

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

Rubery Court

55-57 Walsall Road, Darlaston, Walsall, WS10
9JS

Tel: 01215265096

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2013

We inspected the following standards to check that action had been taken to meet them. 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
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs Shindo Samrai
Registered Managers	Mrs. Susan Jenkins Mr. Paul Morgan
Overview of the service	Rubery Court offers residential care and supported living to people with a learning disability.
Type of services	Care home service without nursing Domiciliary care service
Regulated activities	Accommodation for persons who require nursing or personal care Personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Rubery Court had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Requirements relating to workers
- Staffing
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 8 August 2013, observed how people were being cared for, talked with people who use the service and talked with staff. We reviewed information given to us by the provider, reviewed information sent to us by commissioners of services and talked with other regulators or the Department of Health.

What people told us and what we found

We inspected Rubery Court following concerns at our last inspection in April 2013. The inspection was unannounced which meant the service did not know we were coming.

A new manager had been in place for four weeks at the time of this inspection and they supported us throughout the day. We spoke with people who used the service, observed their care, spoke with staff and a health professional.

We looked to see if people who used the service were respected and involved in the planning and delivery of their care. We found that systems were in place or being put in place to ensure that people were involved as much as they were able to be.

We found that the care and welfare needs of people who used the service were being met.

At our last inspection in April 2013 we had concerns that the service was not managing safeguarding referrals and internal investigations appropriately. At this inspection we found that the service was following the correct safeguarding procedures.

We previously had concerns that the service was not following the correct recruitment procedures. At this inspection we found that they had implemented a new system to ensure the procedures were followed.

We found that the service had sufficient trained staff to meet the needs of people who used the service.

The new manager showed us that they were working on new systems to monitor the quality of care delivery.

Rubery Court was compliant in the six outcome areas we looked at.

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 who used the service understood the care, treatment and support choices available to them as much as they were able to.

Reasons for our judgement

We looked at the care plan for one person who used the service and saw that the support plans were written in such a way that the person was at the centre of the plan. We saw that people's likes and dislikes were recorded. This new manager told us that they planned to review the care plans on a monthly basis with the person who used the service.

Some people who used the service had limited communication skills. The new manager told us that they had plans to arrange quarterly meetings for people who used the service and their relatives. They told us that they wanted to encourage more family involvement by planning garden parties and events within the service. This meant that the service was involving people who could represent the views of people when they were unable to express their own views.

We saw that people were involved in activities around the service, one person was going out, another was baking and someone else had chosen to observe the baking session. Staff told us that if people didn't want to participate in the planned activity then they would be offered something else to do. One person told us they were going to be doing the food shopping for the service the following day.

We saw photographs of the day's menu on the wall in the kitchen informing people what was on the menu that day. There were other pictorial aids around the service to support people to know which area of the service they were in.

We observed staff interaction with people who used the service and saw that they treated people with dignity and respect. When one person became unsettled we observed staff redirect them in a kind and caring manner. This meant that the service was recognising the diversity of people who used the service and respected their human rights.

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

Our judgement

The provider was meeting this standard.

People who used the service experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

When we arrived in the morning everyone was up and had been supported to have breakfast. The service had recruited a new activity coordinator. We observed them encouraging people to engage in activities. Some people were baking another was going out and others were watching. People who used the service appeared happy and relaxed in their environment. The activity coordinator and manager told us that they had plans to make day activities spontaneous and dependent on the individual likes and dislikes of people who used the service.

The manager told us that one person who used the service had recently made a new friend within the community. Staff were supporting them to meet up with the friend regularly to maintain the friendship at the request of the person. This meant that the service was promoting the wellbeing of people who used the service by taking into account personal relationship needs.

We looked at a care plan for one person who used the service. The new manager showed us new care plans that they planned to implement. The plans were clear and comprehensive and would inform staff how to meet the needs of people who used the service.

The manager told us that one person who used the service would be leaving due to the service not being able to meet their needs. The manager told us that they would not be admitting new people into the service unless they were sure they were able to meet their needs, which would follow a full assessment. This meant that the service was assessing the needs of people who used the service and ensuring they could meet their needs.

We checked to see if the service had implemented a risk assessment for one person who used the service who we identified at our last inspection as being at risk. We saw that the risk assessment had been put in place for this person and saw in their daily records that staff were following the risk assessment. This meant that the service was reducing the risk of people receiving unsafe or inappropriate care, treatment and support.

