Inspection Report

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

The Care Division - Poole

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Tel: 08455210424

Date of Inspections: 08 July 2013
05 July 2013
03 July 2013
02 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	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Care Division Limited
Registered Manager	Mrs. Helen June Spencer
Overview of the service	Supported living service providing personal care to people with learning disabilities.
Type of services	Domiciliary care service Supported living service
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 2 July 2013, 3 July 2013, 5 July 2013 and 8 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, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our inspection we met five people who used the service, spoke with three of them and with two relatives. They were positive about the support they received. For example, they said that support workers helped them in ways they needed. Not everyone was able to tell us about their experiences so we observed how staff worked with them, examined records and spoke with the manager, nominated individual and eight staff involved in providing care.

Before people received any care 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. We observed that people were supported to make choices and that their preferences were respected.

People experienced care, treatment and support that met their needs and protected their rights. People received assistance to do things they enjoyed.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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

The provider assessed and monitored the quality of the service, and assessed and managed risks to people's health, safety and welfare.

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

We pathway-tracked four people, two of whom were unable to talk with us about their care. This meant that we met them, looked at their care records, and spoke with support workers who assisted them. Where appropriate we observed support workers as they assisted people. This was so we could evaluate how the people's care and support needs were assessed, planned and delivered.

One person spoke in depth about their experience of the service they received from The Care Division. They said staff asked what was needed before acting on anything. One of their support workers said the person was able to ask or tell them what they needed doing. They confirmed they always checked with the individual before assisting them.

We examined this individual's care records. They had signed their assessment and plan of care to confirm they were satisfied with the contents and that they agreed for The Care Division to start supporting them. They had also agreed for their care and support needs to be reviewed.

The other person we spoke with was not able to sign their plan of care to show their consent. They told us they liked having a choice of activities. We observed them discuss with their support worker their plans for the evening. The staff member supported them to choose what they wanted to do. They commented that the individual often said things to please staff so they usually checked with them that they really wanted to do what they had said.

This showed that 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.

Three of the individuals we pathway-tracked had not signed their assessments and plans of care to show their consent. Their care records showed that their learning disabilities meant they could not make or communicate decisions about their care plans.

We observed that these individuals' plans of care reflected their preferences. This assisted staff to act in accordance with people's wishes even if they had difficulty communicating these. For example, we saw that plans of care listed activities that people enjoyed and reflected their likes and dislikes in relation to particular aspects of care. We noted that one individual's plan of care set out how they showed their dislike for particular foods by turning their head away from the person assisting them with their meal. All the support workers we spoke with understood individuals' preferences and we observed that they respected these when supporting people. For example, one staff member working with someone who enjoyed meeting new people ensured they were seated with us as we talked.

We saw that these people's care records contained evidence of best interest decisions in line with the Mental Capacity Act 2005, in relation to particular aspects of their care. These had been made in consultation with their family members and professionals involved in their care. For example, one individual required blood tests to investigate weight loss; their community learning disability nurse had been involved in a best interest decision regarding this.

The staff we spoke with all told us they had received training from The Care Division about the Mental Capacity Act 2005. All the current support workers' files we looked at showed that staff had received training about the principles of the Mental Capacity Act 2005 or were scheduled to do so.

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.

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

Reasons for our judgement

We spoke with three people, including two we pathway-tracked, and two relatives. They were positive about the support they or their family member received. For example, one person spoke highly of their support workers and commented, "I like it because I know who's coming… If the appointment says half eight she's here at half eight". All of the people using the service said they felt safe with their workers. One individual said they felt communication was better with some staff who supported their relative than with others.

All four people we pathway-tracked had plans of care based on their assessed needs and risks to their health and welfare. These took account of people's preferences and addressed the support they needed with various aspects of their daily lives, such as personal care, eating and drinking, and communication.

We saw that plans of care contained clear instructions for staff so that people received the help and support they needed. We observed that staff members followed the instructions in people's plans of care. For example, we visited one person after lunch and saw they were resting in their bed listening to a talking book, as their plan of care stated they liked to do. The support workers we spoke with confirmed they referred to people's plans of care and found them straightforward to use. They demonstrated comprehensive knowledge about the people we were pathway-tracking and the support they required, such as how to assist someone with their food. This all helped ensure that people received support that met their needs.

Where we were unable to observe care being provided we looked at relevant records that showed staff had taken the necessary actions to meet people's needs. For example, we saw that people had received support to attend activities recorded on their weekly timetable. One individual received food through a tube that had been inserted surgically directly into their stomach. Records of daily maintenance for the tube were complete, as were records of the times and amounts of the person's tube feeds. Another person required monthly weight checks and records of these were complete.

We noted that people's plans of support were up to date, reflecting their current needs. We saw these had been written or reviewed within the past six months and amended as required.

This all showed that people's needs were assessed and care and treatment was planned and delivered in line with their plans of care.

