

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

The Chase

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Alpam Homes
Registered Manager	Mr. Robert Steer
Overview of the service	The Chase is a residential home for up to eight adults both male and female with a learning disability or autistic spectrum disorder.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 30 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

People at the service had structured days and were very active. On the day of the inspection we found that people had gone out or were getting ready to go out for the day. People happily told us what they were going to do that afternoon. One person said "I'm going to get a magazine".

We looked at four care plans and they detailed very clearly what support people should receive. People were developing independence skills and we found that one person was now able to tell staff how they wanted a cup of tea by clicking the kettle switch. People who were not able to communicate were engaged in the service as staff had the relevant skills to do so, for example they used sign language.

We observed lunchtime at the service and found that the food given was a healthy portion. Two people we spoke to in the morning told us what they had eaten for breakfast which was cereal. Staff who prepared food had completed food hygiene training.

Staff knew how to protect people from abuse and management discussed safeguarding at all their supervision meetings with staff every month.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We saw that staff respected people's privacy and dignity. Staff told us they knock on people's doors and they said "this is their home we have come to work in." We had a tour of the house and saw that every person had their own bedroom which was decorated to their liking and their own en suite bathroom. There was a separate annexe attached to the house where the two women lived. They also had their own bedrooms and lounge area if they wanted extra privacy from the main house.

People who used the service understood the care and treatment choices available to them. People who joined the service were given a personal care contract upon entering the service. The expert by experience spoke to two people about the contract and they said "Yeah we have a care contract thing".

People expressed their views and were involved in making decisions about their care and treatment. Two women at the service told us they were going to the day centre and one said "I'm going to buy some magazines". We observed the women leave to go out for the day centre and go out again to the local supermarket for their shopping. It was clear that people were able to state what they wanted to do and where they wanted to go. Staff informed people beforehand when they had an appointment to attend.

People were supported in promoting their independence and community involvement. On the day of the inspection when we arrived people were getting ready to go out for the day. Some people were being taken to hospital appointments and others for their daytime activities. We saw evidence that people attended a variety of daily activities such as drama and music therapy, hydrotherapy, cooking, arts and crafts and bank/shopping. People could also do sailing, cycling, bowling and go to the cinema. Two people told us about the activities they enjoyed doing, One person said "I like drawing and colouring". Another person told us "I go to pottery at Hornchurch. Yeah, you make it and then you paint it and they put it in the oven for you".

We found that there was information to support people in the service such as visual aids which helped people maintain their independence. Staff were observed using sign language with people and the service had place sensory items for people who were visually impaired.

Some people attended a 'club night' which was an event run by a person's relative for people to socialise together. One person said "My boyfriend goes to Club, that's where I met him." "We go sports club too, I'm on a diet." The service demonstrated they were actively trying to involve people and ensure people were doing activities they wanted. People's diversity, values and human rights were respected. People's religions were detailed in their care plan clearly. We saw that one person attended the mosque and the service ensured there was Halal food cooked for them.

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 and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We spoke to two members of management and they explained how people's needs were assessed initially. They told us information was gathered from the social worker and relatives. The service would then ensure that people had a phased entrance into the service that started from a few hours and led to an overnight stay. People were assessed to confirm that they would be able to live with the existing people in the home. Risk assessments were specific and were updated when circumstances changed.

Other health professionals were involved in people's care such as psychologists, psychiatrists, speech and language therapist, deaf and blind specialist and general practitioners. These professionals were part of the care plan and risk assessments.

The care plans we looked at were person centred and people's day was well structured. We saw that the files we looked at had personal care guidelines which told staff how to deliver personal care support to people who needed it. We saw charts that were scored which told staff and people the level of support needed; for example if someone was capable of using a DVD player the score reflected 'no assistance needed'. Where support was needed for brushing people's teeth the score stated 'needs total assistance'. People were able to work toward goals, such as becoming more independent. We saw in one care plan to reach this goal they were to collect and put away their toiletries after use.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The service maintained daily logs and recorded aspects such as people's hygiene, sleep pattern, behaviour and their temperament and character. The manager told us that every month a daily log report was completed. In the four care plans that we looked at we saw evidence that this report was being completed every month. Care plans also recorded where people had received family visits.

