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

South Norfolk Community Learning Disabilities Team

Station Road, Attleborough, NR17 2AT
Tel: 01953450800
Date of Inspection: 14 January 2014
Date of Publication: February 2014

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>✓</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✓</td>
</tr>
<tr>
<td>Complaints</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Norfolk County Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mr. Stephen Nice</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>South Norfolk Community Learning Disability Team is a service that provides community-based services for people living with a learning disability. The team is made up of health and social care professionals that work in a multi-disciplinary team. They provide long or short-term interventions that include treatment and support to people living in the community.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Community based services for people with a learning disability</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Treatment of disease, disorder or injury</td>
</tr>
</tbody>
</table>
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'.
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 14 January 2014, checked how people were cared for at each stage of their treatment and care 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

We spoke with people who used the service and their relatives who told us that they were included in making decisions about the support and treatment people received.

We found that support plans and health records were complete and had been reviewed to ensure that the needs of people were met.

People spoken with and their relatives told us that their social worker and nurse were, "Wonderful and kind" and assisted them to find the care and support they required.

Medication was administered, recorded and stored accurately and safely.

There were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work.

People using the service told us that their complaints were listened to and resolved. We found that there was a complaints system in place that met the needs of people using 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.
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 were supported and their views, experiences and choices were taken into account in the way services were arranged and provided.

Reasons for our judgement

People who used the service were assisted to understand their choices about the support and treatment available to them. They were encouraged to express their views and people who were able to, were involved in making decisions about their support and treatment. Where people did not have the capacity to give consent, the provider acted in accordance with legal requirements.

We spoke with people who used the service, their relatives and carers and managers of residential care services who told us that the professional staff provided by the service consulted them and respected the decisions they made. One person using the service said, "When I contact my social worker they ask me what help I need." A carer told us, "My relative has a wonderful social worker and community nurse who respond to our telephone calls for help and include us all in assisting my relative to make a choice and their own decisions." A manager of a residential care home said, "When we ask for a health or social care professional to visit and assess anyone living here the person does have to wait a while for a worker to be available. However, once the person has been allocated a worker, they respond quickly to ensure the person is receiving the care and support they require."

We looked at the support and treatment records held and saw that they contained assessments that clearly told us of the personal, health and social care needs of each person receiving a service. Professional staff members spoken with told us that they helped people to use their personal budgets to choose the services that they could purchase to assist them to live the lifestyle of their choice. They told us that dependent on how far the person's personal budget would stretch, they assisted people to choose from the services available, a range of services that met people's individual needs. Such as, to be assisted to live in the community, to attend a training centre or clubs or to pursue an interest or hobby. This was confirmed by the people we spoke with who had been assisted by workers from South Norfolk Community Learning Disability Team.

The manager told us that people and their carer's were involved in the assessments and
reviews carried out by health and social care professionals and that the support people received with their personal budgets was based on assisting people to access the services they most needed. This was confirmed in the records we reviewed.
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.

People had their needs assessed and experienced support and treatment that met their needs and protected their rights.

Reasons for our judgement

Support and treatment was planned and delivered in a way that ensured people’s safety and well-being.

People using the service told us that they were provided with the support they needed. One person said, "I talk to my social worker and they help me to sort things out." A relative spoken with told us, "The community nurse really understands my relative and makes sure that they get all the help they need." Another relative said, "They do respond when we ask for help but you have to wait now. It is frustrating to find that my relative’s case has been closed and you have to go through the whole process again to get it reopened." Another relative explained, "I live in fear now of being told that we cannot have a service because budgets have been cut. The social workers and health professionals have a difficult time trying to find services that are suitable, available and affordable."

We looked at electronic social care records and paper health records and found that people's needs were assessed and reviewed to ensure that their care, support and treatment needs were met. We saw that they held detailed information that consisted of support plans in the electronic social care record and a clinical intervention plan in the paper health care records. These explained the current assessments and care plans held and detailed the current intervention, risk and mental capacity assessments that had been completed. We saw evidence of the treatment a person was receiving and found that records were held that recorded the monitoring of such things as the risk of a person developing a pressure ulcer.

