

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

## The Chase

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Date of Inspection: 14 February 2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Alpam Homes
Registered Manager	Mr. Robert Steer
Overview of the service	The Chase is a residential home for up to eight adults with a learning disability or autistic spectrum disorder.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

*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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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There were eight people living at the home at the time of our inspection. When we arrived some of them were out and some were relaxing in the lounge. There were three members of staff on duty and others arrived for the late shift as the inspection progressed. We spoke with the manager and the deputy throughout the inspection and also interviewed two members of staff individually. We spoke to all of the people who lived at the home who were present but due to their limited communication abilities it was not possible to conduct in depth interviews. We did observe people relaxing in their home, interacting with staff and going out for various activities.

All of the views expressed by the people who live at the home were positive about the service they receive, as were the staff about the provider and the training and support they had received.

We observed processes for decision-making as well as care plans, policies and procedures and risk assessments. Records were complete and up to date. We saw a complaints procedure displayed on a notice board and safeguarding and whistle-blowing policies.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### 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 and where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### 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 and where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The people who use this service all had some capacity to express their views to us and we spoke with some of them individually and spent time with them in a group in their lounge. They all said that they were happy to live at the home and they had lived there for many years. From our observations everyone appeared happy and relaxed and engaged in various activities and outings.

We reviewed the support plans for all of the people who lived at the service and they showed evidence of the process for daily decision-making and records of consent. We were told that all of the individuals could make decisions about what to do, what to eat and what to wear. One member of staff told us that the people "choose what to wear and what to eat". From our observations of staff interaction with the people, this appeared to be the case. We observed one resident choosing to listen to music and others watching television. One person was keen to show us his favourite things.

There was a detailed activity programme which we were told had been created with input from the people who used the service and was very flexible. One member of staff told us that "no-one has to do an activity if they don't want to. We observed people being given a choice about whether they went out on a planned activity during our visit.

We were shown how one person with multiple sensory impairments was supported to make decisions. The service used a variety of techniques for communication, including objects with different textures and scents.

The manager was familiar with the provisions of the Mental Capacity Act and a copy of the Act and Code of Practice was available to staff.

We concluded that the people who used the service were able to give their consent to most things on a daily basis and that the provider had safeguards in place to ensure that major decisions were taken with appropriate support and the involvement of advocates, family members and care managers as required.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We inspected all of the care plans and information files for the people who lived at the service. These were contained in well ordered files and as far as possible in pictorial and accessible formats. The information included health needs, clothing, communication, personal care, relationships and important people, likes, dislikes, things that are important to the person, activities, strengths and needs, individual history and future plans and aspirations.

We spoke to the registered manager about the process for admission to the service. Referrals were from the local authority and an initial assessment was carried out. The registered manager drew up care plans which covered religion, culture, medical needs and behaviour. Once it was agreed someone was compatible there was a transition period which included visits to the service and overnight stays. Family members and care managers were involved and the people's views were sought about whether they wished to live at the service. We were told about one person who had made some requests about their room, furniture and bathing facilities. The service had met these and we were shown the bed room and bath room. The person told us they liked their room.

There was evidence that an assessment was carried out every six months for each person by a keyworker and the individual concerned. Care plans were reviewed every three months. Care plans included detailed information about each person's needs and how to support them. For example there were detailed guidelines on individual tasks for each person. These included active encouragement for people to achieve and maintain independence. There were risk assessments in place which were also reviewed every three months by the registered manager or the deputy manager.

We saw that specialist assessments had been carried out by health professionals with action plans for supporting people to manage their health. These were reflected in each person's health action plan covering medical appointments, medication, communication and weight management. Each person had a communication passport and a hospital passport which ensured that staff and other people supporting them, such as medical staff, would know how to meet their needs. There was a missing persons procedure which contained a photograph of each person which could be used in the event of their going missing from the service.

We were told about the systems for managing accidents, incidents and emergencies. All such incidents were recorded and automatically reported through the provider's management structure. We observed records of medication errors, accidents and injuries, physical interventions, incidents and safeguarding. Few incidents were recorded but the manager and staff understood the need record, report and learn from them.

We were shown the provider's policies and procedures which covered all aspects of support and the management of the service, including safeguarding, whistle-blowing, deprivation of liberty, complaints, health and safety and risk assessment. Staff had signed to demonstrate that they had read the policies and procedures.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The manager told us that the service worked within the local authority safeguarding policy and procedure and that the provider had their own local procedure which was available to staff. There was a flowchart which showed the action staff should take if they suspected abuse. We saw that safeguarding was covered in staff induction. We were also told that staff received safeguarding training on an annual basis. Staff training records confirmed this. Staff were up to date with this training.

The staff we spoke to confirmed that they had had regular safeguarding training and they were familiar with both the safeguarding and whistle-blowing procedures. They demonstrated that they understood their responsibilities in relation to safeguarding.

We were shown the provider's safeguarding incident records and the manager told us about a safeguarding alert which had been raised two years ago and how it had been dealt with. This was the most recent safeguarding alert at the service.

## Staffing

✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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There were enough qualified, skilled and experienced staff to meet people's needs. There were 14 full time staff in addition to the manager working at the service. There were normally three people on duty at any one time and one member of staff working at night with a second sleeping in. The manager stated that he could get additional staff if he needed them and the provider had a local bank of staff. Staff also worked flexibly to meet the needs of the people who use the service, for example working later to support people on social activities. We confirmed these arrangements by inspecting the rota and also by asking staff. One member of staff stated that they were happy to work flexibly because "the needs of the people are most important". Another told us that they thought there were enough staff on duty to meet the people's needs.

The people who used the service were very positive about the staff and from our observations could see that the interaction between staff and the people who used the service was relaxed and easy-going.

On reviewing staff files and speaking with staff, we established that they had the appropriate knowledge, skills and experience to care for people with learning disabilities and autistic spectrum disorder.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available.

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### Reasons for our judgement

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People were made aware of the complaints system. This was provided in a format that met their needs. There was a copy of the complaints procedure for the service on display in the lobby and in the policy file. There had been no major complaints at the service. The manager outlined the complaints procedure and we saw complaints forms which showed the timetable for complaints and how complaints would be investigated.

We were told by staff that they were aware of minor complaints and they tended to deal with them as they occurred. They were aware of the complaints procedure.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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