

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

Micron House

Micron House, 41 Halesowen Road, Dudley, DY2
9QD

Date of Inspection: 02 May 2013

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2013

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
Safeguarding people who use services from abuse	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Active Care Services Limited
Registered Manager	Mrs. Gail Butcher
Overview of the service	Micron House provides accommodation, for up to ten people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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'.

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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 2 May 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

People we spoke with told us they felt able to express their views and felt involved in making decisions about their care.

People we spoke with told us that staff supported them appropriately and met their needs. One person told us, "I am quite content here, and I am happy with everything". Another person told us, "I am well looked after here, the staff help me when I need them to and they are respectful".

We found that people's needs were assessed, and care plans were in place. The staff we spoke with were able to tell us about people's needs. This ensured people received support in a way they preferred.

People told us they knew how to report any concerns they had about their own safety. We saw staff had training to assist them in protecting people from harm.

We found that improvements had been made with the systems for administering people's medication.

People we spoke with were positive about the staff team. The staff members we spoke with confirmed they were supported by their manager so that they could deliver care safely and to an appropriate standard.

People and staff we spoke with told us that they felt able to raise concerns about the service.

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

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

The people that we spoke with told us they were consulted about the care they received. One person said, "The staff always ask and explain what they are going to do when they support me". We observed staff talking to people throughout the day and gaining people's permission before providing care and support.

We looked at two people's care records. We saw that consent had been obtained in relation to specific areas such as medication. However there was no written evidence to support that people had consented to all aspects of care and treatment. There was also limited evidence in the files to support that people and their relatives had been involved in their care plan. The provider may find it useful to note that people's care files did not fully reflect their involvement and consent to the care and support they received.

When we spoke with staff they told us how they obtained consent from people who used the service before they provided care. One staff member said, "I always ask people if it is ok for me to provide care to them". Another staff member told us, "I always explain and ask people before I provide any care or support". This meant that staff recognised the importance of ensuring people agreed to any provision of care before they attempted to carry it out.

The care records we looked at showed that people's mental capacity was now being assessed and we were told the care plans were being updated to include this information. This should ensure that where a person lacked the mental capacity to make decisions about their health and welfare, the appropriate decisions could be made in their best interests.

We found that staff had not yet received training in the Mental Capacity Act and the Deprivation of Liberty Safeguards that accompany this legislation. We saw evidence that staff had been provided with information leaflets. The provider may find it useful to note that access to this training should enable staff to have a better understanding of mental health and what to do if a person lacked capacity to give consent for care or treatment.

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.

Reasons for our judgement

People we spoke with told us the staff supported them appropriately. One person told us, "I am very happy here and my needs are met". Another person told us, "It is okay here, the staff will do anything for you. If they are busy they always come back and help you". A relative we spoke with told us they were happy with the care provided. They said, "I think the staff do their best and provide good care." We saw that people were dressed in an individual style that reflected their age, gender, culture and the weather.

We looked at two people's care plans. The information was brief in detail and did not always provide specific information about people's preferences and needs. For example information was not recorded about managing a person's specific healthcare need. The staff we spoke with had a good knowledge of people's needs and how these should be met. We saw that staff provided people with the support they required to meet their needs. The deputy manager informed us that the care plans were being reviewed and updated to include more detail. The provider may find it useful to note that the absence of relevant written information in care plans could compromise the care and support people received.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. The records included an assessment of the risks of people getting sore skin and how staff should support them to minimise this risk. We saw that people who were at risk had pressure relieving cushions on their chairs. This meant that people were supported appropriately to minimise the risk of them getting sore skin. Records showed that people were supported to attend health care appointments and visit the dentist, optician and chiropodist. This should ensure that people's healthcare needs are met.

We did not see any activities being provided during our visit, and an activities plan was not available. We were told that people were given choices on a daily basis about what activities they would like to participate in. People we spoke with told us they were satisfied with the activities that were provided. This meant that people were supported to have a meaningful lifestyle.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The people we spoke with told us they felt safe in the home and we observed that staff interacted with people in a kind and respectful manner.

The staff we spoke with were clear about the reporting procedures for raising any concerns to the manager and they knew the external agencies they could contact. Staff confirmed they had received training in relation to safeguarding vulnerable adults. The training records identified that two new staff members had not yet received this training and we were advised this would be arranged. Access to this training should ensure that staff have a better understanding of potential abuse and know what to do to protect people from this.

