not always protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them, because not everyone had mental capacity assessments, where an assessment was in place it could not be promptly located when needed, and people's confidential records were not all kept securely and confidentially. 20.—(1) (a)(2)(1)(a).</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008

This section is primarily information for the provider

(Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 28 August 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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