The manager told us and we saw in plans that they worked closely with external agencies such as the community nurses and social services. We spoke with a health professional

who supported the service following this inspection. They told us that the new manager contacted them appropriately and was quick to ask for advice. They told us that the new manager had made positive changes to the service since being in post. This meant that the health and welfare needs of people who used the service were being met.

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

Our judgement

The provider was meeting this standard.

People who used the service were protected from abuse, or the risk of abuse and their human rights were respected and upheld.

Reasons for our judgement

At our previous inspection in April 2013 we had concerns that the service did not always investigate allegations of abuse appropriately. The service has a duty to protect people from the risk of abuse by ensuring appropriate disciplinary procedures are followed when an allegation of abuse has been made. The new manager assured us that they would be following the correct safeguarding procedures in the management of staff and allegations of abuse.

We saw that the new manager had begun to investigate a complaint which involved a member of staff who had not delivered personal care in a timely manner to a person who used the service. We saw that the manager had raised a safeguarding referral with the local authority and this investigation was on-going. We saw evidence that the manager had begun to investigate the concerns internally by writing to all staff who were involved. This meant the service was responding appropriately to allegations of abuse.

We saw that all staff had received safeguarding training and the manager demonstrated a knowledge of the safeguarding procedures and an openness to report any signs of abuse to the relevant external agencies.

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 who used the service were safe and their health and welfare needs were met by staff who were fit, appropriately qualified and were physically and mentally able to do their job.

Reasons for our judgement

At our previous inspection in April 2013 we had concerns that the service did not conduct the relevant checks to ensure that people were fit to work with vulnerable adults. The service had not gained sufficient references, one being from their most previous employer for two members of staff. We saw that the service had not ensured that a new Criminal Records Bureau check had been undertaken prior to their employment at Rubery Court. At this inspection we found that the provider had gained two relevant references for the two identified members of staff and that all the checks were now in place.

We looked at two more files of new staff recently recruited to the service. We saw that new staff had completed an application form and attended an interview prior to being offered the job. We saw that they had two references, a Disclosure and Barring Service check (DBS) and a medical declaration form on their file. The DBS has replaced the Criminal Records Bureau (CRB) check. We saw certificates of any training they may have undertaken relevant to the role they had applied for. This meant that the service was ensuring that staff were fit, appropriately qualified and able to do their job.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used the service were safe and their health and welfare needs were met by sufficient numbers of appropriate staff.

Reasons for our judgement

We looked to see if the service had sufficient staff to meet the needs of people who used the service. On the day of our inspection there were three care staff and the activity coordinator supporting five people and two staff supporting one person in another area of the building. There was a maintenance person who also drove the minibus when required. The manager's hours were supernumerary to the rota.

We saw that the manager had begun to plan a new rota. They told us that as well as the activity coordinator they had recently recruited a domestic which would take the domestic duties off care staff and mean they would be able to concentrate on the delivery of care. The manager told us that they would also like to recruit a cook to relinquish these duties from the care staff too. The manager told us that their desired amount of care staff would be four care staff on mornings and afternoons and this would be achievable when one person who used the service left as it was planned.

During our observations we did not see people have to wait for their care to be delivered. One person had been able to access the community, whilst others had participated in a baking session. People looked well cared for and were supported throughout our inspection to have their needs met. Staff appeared knowledgeable of people who used the service and were able to communicate with them at a level and pace they understood. This meant that the service could demonstrate there were sufficient staff with the right skills and experience to meet the needs of people who used the service.

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.

People who used the service benefited from safe quality care, treatment and support due to the effective decision making and the management of risks to their health, welfare and safety.

Reasons for our judgement

The service had recently had a quality assurance audit conducted by the local authority. We saw that the manager had drawn up an action plan which clearly identified how the required actions would be met. We saw that the manager had begun to meet some of the actions and had timescales identified to meet the rest.

The manager told us and we had previously seen minutes of staff meetings in which it was discussed about how to improve the quality of the care at Rubery Court. This meant that the service was continually reviewing their care practises.

We saw evidence that maintenance checks were completed for all equipment within the service including regular fire alarm tests and checks on bedrails.

We were aware that the service had a complaints procedure. We saw that this was also available in an easy read format for people who used the service.

The new manager told us that they were keen to improve the quality of service at Rubery Court. Plans were in place to ensure that senior staff reviewed all care plans on a monthly basis. This would ensure that the quality of care was constantly being improved for people who used the service. Quarterly meetings with people who used the service and their relatives were also being planned to gain feedback and discuss ideas for improvements. This meant that the service had plans to monitor the quality of service that people received.

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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