We looked at how people's personal finances were managed. The home looked after small amounts of money for people. We looked at two people's records and balances. We found that money balances were accurate and that debit transactions were accompanied with receipts. We found there were arrangements in place to check balances on a regular basis. This meant that suitable arrangements were in place to ensure that people's money was safeguarded.

We had not received any notifications about safeguarding incidents at the home since we last visited. The deputy manager told us there had not been any incidents at the home.

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

Appropriate arrangements were in place for all aspects of medicines management. Those included procedures for obtaining, storing, administering and monitoring people's medicines. We found that systems were followed by staff which ensured people's medicines were handled safely.

Appropriate arrangements were in place in relation to the recording of medicine. We found that the medication administration records demonstrated that people received their medication as prescribed. We checked the balances of medication and found this to be accurate with what had been administered. Records were held of samples of staff signatures to enable them to identify staff signatures on the medication records.

Our inspection on 3 January 2013 had found that staff prepared medicines in the upstairs office and then insecurely carried them through the home to administer to people, which meant that they were not handled in a secure way to protect people. During this inspection we found that the provider had purchased a medication trolley, which was taken into the lounge area when staff administered medication. The provider had also purchased a controlled drugs cabinet and a medication fridge. This meant that all medication is stored securely at all times.

We saw that protocols were in place for when people should be given their 'as required' medication. These are medicines that are administered if and when needed. There were clear instructions for staff to ensure that they understand when the medication should be given and the dose that should be administered. This meant that arrangements were in place which ensured that staff took a consistent approach when offering or administering such medication to individuals.

The records we looked at contained some information about what medication people were prescribed. Specific information was recorded for one person about the way medication should be administered and this person's consent had been obtained. However this information was not available for all the people that live in this home. The provider may find it useful to note that staff should have access to specific information about people's needs and preferences in relation to their medication.

Staff we spoke with told us they had received training for the administration of medication. Records seen confirmed this. We found that staff were now being observed to ensure their practices were safe. This would ensure staff have the skills to administer medication appropriately.

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 we spoke with told us they were happy with the support provided to them. One person said, "The staff are wonderful to me and we have a laugh. They know what they are doing." Another person told us, "The staff are good to me, and all of my needs are met."

Staff told us they felt supported in their role. One staff member told us, "We all work together and support one another; the manager is supportive". Staff said they received supervision in which their skills and knowledge were discussed. We looked at two staff files and found that one staff member had received two supervisions in 12 months and the other staff member had received three supervisions. There was no evidence that annual appraisals were completed, and the deputy manager confirmed this. The provider may wish to note that providing regular supervisions and annual appraisals for all the staff team would further enable them to be supported to deliver care to an appropriate standard.

We found that staff received an induction before they started to work at the home. This meant that staff had the opportunity to understand what their role was and how this should be carried out.

Staff we spoke with told us they had the training they needed to support people. The staff training records we looked at showed that staff had completed training which the provider considered to be necessary to undertake their role. We looked at the training plan and where staff required refresher training this was being planned. We saw evidence that five staff members were currently undertaking training in relation to Dementia. This meant staff had access to training which was specific to the needs of the people who lived in this home. Staff told us they have opportunities to complete National Vocational Training in care. This enabled the staff to develop their skills further and gain relevant qualifications for their role.

Complaints

✓ Met this standard

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.

Reasons for our judgement

The people that we spoke with told us they felt confident that any comments or complaints they had, would be listened to and acted upon. One person said, "If I had any concerns I would speak to the staff and I know it would be sorted." Another person said, "I would speak to the manager. I am sure they would listen to what I had to say and deal with it, but I have nothing to complain about I am quite happy." The relative we spoke with knew how to raise any concerns that they may have. Staff we spoke with told us if anyone had a complaint they would talk to the person and find out what the issues were and tell the manager.

We saw that the home had a policy for complaints which was displayed in the home for people and their relatives to be able to access. The deputy manager told us that the procedure could be made available in alternative formats if this was required by people. We looked at the complaints book, and saw that no complaints have been received within the last 12 months. We saw that the home had received many complimentary letters and cards from relatives, which praised the home for the care they provided to people.

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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