

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

Quantock House

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4DN

Tel: 01934644971

Date of Inspection: 15 January 2014

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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
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Leonard Cheshire Disability
Registered Manager	Ms. Judit Salamon
Overview of the service	Quantock House provides community based residential care for six people with a learning disability. All rooms have special adaptations to suit people's individual needs.
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 15 January 2014, 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

During our inspection, we spoke to two people who use the service, one carer and the manager. Three of the people who use the service went out for the day with two other staff members. We looked at the care records of two people.

We saw that people were involved in planning and agreeing to their care and in setting their own personal goals. We saw that people were offered choices, from what they wore, to how they decorated their bedroom. We also saw that where people needed more information or support with decisions that advocacy services were used.

We saw that people had person centred care plans that were comprehensive and regularly reviewed and updated.

We saw that staff received safeguarding training and understood their responsibilities in protecting people who use the service from abuse.

We saw that the provider monitors the quality of the service provided at Quantock House. People that we spoke with told us "yes, I like living here" and "I can go out or stay in and listen to my music".

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

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

The manager explained how people were transferred to the care of Quantock House. They told us that the process had taken several months for some people; this was because people were given time to get to know the other people who use the service and were given information to help them make the decision about whether they wanted to live there. We saw the provider's Service User Guide which was written in clear and easy to understand language. This provided lots of information to help people make a decision about whether to access the service.

We saw the person centred plans that were in use at Quantock House. Each of these contained consent forms signed by people to indicate their agreement with the contents. The manager told us that only one of the six people that use the service had chosen to keep a copy of their plan in their own room, but that everybody who uses the service was able to look at their plan whenever they wanted to.

During our inspection we saw people moving freely around the property. Some were having breakfast on our arrival and some were going out for the day. The manager told us that everyday decisions, such as what to wear, people made themselves. Bigger decisions, such as medical decisions where a person did not have capacity to make an informed decision were made as part of best interest meetings and they gave us an example of a recent best interest meeting that related to a decision about a person undergoing surgery at hospital. We also saw reference in people's plans to personal advocacy services. This showed us that people who use the service were supported to make decisions about their care.

We spoke to two people who use the service. One person was sitting in the lounge listening to music and the other was eating lunch. One person told us "I enjoy going into

town shopping and for coffee". Another showed us some art work they had made. One other person had chosen to remain in their bedroom. We observed the manager ask them if they wanted to speak to us, but they refused. This showed us that people were given choice about what they wanted to do.

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's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The manager told us that people were assessed as suitable for care at Quantock House following an in-depth assessment. We looked at the records of two people and saw evidence of these pre-assessments. We also saw extensive information relating to the individual, including their likes and dislikes, emergency plans, personal care support plans, eating and drinking plans, behaviour management plans, medication plans and full risk assessments. We saw that these documents were very comprehensive and personalised to the individual.

We were told by the manager that all of the plans were reviewed monthly by the person's key worker and we saw evidence of this. Both records that we saw had been reviewed monthly and we also saw evidence that showed that people were assessed if their needs changed at all. As an example, we saw a completed risk assessment for one person who had an increased tremor which had affected them when wet shaving; the risk assessment highlighted the increased risk of the person cutting themselves and suggested the use of an electric razor. This showed us that care was personalised and reviewed regularly.

We saw that person centred goals had been written with people and these had also been regularly reviewed. These goal plans used pictures as well as words in order to be easy to understand. Some of these goals were linked with risk assessments to ensure the person's safety was maintained whilst also promoting independence, for example, learning to prepare a meal.

We saw staff interacting with people and saw that they treated people with respect. We saw staff knocking on people's bedroom doors prior to entering. Everyone that we saw during our inspection was clean and well presented. We saw some of the bedrooms at Quantock House, and these, and communal areas were clean and reasonable tidy.

One person told us "I have my own bedroom" and "I like it here". Another person told us they enjoyed attending art group and the weekly disco. All of the above showed us that

care was planned, delivered and reviewed based on the individual person's needs.

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 use the service were protected from the risk of abuse.

The manager at Quantock House delivered the safeguarding training for staff as well as for staff at neighbouring Birnbeck House and was able to demonstrate an excellent knowledge of the signs of abuse and how to report any concerns. We saw the internal folder detailing alerts that had been reported and we saw that these had all been reported in accordance with local safeguarding procedures.

