Inspection Report

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

Lady Elizabeth House

Boyn Hill Avenue, Maidenhead, SL6 4EP

Tel: 01628635879

Date of Inspection: 21 August 2013

Date of Publication: September 2013

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

Care and welfare of people who use services	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	The Fremantle Trust
Registered Manager	Mrs. Debra Shirley
Overview of the service	Lady Elizabeth House provides a service to older adults, people with physical disabilities and people with sensory impairment in their own flats. The accommodation is provided by a local housing association.
Type of services	Domiciliary care service Extra Care housing services
Regulated activity	Personal care

Contents

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

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced 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 21 August 2013, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider, reviewed information sent to us by commissioners of services and talked with commissioners of services.

We reviewed all the information we have gathered about Lady Elizabeth House.

What people told us and what we found

We saw assessments of people's needs covered various domains of personal care, including medical history, social requirements and cultural needs. There was also information about people's mobility, nutrition, and accommodation which enabled the care workers to provide a personalised service.

We spoke with the registered manager about the recruitment and selection process for choosing new staff. The manager explained job applicants completed an application form, attended an interview and submitted required documentation prior to their employment commencement. Four care workers we spoke with confirmed they had participated in this process prior to starting work at the location.

We saw there were a number of ways that people who use the service were able to provide feedback. These included through an annual provider survey, through regular residents and relatives meetings and via informal feedback to care workers and the registered manager.

Where different services were involved in delivering care or treatment the provider took appropriate action to co-ordinate a response to the person raising the complaint. Care workers and the registered manager were able to tell us about outside organisations people could contact to if they were not satisfied with the response of the provider.

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

We have referred our findings to Health and Safety Executive. We will check to make sure that action is taken to meet the essential standards.

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

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual support plan. People were visited by the registered manager and senior care staff from the location to assess their needs and to agree their support package prior to receiving any services from the provider. On most occasions, the local authority had also conducted an assessment of people's needs, and a copy of this was obtained for the provider's records. We saw assessments of people's needs covered various domains of personal care, including medical history, social requirements and cultural needs. There was also information about people's mobility, nutrition, and accommodation which enabled the care workers to provide a personalised service . For example, one person's home did not have floor coverings and the risk assessments and care plans reflected this for consideration by the care workers when they went to provide support.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We spoke to four care workers and the registered manager of the service about the review of people's care. They all told us people's needs were reviewed at least six monthly or more often if people's needs changed. Staff conducted reviews that included people who use the service and their relatives where possible. When care workers found people's needs had changed, the risk assessments and support plans were updated and sometimes the complete care package was reviewed. As people's needs changed, the Lady Elizabeth House supported them with additional care to enable them to remain in their own flat where possible. The registered manager told us they would not take on a care package if the service was unable to meet the person's needs safely. They gave us an example of when a person's needs may be better met by an alternative means, such as in a care home.

We spoke with the registered manager who told us care workers had a consistent caseload of people they visited regularly. The care workers and people we spoke with confirmed this during our discussions with them. We were told this enabled people to be familiar with their care worker and assisted staff to deliver effective care because staff

knew about the people that use the service. Staff told us when they had a change in their allocation, they received all the necessary information about people's needs and relevant risks so they could care for and support people appropriately. The registered manager confirmed this and told us staff attended the office to acquaint themselves with people's risk assessments and support plans before they met the person and started to work with them.

Lady Elizabeth House had also established, in conjunction with the local authority, a day centre on site for people who use the service. The day centre allowed people receiving personal care to socialise and join in activities in a communal space. We observed the operation of the day centre and saw people who use the service supported by four support workers. People appeared to enjoy the day centre and there were a high number of participants. We saw a range of activities underway and planned for the future . These included day trips, entertainment on site and craft work. We asked people who use the service and the registered manager how activities were determined. People we spoke with confirmed that activities were suggested by the people who use the service. The operation of the day centre was in addition to the personal care provided in accordance with people's care plans, but enabled them to ensure that certain content of the risk assessments and support plans they developed matched the needs of people who use the service. We saw for some people, they wanted to get out more and the day centre provided this as an opportunity for them.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were effective recruitment and selection processes in place. We spoke with the registered manager about the recruitment and selection process for choosing new staff. The manager explained job applicants completed an application form, attended an interview and submitted required documentation prior to their employment commencement. Four care workers we spoke with confirmed they had participated in this process prior to starting work at the location.

