

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

Disabilities Trust - 4 Pages Orchard

Sonning Common, Reading, RG4 9LW

Tel: 01189722928

Date of Inspection: 07 February 2014

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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
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Disabilities Trust
Overview of the service	Disabilities Trust - 4 Pages Orchard is a care home registered for three adults with learning disabilities, and is situated in a residential area of Sonning Common, South Oxfordshire.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 7 February 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services. We talked with commissioners of services.

We reviewed all the information we have gathered about Disabilities Trust - 4 Pages Orchard.

What people told us and what we found

At the time of our inspection the provider did not have a registered manager in post.

We used a number of different methods to help us understand the experiences of people who use the service. This was because the people who use the service had complex needs which meant they were not able to tell us about their experiences. We spent time observing what people did during the day. We also used observations of the interactions between people who use the service and the care workers to inform the judgements reached within this report.

We found people were actively involved in the local community and their independence was encouraged. On the day of the inspection, people went out as we arrived to one of their planned activities. We saw people had a large range of community involvement that was specific to their preferences.

The provider ensured the safety of people, workers and others related to the premises. The provider ensured maintenance was undertaken regularly and that risks from the premises were identified, assessed and managed promptly.

We saw there were suitable recruitment and selection methods used in the employment of new care workers. The provider ensured that the necessary checks were conducted prior to new staff employment. The provider must ensure that available agency worker information is also in line with the regulatory requirement.

People did not have any complaints about Disabilities Trust - 4 Pages Orchard. Relatives gave us complimentary feedback about the location and told us they would feel comfortable raising any concerns. There was a suitable complaints management system in place.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. People who use the service went out for the day shortly after we arrived for the inspection. We spoke to a relative of a person who uses the service who was complimentary in their feedback. They told us, "We have to fill out surveys and are always reading reports about X. We always get photocopies of this, that and the other".

We saw the last set of questionnaires for people who use the service were completed in December 2013. The provider asked people questions like, "What do you like about living at Pages Orchard?" and "Can you choose what you do each day?" We spoke to the service manager regarding how these were completed by people. We were told that care workers offered support to people as required. Care workers had to sign a declaration that they had used the person's feedback, supported by verified evidence to represent an accurate opinion of the person's views. People's feedback on the surveys was positive.

People were supported in promoting their independence and community involvement. We spoke with a relative who stated, "They've tried all sorts of things. In the past, people have sent X out to post a letter with staff supervision; X goes to college, trampolining, cookery and computer course and drumming. The best thing of all is that they have started taking X on holiday". What the relative told us verified what two care workers had told us at the inspection. In addition, there was the "Interaction group" weekly on Monday nights. This was where people who use the service could talk about set subjects followed by an open discussion, We saw the last meeting was documented on 3 February 2014. Topics discussed included fire evacuation, health and safety, use of the tv and radio, menu planning and the rota of care workers for the coming week.

Communication between care workers and people who use the service was supported to encourage independence and open choice. We observed this involved the implementation of widgets (symbols for verbs and objects), the use of key words and Makaton signing. We saw some staff had received formal training in Makaton to ensure they were carrying out the process accurately and to ensure that messages from people who use the service

were correctly understood. There were "Life cycle" books which were primarily picture-based and helped explain to and remind people about activities of daily living, for example eating and drinking. There was also the "Book about Pages Orchard" which highlighted, using photographs, of various aspects of the home. For example these included the kitchen, utility room, bathroom and garden. Care workers told us they used the book regularly with people who use the service to remind them about the home and refresh knowledge to enable their independence.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The care home was a house located in a residential area of Sonning Common that had been converted for the purpose of providing support to people who use the service. There were two floors, with all bedrooms on the first floor and accessed by stairs. There was also a common kitchen, dining room, utility room and communal living room. A small garden and patio area was at the rear of the premises.

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. We saw the provider had conducted an extensive health and safety audit on 8 January 2014 which demonstrated a number of areas that required attention. This had been performed by the provider's health and safety staff. We saw there were priorities for the recommended actions to be taken. The provider may find it useful to note that timeframes and responsible individuals for the actions were not recorded.

At the time of the inspection, the provider did not have appropriate documentation regarding the location of asbestos containing materials at the care home. We wrote to the provider after the inspection and requested additional information. We saw the provider had put in place interventions to remedy this by having an asbestos site survey and risk register created. Interim safety arrangements had been put in place by the provider's health and safety staff.

