

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

Ash Grove

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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
Management of medicines	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Heart of England Mencap
Registered Manager	Mrs. Alexandra Arnold
Overview of the service	Ash grove provides respite for people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

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 1 July 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 carers and / or family members and talked with staff.

What people told us and what we found

We were unable to speak with any of the people who used the service due to the complexity of their health needs. We spoke with two staff, the registered manager and two relatives of people who used the service. We also observed how staff cared for people who used the service.

We looked at care plans for three of the people who used the service. They covered a range of needs and had been reviewed regularly to ensure that staff had up to date information. There were also detailed assessments about the person's health so that staff could support people to keep healthy and well. All the staff we spoke with had knowledge of the needs of the people who lived there.

We saw that staff helped and supported people. We spoke with one relative of a person who used the service. They told us that staff were: "Doing a good job". We saw that people received care that met their individual needs.

We found that medicines were being appropriately stored and administered.

We found that there were regular audits and quality checks. We also saw that the provider sought on-going feedback from families and carers. This ensured that the provider was able to monitor the quality of its service delivery.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. We spent some time with people who lived there and we spoke with staff. We also spent some time with the registered manager.

We saw staff offered appropriate encouragement to people to manage their own needs as far as possible. We saw that staff knocked on bedroom doors, used people's preferred names when they addressed them and spoke with people as individuals.

All the people we observed during the inspection were offered a range of activities. We saw one person getting ready to go out to the local community. We saw staff treated this person in a way that was respectful and dignified. We asked staff about this person's activities. The activity and care plans all reflected the likes and dislikes of the people they were about. Staff told us that they all tried to support the person to make choices around what they want to do. We found that staff valued the wishes of the individual, one staff member told us: "What they (people who used the service) want is the most important. We are here to care not control". One relative told us: "The staff always seem to hold the people (who used the service) in high esteem. Caring and respectful in their approach". This showed that people were being treated with dignity and respect.

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.

Reasons for our judgement

All the staff we spoke with had knowledge of the needs of the people who used the service. We saw that staff helped and supported people. Staff told us that the amount of support that a person required was always based on an individual's needs. What staff told us matched what was in people's care records. For example we saw that when a person became anxious, staff were able to calm and relax the person. We saw that the staff member had supported the person in line with their care plan. This meant that people who lived at the home were receiving care and support that met their individual needs.

A member of staff told us: "We try to care the best we can". A relative told us that: "The staff are very good, they try very hard". All the people who used the service had specialist health needs. Care records indicated that a range of external health and social care professionals had made visits to people who used the service. For example we saw that the provider was monitoring episodes of a person's anxiety. The provider then shared this information with a clinical psychologist to look at ways of reducing their anxiety. This meant that people who used the service received care that met their individual needs.

We saw that the daily record sheets were up to date. This ensured that staff had up to date information about people's care and support needs, and that people who lived there would continue to have their individual needs met.

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

The provider had written policies and procedures for the management and administration of medicines in place. These were comprehensive and included clear guidance for staff to follow for the safe administration of medicines.

We observed that upon administering the medicines the Medication Administration Record (MAR) was signed by the staff member to confirm that the person had received the correct medicine. However the provider may wish to note that we found two entries on the MAR that had not been signed for. We checked with the staff who had administered the medicines on that day and they told us that the medicines had been administered correctly. The tablet count confirmed this. The registered manager told us that this was an isolated error and they would follow this up with the staff member concerned.

We carried out an audit of the medicines of those people whose care files we had looked at. We found that people received their medicines as prescribed by their doctor. Each one we counted had the correct number of tablets remaining for the number that had been dispensed and administered. The staff member we observed administering the medicines told us that they, "Always check the medication stock each time medicines are administered". This ensured that people were protected against unsafe management of medicines. We did find however that tablet counts were being written in the area where signatures should be put. When we spoke with the registered manager they told us that they would redesign the MAR so that space is given for both the signature and tablet count.

We found that medicines were kept safe and secure in a locked medicines cabinet. This meant that medicines were being stored appropriately

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.

Reasons for our judgement

When we looked at the complaints book, there were no complaints listed. The registered manager said that regular contact with the families provided them with opportunities to comment or complain directly if there was a problem. All complaints were entered electronically which meant that they were tracked by the managers throughout until a resolution had been reached. This meant that the provider was able to analyse this information so that they could assess and monitor the quality of the service they delivered.

The registered manager had completed regular audits. These audits looked at a particular area of care and all the paperwork and activities around this area of care would be audited. We saw evidence of audits around medication and health and safety. We saw an action sheet detailed what action had been taken following the last health and safety audit. This showed that the provider had constantly measured the performance of its service. This meant that the provider protected the people who used the service from the risk of inappropriate care by regularly assessing and monitoring the quality of its service provision.

We saw that the provider gave families and carers feedback sheets for each time the service was used. One relative we spoke with told us that there was: "A healthy degree of two way feedback". Another relative told us: "As a service they are keen to listen and understand your experience of the care they give". This showed that the provider was having due regard to the views of the families and carers who used the service.

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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