The manager gave us an example of an alert that had been raised during 2013 and how they had responded and reported the concern. We were told that this incident had since been closed by the safeguarding team.

We saw evidence and heard from staff that safeguarding training was provided as part of the provider's induction programme and that refresher training was provided annually.

We spoke with one carer who confirmed that they had attended safeguarding training and an update. They were able to demonstrate a good working knowledge of the signs of abuse and explained to us how they would report any concerns, including the whistleblowing procedure if they had concerns about a manager's behaviour.

We saw risk assessments in people's plans that identified when they were at risk of abuse and how staff could protect them from the risk of abuse.

All of the above showed us that the manager and the staff had been trained and understood their responsibilities in relation to safeguarding people from abuse.

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 were unable to look at any staff files as they were not held on site at Quantock House. Instead we spoke with the manager and one member of staff about the training and development that they had received.

We were told that the provider provided a three month probation/induction programme for new members of staff. This included mandatory training such as health and safety, safeguarding, moving and handling, infection control, and lone working. New staff "shadowed" a current member of staff during the first week and then completed a series of assessments before completing their probation period.

The manager told us that they undertook supervision sessions with staff approximately every three months and held staff meetings every three to four months and the carer we spoke with confirmed this. They told us "I feel listened to and feel happy to raise any issues or concerns".

The carer we spoke with told us that they had completed their mandatory training and updates and there were other training opportunities available to staff if they wanted, such as NVQ training.

The manager told us that staff had an appraisal every year, when performance and training and development needs were discussed. The carer we spoke with confirmed this and told us that the appraisal process was comprehensive and that they valued the time spent with their supervisor. They told us "the way appraisals are done here is very good". They also told us "my team leader (the registered manager) is very approachable, very competent, very clear and very supportive".

We saw evidence that the provider had undertaken a staff survey during 2013. The provider's intranet site had a notice that informed staff that the results were being analysed and that feedback would be provided soon.

As mentioned previously, the manager at Quantock House was also one of the provider's trainers and gave us an overview of the training they provided, and told us that it was delivered using a mix of face to face and e-learning supported with discussion and scenarios. They told us that staff received training on topics such as safeguarding, fire safety, health and safety, lone working, managing behaviours, infection control and nutrition.

The manager told us that there was always a senior person on-call at Quantock House so that if any concerns or complaints were raised out of hours, that the staff could contact someone internally for advice and support. We saw that the on-call rota was displayed in the staff room at Quantock house.

All of the above showed us that staff received suitable training and support in order to perform their roles.

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment.

The manager showed us the monthly audits that they perform for health and safety, fire safety, food safety, infection control, maintenance and outside security at Quantock House. This showed us that the provider took steps to ensure the building was a safe place in which to live and work.

The manager also told us that they audited the person centred plans and risk assessments on a monthly basis and we saw evidence of this within the individual plans. The manager told us that the results of these audits were logged in the provider's internal quality assurance system and that trends were communicated to all of the provider's managers throughout the year.

We saw that people who use the service were provided with information in an easy to read format which explained how they could make a complaint. We saw how complaints were logged internally, and the manager discussed one recent complaint and showed us how it had been reported and responded to. This showed us that people were told how to complain and that complaints were dealt with appropriately and in a timely manner.

We saw that the provider had sought feedback from people who use the service on an annual basis. We saw the provider's "Have your say" leaflet which explained how people could make comments, complaints or suggestions. This was written in an easy to read format in clear language and explained the process and the associated timescales.

We also saw a comments book in the hallway of Quantock House for visitors to make comments or suggestions.

The manager told us that they involved family members in feedback and that they were invited to attend review meetings. They told us that the majority of relatives of people who use the service were actively involved in care reviews and had given feedback. We saw

evidence in one person's plan of communication and correspondence between the manager and the relative relating to a sporting event that the person wanted to participate in.

We saw how maintenance work was planned and we were told that some of the bedrooms were going to be refurbished this year. We were also told that some of the communal furniture and kitchen utensils were going to be replaced in the near future. This showed us that the provider wanted to provide a quality service to people in clean and well-presented surroundings.

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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