Inspection Report

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

The Old Rectory

27 Stallard Street, Trowbridge, BA14 9AA

Tel: 01225777728

Date of Inspection: 24 April 2013

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Parkcare Homes (No 2) Limited
Registered Manager	Ms. Teresa Hibbs
Overview of the service	The Old Rectory provides care and support for up to 8 people with autism spectrum disorder.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether The Old Rectory had taken action to meet the following essential standards:

- Consent to care and treatment
- Safeguarding people who use services from abuse
- Supporting workers
- Records

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 24 April 2013, observed how people were being cared for and talked with staff.

What people told us and what we found

At this inspection we did not speak with people who used the service. This was because some were out taking part in community activities and those who were at home could not communicate verbally. Instead we spent time observing how staff communicated and supported people to see people's experience of care in the home.

We observed people used all areas of the home. We saw they made use of their bedrooms and enjoyed their hobbies for example, music and DVDs. On the day of the inspection most people were out in the morning in the community.

Staff we spoke with told us they enjoyed their work and felt well supported. We saw staff had received the appropriate training to care for people safely and effectively.

People were knowledgeable and confident about safeguarding vulnerable adults. They understood how people communicated their consent to care on a day to day basis.

Overall people's records were up to date and reflected their needs. Staff personnel records and people's care records were stored securely.

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

At this inspection we did not speak with people who used the service. This was because some were out taking part in community activities and those who were at home could not communicate verbally. Instead we spent time observing how staff communicated and supported people to see people's experience of care in the home.

We spoke with four staff. Staff were knowledgeable about the people they cared for. They told us people in the home had mental capacity to consent to and make their own decisions with regard to day to day care. Staff explained how an understanding of people's non-verbal communication and behaviours helped them establish their consent to receive support. For example, people might refuse to wear certain clothes, ignore staff or use Makaton sign language. We observed people would take staff by the hand to indicate they required assistance or wanted something. Staff responded patiently and with a caring attitude.

One member of staff told us "We try to encourage people to maintain their independence. We don't force them. Sometimes we use choice cards to help them make decisions. It's important to give options." Another member of staff said "we explain what's happening or what needs to happen. For example we would ask the person's permission before contacting their doctor."

We saw from people's records their mental capacity was assessed for more complex decisions which might affect their independence. Examples of such decisions included, management of finances and self medication.

Staff knew about working in people's best interests if it had been established a person did not have the mental capacity to make a decision for themselves. Staff told us people's families liked to be informed and involved when best interest decisions were made. For example the manager told us how prior to one person having dental treatment requiring a general anaesthetic a best interest meeting was held. This involved hospital staff, staff

from the home and family.

The manager said the services of an independent mental capacity advocate (IMCA) were available and had been used in the past to support people to understand their options and make informed decisions.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

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 to prevent abuse from happening.

Reasons for our judgement

At the last inspection on 19 October 2012 we found staff were not confident in their knowledge of safeguarding vulnerable adults. The provider sent us an action plan outlining how they would address the shortfalls in staff knowledge and skills.

At this inspection we spoke with four staff about their understanding of safeguarding vulnerable adults. Staff were confident in their knowledge of the different types of abuse and how it could present in people with autism. For example, one staff member recognised how understanding people's usual behaviour might highlight changes which could be attributed to abuse. Another member of staff explained how they used de-escalation techniques to protect people from each other when situations were emotionally charged. Staff knew how to report suspected abuse to the appropriate authorities. People had easy to read information about the Mental Capacity Act 2005, the Deprivation of Liberty Safeguards and other safeguarding advice in their bedrooms.

We saw from people's records staff used body maps to record any new or unexpected marks or bruises on people's bodies. Staff told us they would report any suspicious markings to the person in charge in line with the provider's policy.

Following the last inspection, the manager assessed staff knowledge of abuse and implemented additional safeguarding training. This meant the manager could identify where there were shortfalls in staff knowledge and skills. We saw staff had safeguarding training updates annually. To complete the training staff undertook an assessment of knowledge and skills. The manager told us staff assessment results were discussed at supervision.

The staff we spoke with understood what the term mental capacity meant. They were knowledgeable in recognising when a person was able to make day to day decisions for themselves. The provider may find it useful to note staff were less knowledgeable about Deprivation of Liberty Safeguards.

The provider had relevant policies which were comprehensive and up to date. The

safeguarding policy provided clear guidance to staff on how to report and manage suspected abuse.

Supporting workers ✓ Met this standard

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 we spoke with told us they enjoyed their work and overall felt well supported.

We found staff received the relevant training to enable them to support the people they cared for safely and effectively. From the provider's training records we saw staff were expected to update most essential knowledge and skills on an annual basis. Subjects included safeguarding vulnerable adults, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. The training methods used were appropriate to the subject matter. For example, a blend of e-learning and face to face skills based training was used.

We looked at training records. We were told by staff we spoke with that they had completed a three day skills based programme to manage behaviour that may challenge. The skills learnt enabled them to de-escalate emotionally charged situations effectively and with minimum risk to the people they cared for, their colleagues and themselves. One staff member had attended training in intensive interaction communication. This approach equipped staff to understand and communicate with people who had autism spectrum disorder. The staff member explained how they had used the skills to support a person who had difficulty coming out of their bedroom and participating in other daily activities of living.

The provider's quality assurance system monitored staff completion of training. We saw from training records overall staff were up to date with their training and were aware when the next training update was due to occur.

The manager told us the staff induction programme was based on an on-line programme of fundamental knowledge and skills. Subjects which needed to be completed within the first week of starting their job were safeguarding vulnerable adults and autism. This meant staff had the essential knowledge and skills to prepare them to begin to work safely and effectively with the people they cared for. Staff were assigned a buddy for support and worked supernumerary for the first two weeks until they were confident to work independently.

The provider planned for staff to receive individual supervision bi-monthly. Staff records

showed this was mostly achieved. At the time of the inspection all staff were scheduled for an annual appraisal.

The manager told us staff were expected to regularly attend the monthly staff meetings. These meetings provided opportunities to discuss staff concerns and clinical issues. For example, we saw one person had been referred to a behaviour specialist nurse. This information meant staff who did not work regularly in the home were kept updated on changes in people's care.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe care and inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We looked at three people's care records and monitoring charts. Overall people's monitoring charts, for example weight and blood pressure recording were completed in line with their care plan.

We saw people's care plans were in the process of being transferred to a new system and updated. The new forms were streamlined and included the necessary information to provide safe, effective person centred care. During this transition period people's original plans of care were updated as necessary. For example, we saw in one person's records an additional care plan had been developed to enable staff to support the person with their visits to the pub and what they were to drink.

Each person had a designated member of staff who acted as a key worker. The key worker ensured people's support needs were met. Information for updating care plans came from regular key worker meetings. We saw most people met with their key worker on a monthly or bi-monthly basis if they wished. Key worker records addressed aspects of care and support including review of plans of care.

The manager told us they audited three care plans each month as part of the provider's quality monitoring systems. This process enabled the manager to see what aspects of care plans needed review and development.

We saw people's personal records were kept securely in a locked filing cabinet in the manager's office. The office was locked when not in use. The manager told us only authorised personnel were able to access the records.
People's care records were stored in the staff office which was closed and locked at all times.

We saw accurate records were kept of any financial transactions made by staff on behalf of people in the home. The monies used and the change were countersigned by two signatories and audited weekly.

The manager was aware of how long records needed to be retained. The provider had a

safe process for the destruction of confidential records.

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@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk