

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

Camberley Cottage

1 Coolarne Rise, Camberley, GU15 1NA

Tel: 01276686898

Date of Inspection: 31 May 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
Cooperating with other providers	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✗	Action needed
Complaints	✗	Action needed

Details about this location

Registered Provider	Dolphin Homes Limited
Registered Manager	Mrs. Sally Elizabeth Leaves
Overview of the service	Camberley Cottage provides specialist care and accommodation for a maximum of six adults who have learning disabilities and complex needs.
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
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
What we have told the provider to do	4
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Cooperating with other providers	9
Cleanliness and infection control	11
Requirements relating to workers	13
Complaints	14
Information primarily for the provider:	
Action we have told the provider to take	16
About CQC Inspections	18
How we define our judgements	19
Glossary of terms we use in this report	21
Contact us	23

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 31 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

There were four young people living at this service on the day of the site visit. We spoke with three people separately. Each person was articulate and able to converse in a meaningful way. Two of the three people we spoke with went out to work.

People said they were fully involved in all aspects of their care. People told us, "We are involved in setting our goals and in the review of our care with the help of the registered manager or our support worker". People told us their treatment included their total involvement in their care. People said, "We like the support we receive from our support worker, and the registered manager".

We found that the service sought people's consent prior to providing them with care and support. We saw systems in place that ensured that when information about people's treatment, care and support needs had been passed to another service, team or individual, this was organised so that the information included everything that the service, team or individual needed to ensure the needs of the person who used the service were met safely, even when the transfer of information was required urgently.

People told us they were happy with the cleanliness of their house in general." They told us they had help in keeping their bedrooms clean and tidy.

We found that staff had not had all the relevant checks carried out prior to commencement of employment. Also the services complaints policy and procedure was not suitable for the service

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

What we have told the provider to do

We have asked the provider to send us a report by 09 July 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ 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.

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.

We reviewed three care plans and saw that the consent to care and support was signed by the person who used the service. The deputy manager told us, "None of the current four people who lived at the service was assessed as not having capacity. They were all able to give consent to care." People told us, "Staff consulted with them, and they signed the care plans." This meant that people were involved in deciding their care and gave their consent for care to be carried out as documented in their care plans.

The deputy manager told us that annual reviews of people's care were carried out. Attending those reviews were the person who used the service, the social worker responsible for the person being reviewed, the person's parents/family and staff from the service. The registered manager told us the annual reviews gave people who used the service and their parent/family the opportunity to examine the care people received and to discuss any changes or support that had been previously agreed.

We saw in the three care files we reviewed that people who used the service signed their review, supported by people who attended the review.

Staff told us they had completed the Mental Capacity Act 2005 training including deprivation of liberty safeguards (DoLS) and that they were aware of their responsibility to people who used the service. We saw the certificates of staff who had completed the training. This meant that staff had suitable training that enabled them to gain and review consent from people who used the service and how to act on their concerns effectively.

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 them.

Reasons for our judgement

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People said they and their consultant neurologist and their General Practitioner (GP) as well as their relative made an informed decision that the service could meet their needs. We reviewed three people's care records. We saw from the reviewed care plans that people's care needs were based on their individuality, such as mental health and medical condition, likes and dislikes, social and day time activities and to maintain relationships with their families.

People told us their treatment included their total involvement in their care. They said, "We like the support we receive from our support worker, and the registered manager". They told us the staff encouraged them to complete their set goals. We observed a member of staff gently reminded one person that they had not finished the preparation for the mid-day meal. This person's goal was to help with the preparation of the meals for the day.

The three care files we reviewed contained information gathered during the pre-admission and continuing assessment processes. This formed a baseline for planning individual specialist programmes and setting goals for the individual. This represented personal care planning as carried out at this service.

We observed risk assessments were undertaken and risk management plans drawn up, as necessary, and were regularly monitored and reviewed. For example, some people were employed. We saw risk assessments relating to the work environment and mode of transport were undertaken and regular evaluation took place. One person said, "I am involved in my risk management assessment. I am the one going to work." Staff told us treatment programmes and risk management plans were discussed, agreed and countersigned by the person who used this service.

