

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

Fitzwilliam Court

King Street, Hoyland, Barnsley, S74 9JZ

Tel: 01226743215

Date of Inspection: 23 September 2013

Date of Publication: October 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Guinness Care and Support Limited
Registered Manager	Mrs. Donna Richardson
Overview of the service	Fitzwilliam Court provides personal care to people who live in 48 self-contained apartments in a purpose built complex. Fitzwilliam Court is in Hoyland town centre with its many amenities and good transport links.
Type of services	Domiciliary care service Extra Care housing services
Regulated activity	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 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 23 September 2013, talked with people who use the service and talked with staff. We talked with commissioners of services.

What people told us and what we found

At the time of our inspection, Fitzwilliam Court provided care and support to 13 people. We spoke with four people who invited us to visit them in their apartments.

Records checked showed that before people received any care, support or treatment they were asked for their consent and the staff acted in accordance with their wishes.

People experienced care, treatment and support that met their needs and protected their rights. All people we spoke with were satisfied with their care. Their comments included "The care staff who come to see me are very nice", "staff are lovely", "Smashing girls [care staff]. They are a good group of staff who come to see me", "staff respect me" and "I know all the staff who come to my flat, staff understand my needs and are very good."

We found that people's needs were identified in care plans which were reviewed at regular intervals. People had been involved in the care planning process.

Where people were assisted and/ or prompted with their medication, people we spoke with did not have any concerns. Staff were appropriately trained in the safe handling of medicines and appropriate policies and procedures about medicines were in place.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. The provider had appropriate and effective recruitment procedures in place.

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

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

More information about the provider

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

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

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We found that the provider had policies and procedures in place relevant to this standard. These included the Mental Capacity Act policy (MCA) and consent to care policy. The Mental Capacity Act 2005 (MCA 2005) is an act which applies to people who are unable to make all or some decisions for themselves. It promotes and safeguards decision making within a legal framework.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People told us, "They [staff] always asked what I wanted doing, what I want for breakfast and what I want to wear that day" and "the girls [care staff] always ask, they don't do anything without asking me."

Various forms and checklists were available for staff to complete regarding a person's capacity to make decisions. For example, we saw that each person's care file had a form which showed that people had been consulted about such things as care and treatment, care plans and risk assessments. We saw that people, or their advocate had also signed a provider 'agreement with us' contract.

People said they were involved in regular discussions about their care. One person said "I have had discussions about my care and it is in that care plan."

Staff spoken with confirmed that they had been provided with combined MCA and Deprivation of Liberty Safeguarding (DoLS) training so that they had the knowledge to uphold and promote people's rights. We saw records held to confirm this training.

Staff we spoke with had a very good understanding of their responsibilities in making sure people were cared for in accordance with their preferences and wishes. Staff told us they had access to written information and guidance about the MCA and DoLS to support their understanding. Staff we spoke with told us; "We know that people must always be at the centre of all choices. We must always assume that people have the capacity to make their

own choices and decisions."

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 satisfied with the care and support they were receiving. Their comments included "The care staff who come to see me are very nice", "staff are lovely", "smashing girls [care staff]. They are a good group of staff who come to see me", "staff respect me" and "I know all the staff who come to my flat, staff understand my needs and are very good." All of the people we spoke with confirmed that staff generally arrived on time, stayed for their allocated time, never missed a visit and they had regular care workers. This meant that people knew who was coming at each visit and that the care worker knew what the person's individual needs and preferences were. No one expressed any concerns about the care they currently received.

We were able to access recent completed 'satisfaction surveys'. The provider asked people, relatives and healthcare professionals about the service of Fitzwilliam Court. We saw that the completed surveys confirmed that people who used the service were very satisfied with the service provided and the care they received. Comments on the surveys included, "brilliant staff and support" and "the level of care, kindness and consideration shown by care staff is second to none."

We checked the care files for the four people that we had visited. The care plans contained good information about the person's biography, personality and their medical and support needs. The care plans focused on the individual person. Risk assessments were included within the documentation and included moving and handling and any other environmental risk factors specific to the person's own home. The care plans had been signed by people to show that they had been involved in the care planning process.

There was evidence in the care plans that staff were continually monitoring people's health and wellbeing. Care plans seen had been reviewed and updated as required.