There were arrangements in place to deal with foreseeable emergencies. Staff were able to tell us what they would do in an emergency and there were guidelines for staff to follow. For example for someone with epilepsy the service had put a special mattress that had a sensor. Where a seizure was detected at night it would alert staff by a phone call to the

work mobile. Staff had received first aid training and told us they would contact an ambulance and their 24 hour 'on call service' if there was an emergency at the house.

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

People's food and drink met their religious or cultural needs. We saw in care plans that people's food needs in relation to religion and culture was adhered to. One person did not eat pork and their food needed to be Halal. There was evidence that this was clearly stated for staff to be aware when preparing food and when purchasing food.

The expert by experience observed lunchtime with six people. There were two staff members preparing food.

People were supported to be able to eat and drink sufficient amounts to meet their needs. We observed that three people needed some form of support when using cutlery. However staff would do this in a subtle manner and nobody required actual feeding. We noted that people were given time to and space to eat and manage themselves during mealtimes.

People were provided with a choice of suitable and nutritious food and drink. We saw that menus were varied and choice was illustrated through the use of pictures. All the food was balanced and contained a vegetable. On the day of the inspection we saw that people ate pizza, garlic bread and salad at lunchtime. People told us "That was a nice plate of food". People were aware of healthy eating and gave the expert examples of what food they would eat.

People were able to get a drink and food when they liked. One member of staff said "They can help themselves to cereal and such during the week, but on the weekend we make them a cooked breakfast. That way they know it's different".

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

People who used 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. We looked at the service's policy on safeguarding and whistleblowing, it provided staff with clear guidelines to follow and contact information. We spoke to two members of staff and they were able to tell us what they would look for if they suspected abuse. Staff told us their process of escalation and that they would approach the manager instantly should they suspect or witness abuse or they would approach social services, the Care Quality Commission or the Police for further investigation.

We saw evidence in people's files that staff were vigilant and looked out for marks or bruises on people and recorded this on body charts and documented what was found. This showed that staff were actively observing people at all times for any risk of injury or what could be abuse.

People who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. We saw evidence that staff had received training in the use of restraint. We saw that staff had to restrain one person at the home but this was done by having two members of staff sat either side of them. We looked at the person's file and found that every time restraint was used it was fully recorded so that it explained the reason why restraint was needed at that time. We spoke to a staff member and this was used as a last resort.

People's finances were managed by the service and we saw that staff completed financial handovers after each shopping trip and ready for the evening or morning staff to check and this was logged.

The service had a Deprivation of Liberty Safeguard policy and we saw that they sought guidance when needed. For example there were key coded doors however it was determined this did not amount to deprivation of liberty as the doors needed to be locked to maintain people's safety.

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

Staff received appropriate professional development. We looked at six staff files and saw that staff received an induction when they joined the service. Management told us that staff had monthly supervision. Supervision was structured and there was a set agenda that was followed. Staff we spoke to confirmed that they received supervision and we saw in staff files that it occurred regularly. Staff told us during supervision they discussed future training needs, the people they cared for safeguarding and any ideas to improve the service.

We saw evidence that the staff received a yearly appraisal and this was a review of the years work and detailed future staff development. Management showed us they had put together a skills for care folder for all new staff and this would build up as their development portfolio. This showed the service was committed to developing and supporting staff in their role.

Staff were able, from time to time, to obtain further relevant qualifications. Staff were booked on training and we could see that they attended regular mandatory training to ensure their skills were kept up to date. We found that staff had achieved Level 3 National Vocational Qualification (NVQ) in health and social care whilst at the service.

Staff told us they could speak to the manager at any time and they felt supported in their role.

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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