

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

Linda Grove

17a Linda Grove, Cowplain, Waterlooville, PO8
8UX

Tel: 02392262356

Date of Inspection: 15 August 2013

Date of Publication:
September 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Community Integrated Care
Registered Manager	Mrs. Deirdre Renata Saunders
Overview of the service	Linda Grove provides care and accommodation to four people who have a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or 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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Meeting nutritional needs	8
Management of medicines	9
Assessing and monitoring the quality of service provision	10
<hr/>	
About CQC Inspections	11
<hr/>	
How we define our judgements	12
<hr/>	
Glossary of terms we use in this report	14
<hr/>	
Contact us	16

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 15 August 2013, observed how people were being cared for and talked with staff.

What people told us and what we found

During our inspection we spoke with two care staff, the registered manager (referred to as the manager throughout this report).

We met all four of the people living in the home; due to their disability and communication needs we were not able to ascertain their views verbally. However, we spent time observing their care and support. We saw that they looked happy and relaxed. We observed staff interacting with them in a friendly manner and treating them respectfully. People who were able to, moved freely around the home and those that needed support were given it.

We saw that care plans were kept under regular review and had been updated to reflect the risks to people during the recent hot weather.

There were processes in place to ensure that medicines were stored and administered safely. Only trained and competent staff attended to this.

Staff told us they enjoyed their jobs and they thought the home was well run. They spoke highly of the manager who they said was "Brilliant" and "Supportive". Staff knew the people they supported well and showed a good understanding of their needs and preferences.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. We observed the care and treatment of all four people who lived at the home. We saw that staff consulted people and respected their choices in relation to their care. For example, we observed that people were offered choices about their activities that day. One person was going out for lunch and they were asked where they would like to go and what they might like to eat.

We saw that staff were respectful in their interactions with people and included them in activities such as preparing meals. People were encouraged to be independent in line with the goals set out in their care plans. We saw that staff respected people's privacy, for example, when we asked to look at one person's medicine cabinet which was in their room, staff first went to the lounge and requested permission from the person.

Staff told us choices were offered using different forms of communication such as objects of reference and pictures of items. We saw, for example, that people were involved in menu planning using pictures.

People were supported to exercise their rights and make choices. Communication support plans were in place so that staff could understand people who may not be able to express their views verbally. Staff we spoke to and observed clearly knew people well and could promote people's choices using this knowledge.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care and support files of three people living at the home. Community Integrated Care uses a care planning system called, "My Life in Focus". This system allowed staff to set out people's care under a range of headings that apply to them. The various section titles include Communication passport, My relationship circle, My memories and sections for each aspect of their personal care needs. We saw that people's needs and preferences were set out to enable staff to deliver care effectively and consistently.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that care plans were regularly reviewed and were updated when this was needed. We saw that care plan files included risk assessments relating to the recent hot weather. Actions were put in place to promote people's health and safety during this time.

We also saw that people had an "Information Passport" with their personal details such as date of birth, name of their GP, health needs including medicines they were prescribed. It also included their communication needs, in particular how they communicate pain. This "Passport" stated it should be taken to hospital if the person was admitted or used in any emergency so that the person could be confident that people supporting them could do this safely.

We saw recorded evidence that people and their relatives were involved in the care planning process.

We observed staff supporting people and saw that this was done in a respectful and friendly manner. Staff knew people well and communicated with them in a relaxed manner.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink. Menu plans were produced each week with the involvement of people living in the home. They were in a pictorial format. We were told by staff breakfast and lunch could be chosen by people using food in the cupboards and pictures as references. Staff were responsible for ensuring people were offered choices that reflected their preferences. The staff member we spoke to about this knew people well and knew their individual likes and dislikes regarding food.

We saw that people were provided with a choice of suitable and nutritious food and drink. For example we looked at the stocks of food and saw there was a variety of fresh and frozen fruit and vegetables available to people.

Two people's care plans stated they required their food to be soft and cut up. On the day of our inspection we saw that this was provided along with suitable equipment to enable them to eat independently. We saw another person making their own sandwich as set out in their individual care plan.

People were supported to be able to eat and drink sufficient amounts to meet their needs. We saw that care plan files included risk assessments relating to the recent hot weather. Actions were put in place to promote people's health and safety during this time. This included encouraging more fluids and monitoring this.

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

There were effective systems in place to promote the safe storage and administration of medicines. We saw that medicines were stored securely in individual locked cabinets in people's bedrooms. A member of staff talked us through the administration and recording of medicines in the home. We looked at the storage and recording of two people's medicines. We saw that records were well maintained and up to date. No errors or omissions were noted. We were told that only staff who had been trained and deemed competent were permitted to give medicines to people. We saw training and competency certificates that corroborated this.

We saw that the details of people's medicines, including pictures of the medicines and information about their use, were held in the individual cabinets for each person.

We sampled some stocks and saw that they matched the home's records. Stocks were checked daily by the home and audits took place weekly by the night staff and monthly by the manager.

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.

Reasons for our judgement

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We saw a record of the most recent audit undertaken by the regional manager. The audits covered a broad range of topics and included looking at records, talking to staff and observing care. We saw there were no actions set as they were deemed to meeting all the standards set out in the audit.

The manager was not on duty during our inspection although they attended towards the end. A relatively new member of staff worked with us to support our inspection. This person was knowledgeable about all aspects of the running of the home.

We saw that the home had a suitable complaints procedure and a process for logging and dealing with complaints. There were no complaints recorded but we did see some cards and letters of thanks to staff from relatives and other professionals.

We sampled training records and saw that staff training was monitored to ensure staff were up to date with all mandatory courses. We saw that staff had been trained and assessed in the areas we inspected such as medicines and food hygiene.

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
