

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

## Dove Lane

7 Dove Lane, Harrold, MK43 7DF

Tel: 01234720019

Date of Inspection: 25 June 2013

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

<b>Management of medicines</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✗ Action needed
<b>Supporting workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Turning Point
Registered Manager	Mr. Alan Neate
Overview of the service	Dove Lane is a care home registered to provide accommodation and personal care for up to six adults who have a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

*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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 June 2013, observed how people were being cared for and talked with staff.

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### What people told us and what we found

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People living at Dove Lane had complex needs and did not communicate with spoken words. They expressed themselves by making sounds and displayed facial expressions and body movements individual to their personalities.

We observed positive interactions between staff and people living in the home, and saw that staff understood the needs of the people they were supporting.

We found that there were systems in place to ensure people received their medicines safely and as prescribed by the doctor.

Areas of the home, in particular people's bedrooms, were not spacious enough to adequately store large pieces of specialist equipment. The manager informed us that the provider was in the process of reviewing the accommodation. A previous planning application was successful on this site for a six bed space care home. Some areas of the home were in need of immediate improvements.

There was an effective complaints system in place to enable people to comment about the service.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 25 July 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external

appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### Management of medicines

✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

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### 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.

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### Reasons for our judgement

We found that there were systems in place to account for medicines prescribed, received into the home and either administered or returned to the pharmacy.

We looked at the medications administration records (MAR charts) for all the people using the service. We saw these had been accurately completed and where medications had been refused by people, this had been clearly recorded on the MAR charts and medication stock.

We noted that clear guidance was in place for staff when administering medications as required (PRN), for example analgesia and sedatives. This meant that people were given their medicines consistently and as prescribed by their doctor.

We examined the procedures for the safe administration and storage of controlled medicines. This type of medication was not being used at the time of our visit, but had been in use recently. We looked at the controlled drugs register for that period and found it to be fully completed with two signatures for each transaction. We saw that storage facilities were in line with legal requirements.

The training matrix showed us that all staff who were expected to administer medicines had received medication training.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was not meeting this standard.

People who use the service, staff and visitors were not always protected against the risks of unsafe or unsuitable premises.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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Dove Lane is a bungalow which has been converted to accommodate people with physical and learning disabilities. Observations on the day of our visit confirmed that people's rooms had been personalised with photographs and personal belongings. There were no en-suite toilets or bathrooms in any of the bedrooms. We saw specialist equipment in place within each room: for example overhead tracking, sensory equipment and hoists. We noted that bedrooms were not adequately spacious enough to accommodate specialist beds and equipment sufficiently. The manager informed us that the provider was in the process of reviewing the accommodation and a previous planning application was successful on this site for a six bed care home.

The kitchen was in need of new units and new flooring which was coming apart along the seams and starting to rise up. This could present a possible trip hazard to people using the service, visitors and staff.

The laundry was not accessible to anyone using a wheelchair. This meant that people could not be involved or supported to be independent in washing their clothes if they wished to do so.

If anyone using a wheelchair wanted to use the garden, staff needed to use portable ramps to make it accessible. The pathway around the garden was uneven and just outside the patio window was a concrete slope which was also uneven. These could present possible trip hazards to people using the service.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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During our visit on 07 November 2012, we found that staff were not receiving regular supervision. In addition clarity was required with regard to refresher training for time limited training certificates.

During this inspection on 25 June 2013, we looked at training and staff supervision records. We also spoke with three staff currently working at the service. One staff member was new to the service and they described the induction programme they were currently working through. This had involved shadowing more experienced staff and attending training courses.

The staff were positive about the training offered and said they were able to request additional training if they felt they needed it.

Wwe found that records showed some gaps in staff training. However we saw dates for further training to be completed and staff we spoke with confirmed they were due to attend this.

The staff we spoke with said they had supervisions with a line manager and that regular staff meetings were held. They told us there was effective communication within the home and the management were open and approachable. One staff member told us "The manager is the best manager I have ever worked with. They are a very good teacher and will take the time to show you how to do something."

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

here was an effective complaints system available.

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### Reasons for our judgement

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There was a provider complaints procedure available for people using the service. This outlined an effective system for identifying, receiving, handling and responding appropriately to complaints and comments made by people or persons acting on their behalf.

We saw an easy read complaints policy which used pictorial images to assist the people to make a complaint. No complaints had been received by the home since the previous inspection.

The manager told us that the organisation had organised a 'people's parliament' where people using the service were encouraged to speak out and share their ideas about the service. They could also use this forum to make complaints. Three monthly stake holder meetings were held where relatives or people's representatives could discuss the service and how it was run.

We spoke to staff who reported that they would report any complaint received to the manager or the deputy manager.

This section is primarily information for the provider

## ✕ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Safety and suitability of premises</b>
	<b>How the regulation was not being met:</b> People who use the service, staff and visitors were not always protected against the risks of unsafe or unsuitable premises.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 25 July 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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