The registered manager told us people who used the service were registered with their own GP, and accessed the GP surgeries as required. We saw in the care files we reviewed that the GP provided yearly health checks for all four service users. The NHS provided consultant neurologist and dental care whilst optical care was provided by an optician specialist in learning disability care and treatment. We saw documented evidence

of attendance by people who used the service to those health care provisions.

The manager told us weekly meetings were held with people using the service to plan the week's programme of care and support. The manager said, "People were given information in small manageable chunks, so that they would be able to assimilate and understand what they have been told".

The care and support records reviewed demonstrated an understanding of equality, diversity and human rights issues by the staff and ensured basic requirements of the law were met. Staff said they understood people's diversity needs and encouraged and supported people to meet their needs. For example, people told us, "We attend church services as we wish and we go out to work two days per week". Staff said, "We use a person-centred approach to delivering care at this service".

We saw that each person's care plan was centred on the personal agreed needs of the individual. We observed amongst the staff that they recognised and accepted people's differences and encouraged people to meet their cultural, mental, social and physical needs. This ensured people who used the service experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

The registered manager told us, "Other providers are welcomed into the service to meet and assess the person to be re-housed. We give all the information we hold about the person to enable a smooth transfer and continuity of care."

We saw from the records we reviewed that each person had a Hospital Passport which included personal information including their General Practitioner (GP) and social worker and next of kin and contact numbers. One person told us, "My Hospital Passport gives the hospital staff important information about me when I go into hospital. My Passport is divided into Red, Amber and Green. Red tells them things they must know for example, my date of birth, my address and contact number, my next of kin and their contact details, my religion, diagnosis and current medication. Amber tells them about things that are really important to me and Green tells them about things I like to happen and things that make me anxious or upset." This meant that continuity of care will be more likely to occur.

The registered manager said, "Where we are transferring people into hospital, people's health action plan is handed over to the admitting ward staff." This ensured the person care needs were continued without any break in care. The registered manager said the same procedure was followed for emergency admission into hospital. This meant that people transferred from the service could be sure their care needs would be continued, because the provider had made suitable arrangements for important information to be transferred with them.

The registered manager told us. "We work well with social services and all health professionals to ensure the best care is offered to people who use the service." The registered manager informed us the service currently did not have any Court Orders, but if they had they would abide by the Court Order or any enactment. In the three care records we reviewed we saw records were kept of all appointments made with GPs, Dentists, Chiropodists and hospitals. This meant that people who used the service could be

confident that when more than one individual was responsible for their care and support the confidentiality of people who used the service was protected.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

There were effective systems in place to reduce the risk and spread of infection.

Reasons for our judgement

People were protected from the risk of infection because appropriate guidance had been followed.

Three people who used the service told us the service was generally clean and tidy. They told us they and the staff did the cleaning and they had their bedrooms cleaned daily. We observed the service to be clean and there were no unpleasant odours. The registered manager told us, "The Company employed a named Infection Control Lead who is supported by the registered manager for maintaining infection control in the service." The registered manager was able to discuss infection control matters relating to the service, based on the published Department of Health (DoH) guidelines and the service's current infection control policy. This meant the manager had the knowledge to deal with infection control in the service.

We observed staff using personal protective items such as disposable gloves and aprons and individual Antimicrobial hand gels. We saw liquid soap and paper towels available in bathrooms and toilets. We observed the bathrooms and toilets were clean and free from mal-odours, with containers appropriately labelled for soiled material. We saw Antimicrobial hand gels were available at the entrance to the home, with a notice reminding all visitors to use the gel. Gels were also available throughout the service for people using the service and visitors to use. This meant there were effective systems in place to reduce the risk and spread of infection

Staff told us they had received training in infection control and this was supported by their training records reviewed. We were shown the service's various cleaning schedules and records which highlighted areas to be cleaned on a weekly, fortnightly and monthly basis. All items of personal clothing and laundry were marked. This meant that the provider ensured staff had training to ensure the safety of people who used the service from cross infection.