Staff we spoke with showed a good knowledge of the health and personal care needs of the people they provided care and support to. Staff told us they read people's care plans at the beginning of each visit. This was to check if the person's needs had changed. Staff were clearly aware of their responsibilities in making sure that they read through the person's care plan before providing care.

People that we spoke with told us that the agency had not missed any calls.

Prior to our inspection some external stakeholders were also contacted so they could contribute information prior to our visit. The local authority contracts and safeguarding team told us they had no current concerns relating to this service.

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

We spoke with four people who used the service who were supported by staff with their medication. This was confirmed in all the care plans that we viewed. We saw that medication risk assessments had been undertaken. People said, "staff come at the same time each day and help me with my tablets, they stay until I have taken them." No one we spoke with had any concerns regarding medication.

We looked at the medication administration records (MAR) of all four people. We noted that there were no gaps and that the records had been signed by a member of staff. When prescribed medication was not given staff were able to use a code on the MAR sheets. We found staff had used a code appropriately and provided an explanation as to why the medication was not given.

We found that a policy on the safe handling of medicines was in place and accessible to staff so that important information was available to them.

We spoke with staff responsible for the administration of medicines. They confirmed that they had received medication training within the last 12 months. We looked at the staff training records and noted that all staff had undertaken medicines management training.

Staff said they were monitored by the registered manager when supporting people with their medication as part of the 'supervision' process. We saw evidence of these monitoring visits.

The manager confirmed that medication audits were carried out frequently so that any errors were identified promptly. We saw evidence of monthly audits that had been completed at Fitzwilliam Court.

The manager told us that if any errors or omissions regarding medication were identified, these were addressed with the staff members concerned and actions put in place such as further training and observations. This demonstrated that there were measures in place to ensure the safety of people receiving assistance with their medication.

Requirements relating to workers

✓ Met this standard

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

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

All of the staff spoken with told us they were happy in their jobs and said that they felt supported by the manager and able to speak with them confidently about any issues. Staff said, "The manager has been very supportive of me since I started working here" and "I feel very supported, I have regular supervision, we have regular team meetings and because we are a small team we also support each other."

The service had recruitment policies and procedures that the manager followed when employing new members of staff. We viewed three staff files. They contained an application form, job description, two references, copies of certificates, a photograph of the member of staff, two forms of identification, interview records and a programme of induction.

The service had completed enhanced Disclosure and Barring Service (DBS) checks, formally known as Criminal Records Bureau (CRB) checks for all staff working at the service. This helped to protect people that were receiving a service. The manager confirmed to us that no members of staff were allowed to commence working with people until their DBS check had been received. The manager was aware that if a person's DBS check was returned unclear, the provider must carry out a risk assessment to show that they had considered the results of the DBS check and all other information they had about the person, when making the decision to employ the person or not.

We examined the staff training matrix. This showed that all staff were provided with a rolling programme of training. Staff had completed all mandatory training and were booked in for regular updated and refresher training. Additional specialist training was also provided.

All staff that we spoke with were clear about their responsibilities and had the relevant qualifications, knowledge, skills and experience to carry out their role.

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 receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The provider had appropriate and well established systems in place for gathering, recording and evaluating information about the quality and safety of care the service provided. The areas included: audits, training, complaints, incidents, risk, care plans and staffing.

We looked at a sample of the service's policies and procedures. We found the policies and procedures to be detailed, clearly written and easy to understand. Policies and procedures had been reviewed and updated in line with service requirements.

A complaints procedure was in place so that people could voice any concerns. All of the people spoken with said that they had no worries or concerns, but that they could talk to staff if they had any. Everyone spoken with said that staff would listen to them. There were no outstanding complaints about the service. The provider kept a compliments and complaints folder which we viewed.

We spoke with staff who explained that staff meetings were held every usually every two months. We reviewed the minutes from the last two meetings which were held in September 2013 and June 2013. These demonstrated that areas such as people's care plans, medication, infection control and staffing were discussed and monitored.

We spoke with the registered manager who told us that they conducted spot checks in people's homes to observe how their staff provided care for people who used the service. These checks covered areas such as staff appearance, how staff communicated with people, how they provided care against the care plan and that completion of care records. We saw evidence of this documentation.

The manager said that they regularly sent out 'Customer Satisfaction Surveys' to people who used the service, their relatives and health care professionals. People had been asked their opinions about such things as care, care workers, management and communication. We saw a sample of returned surveys. Overall a high level of satisfaction

was experienced in all categories.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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