Staff spoken with told us that working in a multi-disciplinary team that consisted of health and social care professionals meant that as a team they were able to ensure that all of the care, support and treatment needs a person had, were considered and met. They said that it also gave them, more opportunities to discuss issues with the correct specialist that also assisted them with problem solving for such things as moving and handling a person and behavioural management. This action was confirmed in the records we reviewed.
Management of medicines  ✔ Met this standard

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

Medicines were safely administered.

As part of our inspection we reviewed the medication procedures and practise carried out by the nurses working in the service. We also looked at how medication was stored and how the medication administration records supported the safe handling of medicines.

We found that records were complete and that people had received the injection they had been prescribed. We found people's injections were available at the service to administer when they needed them. We spoke with the lead nurse who told us that they carried out a weekly audit of the medication records. They explained that in addition to this a yearly audit was completed by an NHS pharmacist. They showed us that individual drug cards written by each person's drug consultant were held and that this detailed the dose and frequency of their injection.

We saw evidence that people were referred to their doctor or consultant when issues in relation to their medication arose. We found that there was a stock recording system in place that contained an accurate summary of the medication stored. We saw that no controlled drugs were used and that medicines were kept securely and stored appropriately.
Requirements relating to workers

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

Met this standard

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

Appropriate checks were undertaken before staff began work.

People that we spoke with told us that the professional health and social care staff knew how to support them and meet their needs. Relatives spoken with said that the social workers and nursing staff were always willing to try to help to ensure their relative received the care, support and treatment they required.

There were effective recruitment and selection processes in place.

We looked at three staff recruitment files for people who had been employed within the last six months. We found that they were complete and contained evidence that a thorough and detailed recruitment and interview process had been followed and completed. This included the completion of an application form to show personal details and employment history, an interview record and certificates detailing previous qualifications and training. We also found the provider had carried out Disclosure and Barring Service (DBS) and identity checks, had checked that professional registration was current and had taken up references for each person employed.

We spoke with a member of staff who had recently completed their induction training. They told us their recruitment experience had been a smooth process with clear communication from the manager. We found that they had completed mandatory training that equipped them to work in the service.
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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People using the service were made aware of the complaints system. This was provided in a format that met their needs. They were given support by the provider to make a comment or complaint where they needed assistance.

People spoken with told us that if they were unhappy about anything that they would tell their relative, social worker or nurse. One person said, "If something is not right I would tell my social worker and they would help to put it right." They all said that their social worker or nurse listened to them and encouraged them to speak out if they experienced a problem.

Staff members spoken with told us that complaints were listened to, resolved if possible and recorded in the person's records. They said that if the concern could not be resolved that they informed the manager, who then carried out an investigation. This was confirmed in the records that we reviewed.

We asked to look at the records held about concerns and complaints that had been received. The manager showed us that the details of each complaint were held with a record of the action taken to resolve the issue and the outcome. We saw that since the last inspection visit that six complaints had been recorded and resolved to the satisfaction of the complainant. This showed us that people's complaints were fully investigated and resolved, where possible, to their satisfaction.

The manager told us that if anyone raised their concerns that every effort was made by the staff and themselves to resolve the issue as quickly as possible. They explained that a monthly audit of compliments and complaints were carried out. This was confirmed in the records we reviewed.
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.
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:

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<th>Standard</th>
<th>Regulation</th>
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<td>Regulation 17</td>
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<td>Consent to care and treatment - Outcome 2</td>
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<td>Care and welfare of people who use services - Outcome 4</td>
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<td>Meeting Nutritional Needs - Outcome 5</td>
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<td>Safety and suitability of premises - Outcome 10</td>
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<tr>
<td>Safety, availability and suitability of equipment - Outcome 11</td>
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<td>Requirements relating to workers - Outcome 12</td>
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<td>Assessing and monitoring the quality of service provision - Outcome 16</td>
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<td>Regulation 19</td>
</tr>
<tr>
<td>Records - Outcome 21</td>
<td>Regulation 20</td>
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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.