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

Three of the people we pathway-tracked required support to maintain their health. Their plans of care addressed their health and wellbeing. For example, one person had a personalised traffic light system to support them in maintaining their mental health. This had been devised by the community learning disability team. It set out indicators of their emotional state and level of agitation and gave staff strategies to support them. Another individual had an epilepsy care plan based on advice from a specialist nurse. A further person had meal plans based on guidelines from the community dietician and a speech and language therapist. Records showed that people had received care accordingly.

People's care records showed they saw health care professionals such as dentists, general practitioners and community learning disability staff. This demonstrated that the provider ensured their health care needs were met.

There were arrangements to deal with foreseeable emergencies. For example, the staff files we looked at showed that most staff had undertaken emergency first aid training within the past two years or were scheduled to do so. We noted that two people, who were unable to communicate verbally, had hospital information sheets setting out their particular needs for paramedics and hospital staff in event of a medical emergency. We also saw that people we pathway-tracked had personal emergency evacuation plans for use in the event of a fire or similar emergency at home.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Three of the people we pathway-tracked received support with their medicines. We looked at their past month's medication administration record (MAR) sheets. MAR sheets were all correctly signed when medicines were due, with no unexplained gaps. Most medicines were supplied in blister packs for individuals. We looked at two people's blister packs and noted that the amount of medicines left corresponded with the medicines taken according to the MAR sheets.

We saw records showing that the provider routinely carried out audits of medicine administration and recording, to ensure correct procedures were followed.

This showed that appropriate arrangements were in place to record medicines.

When an individual required a medicine 'as required' staff had clear written instructions on why, when and how to support them with this. We noted that one person had a prescription for extra antipsychotic medicine for episodes of agitation. Their MAR sheets showed this had not been used and their care records showed they had not needed it. This showed that medicines were given to people appropriately.

Support workers told us and staff files showed that staff had received training in the safe handling of medicines and that their competence with medicines was checked periodically. This helped the provider ensure that medicines were safely administered.

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 and appropriate checks were undertaken before staff began work.

We looked at the files for six staff, including someone who had not yet started work with the provider.

All the staff files we examined contained photographic proof of the person's identity and, where necessary, evidence of current UK residence permits allowing the person to work in the UK. They also contained full employment histories, with written explanations of any gaps, and copies of the individuals' qualification certificates. The provider had obtained references from previous employers and records showed they had verified verbally at least one of these per employee. We saw evidence that the provider had undertaken appropriate checks, including enhanced criminal records checks, before the person started work. Where staff had been employed for over two years, we noted the provider had undertaken further enhanced criminal records checks during 2012 or 2013.

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.

Two people who received support from The Care Division and two relatives expressed confidence that management would act on any concerns they raised with them about their service. We saw that some people's care records contained evidence of contact from their family members with queries or comments about the person's care. The provider may find it useful to note that people were not always aware that less senior staff had acted on concerns raised with them.

The provider had records of four complaints and two compliments received within the current year. We looked at records of these. One complaint had arrived very shortly before the inspection. The other three complaints had been acknowledged, investigated and resolved in line with the provider's complaints policy. The provider had taken action to address any issues identified. This showed that the provider took account of complaints and comments to improve the service.

We saw the provider conducted a monthly analysis of the results of quality assurance questionnaires. We looked at the results for the past three months and these were broadly positive. The manager explained that they sent questionnaires each month to a sample of people using their services, so that people received one four times a year. We noted that the questionnaires were written in an easy read format to assist people to understand them. They asked people whether they were happy with their care and their support workers, whether they were told about staffing changes and whether they had a choice in how they were supported.

People could put their names on their questionnaires if they wished. The manager told us they were considering coding the questionnaires to assist them to follow up any specific issues that people identified. They also acknowledged that many individuals relied on their

support workers to assist them to complete the questionnaires and told us of their plans for a specific staff member to visit some individuals with picture cards to support them to give their views independently of their workers. They also told us that they had plans to send regular questionnaires to people's families.

The staff files we looked at contained records of individual supervision meetings where support workers had discussed aspects of their work with their line managers. These records showed that supervision included the opportunity for staff to comment on the service provided by The Care Division and to get updates about good practice.

Support workers told us the provider checked their performance through regular checks of their work, including spot checks. Records contained evidence of regular checks including finance record keeping, health and safety including whether equipment was in safe working order, medicines, and various aspects of staff performance, such as the quality of their record entries.

There was evidence that learning from incidents took place and appropriate changes were implemented. We saw that the manager collected information about accidents and incidents and analysed this each month to establish whether they could minimise the risk of further incidents. The provider's log of incidents from February to June 2013 showed that support workers had made comprehensive records of incidents including reports of seizures and events of behaviour that challenged or was unusual for the individual. The staff we spoke with all confirmed that they were encouraged to report any incidents of concern.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. For example, care records for the individuals we pathway-tracked contained risk assessments and management plans relating to their home environment. These considered issues such as smoking, pets, fire detection and evacuation, household utility supplies and adequacy of hand washing facilities.

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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