We found that people who use the service were protected against the risks from fire. We looked at records which showed care workers conducted and documented weekly checks of smoke detectors, emergency lighting and fire extinguishers. We saw external contractors were also responsible for statutory checks of these under the Regulatory Reform (Fire Safety) Order 2005. A fire risk assessment had been conducted by the provider's health and safety staff on 8 January 2014. There were 11 recommendations stipulated for the fire safety of the premises. We saw this included replacing the fire alarm system, installing new smoke detectors and replacing the emergency lighting. There was an action plan which specified the priority order for the work to be completed.

We found that people who use the service were protected against risks from Legionella. We saw there was a Legionella audit dated 8 January 2014. Although there were three recommendations ranging from short term requirements to less urgent works required, the

provider showed an action plan which demonstrated they intended to take steps to address the matters. We also reviewed a location record of water checks of temperature records and flushing taps which showed that actions required by care workers had been conducted. The provider may find it useful to note that regular servicing of thermostatic mixing valves (TMVs) is necessary to prevent scalding to people who use the service.

We found that people who use the service were protected against the risks from gas and electricity. The provider used licensed professionals that conducted and documented safety checks in line with statutory and legislative requirements. We did not view the five-yearly fixed wiring safety certificate. However we noted this was due for renewal at the end of January 2014 and the provider had plans to complete this check. The gas safety certificate was current and dated 5 April 2013. We found radiators throughout the location had covers installed to prevent burns to people who use the service.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were effective recruitment and selection processes in place. We spoke with the service manager who confirmed that new applicants were required to complete an application form and provide a CV, undertake an interview and provide necessary documentation prior to being offered a position. The manager told us how new staff would be interviewed to check their knowledge, skills and ability to undertake the job. One care worker we spoke with confirmed what the service manager had told us about the application and appointment process for new staff. The location was currently recruiting for a new care worker to fill a vacant post.

Appropriate checks were undertaken before staff began work. We looked at three employee files. Staff recruitment records we looked at showed proper procedures had been followed. Documentation in all personnel files for workers included an application form and/or CV, proof of identity, recent photograph, a Disclosure and Barring Service (DBS) criminal history check, checks of conduct and, where necessary, copies of relevant qualifications.

The provider had a system for making employment decisions where an applicant had a disclosure on their criminal record certificate issued by the DBS. The provider conducted their decision making process taking into account information from the employee and relevant DBS certificate. The service manager told us there was a two part risk assessment. Part "A" of the risk assessment is completed by the service manager and filed on site in the employee's personnel file. Part "B" of the risk assessment is completed and sent to central human resources. We looked at the provider's "Recruitment and selection" policy and procedure dated December 2010. We saw the process for employment decisions where disclosures from DBS for new workers had occurred was not detailed in the procedure. The provider may find it useful to note that the policy and procedure was due for review in December 2012.

The location regularly used agency care workers from a third party provider. We looked at the information held on file by the service about the agency workers. Providers are required to have the same employment information for agency workers as for their own permanent staff. The service manager showed us "proformas" which were obtained from the agency prior to the first shift at the location for each agency worker. However, we saw the information from the agency was not in accordance with the full requirements of

Schedule 3 of the regulation. We wrote to the provider after the inspection. The provider sent us the information which showed information related to agency workers was available in accordance with the regulation. The provider may find it useful to note that comprehensive information about agency staff must be provided from third parties to ensure the safety of people who use the service.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Three people who use the service were at the location on the day of the inspection and we met with them briefly on their way out of the home to activities. None of the people we communicated with had any complaints to tell us about. We also spoke with the next of kin of a person who uses the service about concerns or complaints. They told us they were satisfied with the care provided to their relative. They told us, "The care is absolutely marvellous. I couldn't fault them". The relative said they had never raised a complaint but would feel comfortable in contacting the service to do so if needed.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We saw the provider had a robust complaints management system in place based on an extensive policy dated November 2013 which was reviewed regularly. The service manager explained the complaints process to us. This included: acknowledgement, investigation, response to the complainant, tracking of the process and the opportunity for complainants to provide feedback to improve the system. We viewed the provider's documentation related to the complaints process and saw there were no complaints documented for 2013. We also looked at the provider's website which contained further information about making complaints and corroborated what we had found at the home on the day of our inspection.

People were made aware of the complaints process. For most people, this was provided in a format that met their needs, usually with the assistance of care workers. For example, we saw signs with pictorial widgets appropriate for people who use the service about how to raise complaints. These were in people's bedrooms and communal areas. We also saw regular stakeholder evaluations took place by the provider with various parties. These included people who use the service, relatives/advocates, multidisciplinary team members and commissioners. The team senior advised us that the latest round of stakeholder evaluations was took place in October 2013. The service manager explained the results were collated and feedback created. Results from this process were shared with people who use the service, care workers and others.

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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