Inspection Report

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

Joyleen

Longlands, Bristol Road, Cambridge, Gloucester, GL2 7BG

Tel: 07906196634

Date of Inspection: 22 May 2013

Date of Publication: July 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
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	Cardell Care Limited
Registered Manager	Mrs. Della Gilby
Overview of the service	Joyleen is one of five homes owned by Cardell Care Limited in Gloucestershire. It provides accommodation for two people with mental health difficulties and/or a learning disability.
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

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 22 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

At the time of our inspection Cardell Care Limited had applied to us to increase the numbers of people living at the home to three. We spoke with the two people living at the home and spent time observing interactions between them and staff. We spoke with three members of staff.

People told us they were involved in developing the service provided to them. They were supported to be as independent as possible. They liked to use local facilities including shops, pubs and garden centres. We observed them being treated respectfully and sensitively.

People said they talked with staff about their care needs. They said, "staff talk to me about care, they mostly understand me now". We found that care records were person centred and kept up to date. They were available in formats using pictures and photographs.

People were being safeguarded from harm or abuse. Staff had access to training in the safeguarding of adults and the prevention and management of challenging behaviour. One person told us, "they treat me very well indeed. I have no issues".

Staff had access to an induction programme to equip them with the knowledge and skills to support people. Training and refresher training were provided when needed.

The quality assurance process was being developed to take into account people's views of the service provided. People had individual meetings with staff to discuss the support they received and any concerns they might have.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People were supported to make informed choices about their care and support.

Reasons for our judgement

People who used the service were given appropriate information and support regarding their care or treatment. People were invited where appropriate or able to look around the home and discuss their care needs with staff prior to moving in. People confirmed they were involved in choosing the decoration and fixtures for their accommodation. They were given information about the service they were to receive and what they could expect. The service user guide was produced using plain English, pictures and photographs. A copy of the updated statement of purpose was available in the reception area.

People who used the service understood the care and treatment choices available to them. People confirmed they talked to staff about the support and care they needed. We observed staff offering people choices about their day to day routines. People made decisions about what to eat and drink, how to spend their time and what activities they would like to do. We observed staff supporting people sensitively and respecting their privacy and dignity.

People were supported in promoting their independence and community involvement. People's care plans clearly stated "promote independence, well-being and choices". We observed staff enabling people during our visit to carry out tasks for themselves. One person told us they liked to go to local airports to watch the airplanes and enjoyed "going out and about". Another person attended day centres, art groups and visited local pubs, cafes and garden centres.

People's diversity, values and human rights were respected. We noted that people's spirituality and religious beliefs were noted. One person had stated that they wished to be supported by female staff with their personal care and this was respected.

People had individual meetings with staff and the manager to discuss the service they were receiving. This provided them with the opportunity to talk about their views

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights. The planning and delivery of care was person centred promoting people's safety and well being.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Each person's needs were assessed. This assessment formed the basis for developing their care plans and risk assessments. People confirmed they had been involved with staff talking about their likes, dislikes and routines. One person said they also discussed their support with a health care professional.

We found that care plans were person centred and focussed on how people would like to be supported. Clear guidance was provided for staff. Staff spoken with had a good understanding of people's needs. One person told us, "staff talk to me about care, they mostly understand me now". There was evidence that care records were being monitored and updated to reflect any changes in people's needs. We noted that care records were produced in formats appropriate for people's individual needs. For instance one person's care records included personal photographs and pictures to illustrate the text.

We looked at specific aspects of people's care such as how they were supported with continence or to manage their mental well-being. It was evident that where necessary the appropriate health and social care professionals were being involved. A record was kept evidencing appointments and any action taken or any follow up appointments. Health action plans had not yet been put together with people but staff were planning to do this. Staff confirmed that if needed people would have access to advocacy services.

Where hazards were identified in people's care plans reference was made to risk assessments or guidance which was in place to ensure their safety and well-being. Any restrictions were noted such as the use of key pads or listening monitors. People who used services would only be deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards. We saw evidence that an authorisation had not been granted because it was deemed to be a restriction and not a deprivation of liberty.