Appropriate checks were undertaken before staff began work. We looked at recruitment documentation in four personnel files. We saw that staff had Disclosure and Barring Service (DBS) checks prior to commencing work, and the provider had checked the applicants were not barred from working with adults. The files also contained evidence of identification, for example birth certificates or passports. All staff had completed health questionnaires about their fitness to carry out the role. These were checked by an external occupation health company contracted by the provider, and a statement was issued to the location which indicated the physical and mental capacity of the workers to perform their role. These were then checked by the administrator and registered manager before being placed on the recruitment files.

We saw evidence that the provider had completed other checks required by the regulation and the information and documents were available in the recruitment files. For example, there were full employment histories without unexplained gaps, there were appropriate and sufficient conduct checks for all four staff, and there were copies of relevant existing qualifications on file.

The provider may find it useful to note that for one employee, the correct right to work checks were not completed in line with current guidance. However the registered manager sent us further information shortly after the inspection, which we were unable to view on the day, showing that the provider had determined the worker's right to work. The provider's human resources department also spoke with us to advise of improvements they had worked on for employee 'right to work' checks.

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

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw there were a number of ways that people who use the service were able to provide feedback. These included through an annual provider survey, through regular residents' and relatives' meetings and via informal feedback to care workers and the registered manager. In addition, the service had implemented a 'feedback recording form' which involved the care workers writing down verbal feedback given to them by people who use the service and others. We looked at the folder containing the various feedback forms, and saw these were regularly documented and shared by the manager with the staff.

The provider took account of complaints and comments to improve the service. One example of feedback we looked at was complimentary of the service. The person said, "X had recently undergone an operation and there was a time when he was very poorly. He expressed his gratitude to all the staff for their help in this difficult time and for all extra care to support him in recovery and getting better". The registered manager told us this feedback was also used to update people's care records, and we found this confirmed when we viewed the files and spoke with care workers.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. Care workers we spoke with were knowledgeable about assessing and monitoring the quality of service provision. All four workers we spoke with understood the principles of the risk assessments that were formulated with and about each person who uses the service. They were able to explain specific examples of risk assessments completed for people, for example the moving and handling assessment. The care workers knew specific information for each person the service provides support for. One care worker told us about how a person who wanted support to go to town was supported by the purchase of an electric wheelchair. The worker explained how the person was assisted to make a choice about the aid of mobilising, risks that were determined before the person went, and monitoring of safety that took place after the provision of the wheelchair. This was a positive way to ensure the person did not experience harm as a result of increasing their independence.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We saw copies of audits during our inspection. These included quality control audits, kitchen audits, support plan audits, and personnel file checks. When shortfalls were identified, the registered manager and care workers took action promptly to reduce or mitigate risks to people who use the service. We saw an example from June 2013 where the premises, managed by the housing association, could present a risk to people who use the service from Legionella. Although the provider was not directly responsible for the premises, as people lived in their own flats, they worked in collaboration with other parties to ensure people's safety.

The provider sent us information and documents which demonstrated that remedial works and control measures had been put in place to protect people. We also spoke with the nominated individual and facilities manager for the provider who were aware of the risks and how they were managed. The provider may find it useful to note that guidance about managing the risks from Legionella is available from the Health and Safety Executive.

Complaints ✓ Met this standard

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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We spoke with five people who use the service and four of them provided positive feedback about the service. One person commented about their room and expressed a desire to move to a different flat. The registered manager informed us this was the responsibility of the local authority and the housing association and the person's feedback had already been passed onto the appropriate contacts.

People we spoke with told us they would talk to the registered manager or care workers who came to them in the flats, to make a complaint. We observed the provider had a sign in reception which advised people how to raise a concern if they had one. The provider also had a written policy which explained the steps for managing concerns or complaints.

Staff we spoke with were aware of what to do if a person should raise a concern. They told us they would raise the matter with their senior care worker or the registered manager. The registered manager was aware of the provider's requirements for responding to complaints. They told us this included documenting what the issue was, responding in writing promptly, investigating the matter and communicating the outcome to the person. We observed the provider had a log for recording any complaints and progress in resolving them.

Where different services were involved in delivering care or treatment the provider took appropriate action to co-ordinate a response to the person raising the complaint. Care workers and the registered manager were able to tell us about outside organisations people could contact to if they were not satisfied with the response of the provider. This included referring the person to the provider's head office, to the local authority, to an ombudsman or to an advocacy service. Where the complaint involved the flat the person lived in, the provider acted on behalf of the person to escalate the issues to the local authority and/or the housing association.

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.

Contact us

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