The registered manager told us the service used a well-known company experienced in disposal of waste for their waste disposal. Staff said they, "Were aware of the correct procedures they needed to follow in order to safely handle waste products". They showed us the different containers in use and the record of collections they kept. This meant that waste products were handled safely and the risk of cross infection was reduced.

The registered manager said, "People who use the service experience care provided in a safe, clean, comfortable environment". We observed the service had policies on Infection Control which were followed in practice. The registered manager told us the service worked well with other agencies such as Environmental Health and worked in accordance with local policies.

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

Our judgement

The provider was not meeting this standard.

The provider had failed to ensure that all the information specified in Schedule 3 of the Essential standards of quality and safety, regulations of the Health and Social care Act 2008 was available for each person employed for the purpose of carrying on a Regulated Activity.

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

Reasons for our judgement

We observed from the staff file we reviewed that the provider had failed to comply with all the required information under Schedule 3 of the regulations of the Health and Social Care Act 2008.

We saw satisfactory documentary evidence of staff qualifications and they had relevant and up to date training to enable them to perform their duties. References were also included in their file. We saw evidence that the manager had carried out disclosure and barring service (DBS) checks for staff employed by the service.

We saw in the personal file one staff newly employed that they had not declared their fitness to carry on the duties they were employed to do and they had full work history included. There was only one staff file at the service on the day of the visit. The registered manager told us normally staff files were not kept on site, but at their head office. The registered manager told us, "None of the other staff employed at the service had a completed work history included in their personal files." This meant the provider failed to ensure effective recruitment practices were followed.

Staff told us the service requested DBS checks, two references and proof of their right to work in the UK before they were offered employment.

People should have their complaints listened to and acted on properly

Our judgement

The provider was not meeting this standard.

The provider has not maintained an effective system for managing complaints.

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

Reasons for our judgement

The three people whom we spoke with told us they had never had to make a complaint. We observed the service had a complaints log book in place with two complaints logged. One complaint was on-going and the other was resolved to the complainant's satisfaction. We observed the service had not displayed their complaints policy and procedure on the notice board. However, following the issue of the draft report the registered manager told us, "The service's how to complain notice was hanging on the wall." This meant that people who lived at the service and visitors to the service might be denied accessibility to the complaints procedure.

The registered manager told us that on admission, people and their relatives were given a copy of the service user's guide which contained information on how to make a complaint. This information was reinforced from time to time at residents meetings. We were shown records of residents meetings.

We reviewed the service's complaints policy and procedure and saw that this was related to the county of Hampshire and not Surrey in which the service was based. We saw that the policy had not contained up to date information to guide people making a complaint.

This meant that people were not given appropriate information on how to seek further help if they were not satisfied with the outcome of their complaint.

The Staff we spoke with told us they have had safeguarding training which included management of complaints. They displayed suitable knowledge of how to support people who used the service make a complaint and how to deal with receiving a complaint. The registered manager told us the service kept a full record of all complaints received. We reviewed their documented audit trail of the steps taken and decisions reached when dealing with complaints received.

The registered manager told us, "Complaints received were reviewed to identify possible non-compliance, or risk of non-compliance with our Regulated Activity. Where necessary, an action plan would be started and monitored to ensure the service returned to compliance. The action plan would be regularly reviewed to ensure the service's practice

reflected the agreed arrangements and was being operated effectively." The manager told us the service encouraged and supported a culture of openness where individuals felt confident that their complaints or concerns would be listened to and acted upon.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Requirements relating to workers</p>
	<p>How the regulation was not being met:</p> <p>The provider failed to ensure the information specified in Schedule 3 of the Care Quality Commission Essential standards of quality and safety regulations of the Health and Social Care Act 2008, was available for each person employed at the service.</p> <p>Regulation 21 (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Complaints</p>
	<p>How the regulation was not being met:</p> <p>The registered person did not have an effective complaints system in place for identifying, receiving, handling and responding appropriately to complaints made by service users or persons acting on their behalf, in relation to the carrying on of the regulated activity.</p> <p>Regulation 19.</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This section is primarily information for the provider

The provider's report should be sent to us by 09 July 2013.

CQC should be informed when compliance actions are complete.

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

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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