We found that care plans and risk assessments provided guidance about how people should be supported to manage their mental well-being. Physical intervention was not

used and staff were clear on the strategies they could use to help people to become calm. Incident and accident records were maintained and were being monitored. Support was requested from the relevant social and health care professionals at times of crisis. Strategies were in place for emergencies such as the use of 'as necessary' medication or possible admittance to hospital.

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 prevent abuse from happening.

Reasons for our judgement

Strategies were in place to protect people who used the service from the risk of abuse. Staff had completed training in the safeguarding of adults accredited by the local adult safeguarding team. They also had access to an open learning refresher package. Policies and procedures for the safeguarding of adults and physical intervention were in place. Staff had completed training in the prevention and management of challenging behaviour. They spoke with confidence about how they ensured people stayed safe and well.

People living in the home were given information about how to raise concerns. One person told us they would talk to staff or other health care professionals if they had any complaints. They told us "they treat me very well indeed. I have no issues". We saw copies of "letting us know what you think" forms in the reception area. The home had not received any complaints.

Inventories were being completed to maintain an up to date log of people's personal possessions. A financial care plan and risk assessment was in place for one person noting the support provided by staff. They were offered the choice of where to keep their money either in the office or locked facilities in their room. Another person's finances were being managed by an appointee and the necessary records would be put in place when they had more control of their finances. We noted that financial records were being kept and audited. The provider may find it useful to note that some corrections or alterations were being made to these records. It was difficult to verify who had made these alterations. The manager left a note for staff to initial or sign any alterations in future.

There was evidence that consideration had been given to people's capacity to make decisions, for instance about their finances. Where necessary a best interests meeting would be held if they were assessed as lacking capacity to make decisions about their finances.

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. Staff had access to a range of training and professional development appropriate to the needs of the people they supported.

Reasons for our judgement

Staff received appropriate professional development. Staff confirmed that they had access to a programme of training and refresher training. Where specialist training was needed in relation to people's individual needs this was arranged with external trainers or health care professionals. We looked at the training records for staff which verified that they had completed induction and mandatory training. In addition to this they completed role specific training such as prevention and management of challenging behaviour, epilepsy and management of violence and aggression. Staff had access to the Diploma in Health and Social Care.

We discussed the induction programme with the manager. This was completed internally and was equivalent to the Skills for Care induction standards. New staff were able to shadow existing staff as part of this induction. New staff completed work books and had access to open learning as well as some external training.

The manager said that formal supervision sessions had not yet been established. The manager said that these would be put in place once the home was fully operational. Informal supervisions occurred frequently, as and when the need arose but had not been recorded. Observations of staff practice were completed regularly, for instance the administration of medication. We found that staff meetings were being held providing the opportunity for group supervision. Records confirmed discussion about the training needs of staff. For instance, a training session was arranged with health care professionals to demonstrate the use of equipment being provided to a person.

It was evident that a vital tool for communication between staff were the daily records and communication book. These prompted staff to note any incidents or accidents or changes in people's needs. Staff were confident that any concerns would be listened to. The manager discussed with us the support mechanisms for staff which promoted an open culture in the service.

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 used the service and others. Systems were in place to seek people's views about the service provided.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People had individual meetings with staff and the manager where they discussed the service provided and any changes they wished to make. It was evident that action was being taken in response to these meetings. For example, one person was concerned about their diet and was given support to manage this appropriately.

Staff meetings provided the opportunity for staff to feedback about the way in which the service was developing and any changes they wished to make. They also provided a forum to discuss changes in people's needs, incidents and accidents and the response of staff to these. Strategies were in place to record, monitor and take account of incidents and accidents. We found that people's care records were up dated as a result.

A range of audits were being completed. We checked environmental audits which were completed each month. Fire safety checks were also done at the appropriate intervals. Staff were maintaining checks required for fridges, freezers, hot food and hot water temperatures.

There was a complaints procedure in place which was accessible to people and their relatives. The home had not received any complaints. We noted that a person had raised some concerns during an individual meeting which were immediately responded to.

The manager said she had plans to audit the home's compliance against each of our (Care Quality Commission's) outcomes. Feedback from other stakeholders would also be part of this process. An annual quality assurance report would be completed and made available to people.

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