

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

April Court

186 Poole Lane, Kinson, Bournemouth, BH11
9DS

Tel: 01202576110

Date of Inspection: 25 September 2013

Date of Publication: October
2013

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

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard

Details about this location

Registered Provider	Bournemouth Borough Council
Registered Manager	Mrs. Lindsay Divall
Overview of the service	April Court provides accommodation and care for up to eighteen people with learning disabilities. The home is located in a largely residential area with good local amenities.
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	5
<hr/>	
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Meeting nutritional needs	8
Management of medicines	9
Supporting workers	10
<hr/>	
About CQC Inspections	12
<hr/>	
How we define our judgements	13
<hr/>	
Glossary of terms we use in this report	15
<hr/>	
Contact us	17

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 25 September 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

At the time of the inspection 18 people were living at April Court, one of whom was staying for respite. We talked with three people who used the service and observed how staff worked with people. One person told us "I like it here, I like making jewellery". We spoke with a relative of one person, who said "A good thing about April Court is the friendliness."

We spoke with the manager and deputy manager, three members of support staff, two agency support staff, the cook on duty, the cleaner and the person who was taking a session in jewellery making that day. One member of staff said "I like the atmosphere here. People are so well looked after." Another staff member said "This is a great place. I believe we really make a difference."

We reviewed care records for three people who used the service. Care and support were planned and delivered in such a way as to ensure the welfare and safety of people using the service and to meet their individual needs.

People were encouraged and supported to have adequate and varied food and drink. Individual needs were assessed where people were at risk of poor nutrition or had swallowing difficulties and appropriate action was taken.

We found that people were protected from the risk associated with unsafe management of medication because there were effective systems in place.

People using the service benefitted from a staff team who were well trained and supported to do their job.

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

Care and welfare of people who use services

✓ Met this standard

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

We found that care and support were planned and delivered in such a way as to meet people's individual needs. We looked at care plans and associated documentation for three people who used the service. One person had lived at April Court for four months and we saw that there was comprehensive information available prior to their admission to enable the staff to be sure that their needs could be met.

People's needs were assessed and formed the basis of their care plans, which were clear and reviewed regularly. We saw they were updated in the light of a change in people's circumstances or needs. Two files seen contained an Essential Lifestyle Plan, and for the third person this was being developed as staff were getting to know them. People who had contributed to the production of the plan were recorded and this showed that relatives and key staff were involved. The plans were personalised and the format differed according to the needs of the individual, for example using symbols, simple text and photographs. There was emphasis on what people were able to do for themselves, so that their independence was promoted, whilst clearly describing the areas where support was needed. This document gave a good concise picture of the person and described what was important to them. We found that support staff knew people very well and could describe their main care needs when asked.

We saw from the care files that healthcare was actively promoted and people were supported to have routine screening and to attend appointments. Daily records were kept for each person and medical appointments were highlighted to enable these to be easily identified in the page of text.

Some people who used the service had limited verbal communication or communicated in an individual way. This put a particular responsibility on staff to identify and respond to non-verbal communication to make sure that support was provided in line with individual wishes. The care plan included information about how individuals expressed themselves. The manager showed us communication grab sheets that were being developed for

people living at the service. These were a single sheet which detailed essential information including a description of their needs, their likes and dislikes, and how to communicate effectively with the person. We found that these accurately described the people we spoke with, and the documents would be very useful in helping staff get to know people.

We saw that people were protected because risk was identified and assessed, and managed through the care plan, and their rights promoted. We observed the deputy manager undertaking a mental capacity assessment for one person where the action considered by professionals involved to be necessary for their safety might have presented restrictions.

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

We found that people were encouraged and supported to have adequate and varied food and drink. We observed how people were supported in making choices for breakfast and lunch, and one person showed us what they particularly liked for their breakfast. The main meal was served in the evening because people were engaged in various activities throughout the day. There was a large board in the dining room with pictures of the available choices and photographs of the people using the service underneath the picture, indicating the meal they had chosen. One person told us the food was good. We observed that food was available outside of mealtimes, and that people could access the kitchen. The chef on duty told us that at times people would help make cakes.

We saw that people were given the assistance needed to eat and drink as independently as possible, including staff support and specialised equipment such as yellow crockery to help people with impaired vision. Lunch was a sociable occasion, with staff and people using the service eating together. Where people preferred not to eat in the dining room staff supported them in their choice.

People were protected from the risks of inadequate food and drink because assessments had been undertaken by the speech and language therapists and the individual guidelines incorporated into the care plan. These were available in the kitchen so that all relevant staff would be aware, for example if a person needed their food cut up or soft. Records were kept where it was assessed that what the person ate and drank required monitoring.

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

We found that people were protected from the risk associated with unsafe management of medication because there were effective systems in place.

Copies of the provider's medication policy and procedures were accessible to staff, and these were clear and comprehensive. We saw records that showed staff had received training in the management of medication and there was on-going assessment of their competence. Records showed only trained, competent staff administered medication. Medication was kept securely in a locked cabinet and there was appropriate storage for controlled drugs should these be prescribed. We saw how one person was supported to be independent by administering their own medication and signing the record.

Records of the administration of medication were good and we saw that these were monitored by senior staff. There were effective safeguards in place to minimise the risk of medication being given to the wrong person. For example, the pharmacist produced administration record sheets and labels for the monitored dosage packs and other prescribed items which included a photograph of the person.

We saw guidelines for one person prescribed a sedative to be taken as needed (prn). These minimised the risk of over-medicating by ensuring the threshold for administration by team leaders was clearly indicated and therefore would be applied consistently by staff. Medication prescribed for people was reviewed annually by the GP, and the date for the next review put into the diary to ensure this was followed up.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People were safe and their care and welfare needs met because there were effective systems in place to ensure staff were competent to carry out their roles. We saw an induction pack for a member of staff due to start work shortly at April Court. This was comprehensive, reflected recognised common induction standards for social care and was relevant to their workplace and their role. One member of staff told us about their induction and we saw their records. They had undertaken mandatory training during their induction period including health and safety awareness, fire safety, moving and handling, food safety, medication, first aid and safeguarding adults. We saw from the records how senior staff made sure that staff were confident and competent before they worked unsupervised because they shadowed more experienced members of their team.

There was a good programme of training in place, and this was responsive to the needs of the service and the people living there. One staff member told us "The training is fantastic". Another said "Training is really good". In addition to more general training we saw from the records that staff had undertaken training to enable them to meet the specific needs of individuals using the service. For example, we saw that staff had received training in specific physical intervention for one person. In view of the changing needs of the people using the service training had been arranged in dementia and learning disability, and we saw that six staff were due to attend the first course.

We saw how the manager and deputy manager actively promoted professional development for the staff. The two staff with whom we spoke both had attained a level 3 diploma in care. One told us about how they were encouraged to become a relief assistant manager and were supported in the role, which enabled them to develop management skills.

Staff told us they were well supported and that they had regular supervision sessions with their line manager. We looked at supervision records for two members of staff which showed one to one sessions took place regularly with support staff and their team leader. The sessions covered a range of areas including reflecting on training received, and learning and development needs.

Team meetings took place regularly. We saw the minutes for the most recent three meetings. These showed that a wide range of relevant matters were discussed. Two staff told us that they were able to add items to the agenda, and they said they knew their views would be listened to.

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.
