

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

Savile Court

Savile Court, Victoria Road, Felixstowe, IP11 7PT

Tel: 01394284601

Date of Inspection: 28 August 2013

Date of Publication:
September 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
Cooperating with other providers	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Orwell Housing Association
Registered Manager	Mrs. Nunziata Anna Maria Sloan-Capasso
Overview of the service	Savile Court provides a domiciliary care service to people living in their own homes.
Type of service	Domiciliary care service
Regulated activity	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 announced 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 28 August 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with five people who used the service who told us that they were consulted about the care they were provided with and that their needs were met. One person said, "They (care workers) ask me what I need." Another person said, "I do what I want and they (care workers) check I am alright." Another said, "I am happy here."

People told us that the care workers treated them with kindness and with respect. One person said, "Yes, they (care workers) are kind," Another person said, "I like them (care workers). They are nice to me."

We looked at the care records of four people who used the service and found that they experienced care, treatment and support that met their needs and protected their rights. We found that the service worked with other professionals involved in people's care. This meant that people were provided with a consistent service. We found that people were supported to take their medication at the times when they needed it.

We spoke with three care workers and looked at training records which showed that people were supported by care workers who were trained and supported to meet their needs.

We found that the provider had systems in place to assess and monitor the service provided. We found that people's concerns and complaints were acted upon in a timely manner.

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

People told us that they were consulted about the care they were provided with and that their needs were met. One person said, "They (care workers) ask me what I need." Another person said, "I do what I want and they (care workers) check I am alright." Another said, "I am happy here." Another said, "I love it."

We looked at the care records of four people who used the service and found their needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans seen included information about the care and support that people required and preferred. This included support with their personal care needs and medication. The records included information about people's diverse needs and how they were met. These needs included people's dietary needs, how they communicated and how they mobilised.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that risk assessments were included in people's records which identified how the risks in their care and support were minimised. This included risks associated with moving and handling and using equipment in their homes.

We looked at records of care worker visits which identified the care and support provided. We saw that care plans and risk assessments were reviewed regularly to address people's changing needs and preferences. People participated in their care reviews and the records of these were written in a person centred way. For example, "I need help with...." Where people were able, they signed their care records to indicate that they had been involved in their care planning and had agreed with the contents of their care records.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

One person who used the service told us that they had seen the chiropodist. We asked them if the staff had assisted them with their appointment and they said, "Yes." We visited another person in their home and they told us that they were supported by the provider's care workers and their own independent living fund (ILF) worker. They told us that they felt this worked well and they knew which care workers supported them with different areas of their care.

We saw the care records of four people who used the service which showed that their health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others. We saw records of discussions that care workers had with the other professionals involved in people's care, these included health professionals, ILF care workers, social workers and mental health workers. The records showed that the service and other professionals worked in co-operation with each other to ensure that people were provided with a consistent service that met their needs.

The records that we looked at showed that where there were concerns with people's wellbeing, the care workers took action to ensure that these concerns were addressed. This included if people needed to see a doctor. Where other professionals had been contacted for support and guidance we saw that there were records kept which identified the support provided and any follow up action needed. This meant that the service was pro-active and took action to ensure that people's changing needs were identified and the appropriate support was identified and obtained.

The manager told us that they used communication books which people took with them to their day services. They used these books to communicate any concerns or changes in people's wellbeing between the service and people's day services. This meant that communication was promoted between professionals involved in people's care.

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 in relation to the recording of medicine and medicines were safely administered.

We saw the provider's medication policy and procedure which explained how people who used the service were provided with the support that they needed to manage their medication.

We saw the medication administration records (MAR) of four people who used the service. These records were appropriately completed and told us that people were supported with their medication at the prescribed times. We saw four people's care records which held medication profiles which identified people's prescribed medication, the reasons for it being prescribed and the support that they required and preferred to take their medication. There were medication risk assessments in place which identified how risks associated with medication were minimised.

Two care workers told us that they had been provided with medication training. This was confirmed in the provider's training records that were seen. One new care worker told us that they had not yet received medication training and they were not allowed to support people with their medication until they had done so. This told us that people were supported with their medication by staff who were trained to support them safely.

We visited a person in their home. They showed us where they kept their medication and the MAR charts that care workers completed when they had taken their medication. The person and their care worker explained how the person was supported with their medication. The person told us that the care worker reminded them to take their medication and they were happy with these arrangements.

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 told us that the care workers treated them with kindness and respect. One person said, "Yes, they (care workers) are kind," Another person said, "I like them (care workers). They are nice to me." Another person told us that they had pet names for their care workers and said, "I like them, we can have a laugh."

Staff were able, from time to time, to obtain further relevant qualifications. We saw the service's training records which showed care workers were supported to undertake industry recognised qualifications such as a National Vocational Qualification (NVQ) or the Qualifications and Credit Framework (QCF) diploma in health and social care.

Staff received appropriate professional development. The training records that were seen showed that the care workers were provided with training in subjects including health and safety, infection control, food hygiene, safeguarding vulnerable adults from abuse, medication, fire safety, Mental Capacity Act and moving and handling. We saw that staff were provided with refresher training where required. We also found that care workers were provided with training which was specific to the needs of the people who used the service. This training included epilepsy, diabetes, supporting people who display challenging behaviours and communication. This meant that staff were provided with information on how people's diverse needs were met.

We spoke with three care workers who told us that they were provided with the training that they needed to meet the needs of the people who used the service.

We saw the personnel records of four care workers, which showed that their work performance was monitored and assessed. This included one to one supervision and annual appraisal meetings. These meetings provided care workers with the opportunity to discuss the ways that they were working and to receive feedback on their work practice.

Two care workers told us that they felt supported in their role. One care worker told us that they had a supervision meeting every six to eight weeks and an annual appraisal.

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.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who used the service and staff were asked for their views about their care and treatment and they were acted on.

We saw the results from the satisfaction questionnaires for 2012 which had been completed by people who used the service. The manager told us that the completed surveys were sent to the provider's head office to be summarised. Where questionnaires raised concerns or identified an area which needed addressing the manager was informed of this. The manager told us that the questionnaires for 2013 had been sent out and they were awaiting feedback.

We looked at the care records of four people who used the service. These told us that there were systems in place to further gain people's views about the service provided. These included care reviews where people shared their views about the service that they were provided with.

We saw the records of monthly care worker meetings which showed that they discussed the care and support that people were provided with and how their changing needs were met. In these meetings the care workers also discussed the ways that they worked and if they had any concerns.

The manager told us that they were provided with regular one to one supervision meetings with their line manager. In these meetings they discussed the way that the manager performed their role and also discussed the service provided and any concerns. This meant that the provider had systems in place to monitor the service provided. We saw the records of the manager's supervision meetings which confirmed what we had been told. We saw that where improvements were identified, they were documented and followed up at the next supervision.

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 were made aware of the complaints system. This was provided in a format that met their needs. We saw the provider's complaints procedure which explained how people could raise complaints and how they were managed. A copy of the procedure was provided to the people who used the service. For those people who needed it, the procedure was provided in picture and text format. This meant that people were provided with the information that they needed and in a format which met their diverse needs.

People told us that they knew who to speak to if they were unhappy with the service they were provided with. One person said, "I am happy." Another said, "I would speak to them (care workers)". Another said, "I have no complaints."

We looked at the service's complaints records which showed that complaints were fully investigated and resolved, where possible, to their satisfaction.

We saw the results from the satisfaction questionnaires for 2012 which had been completed by people who used the service. The manager told us that if negative comments were received actions were taken to address them.

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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