

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

## Rhodsac Care Home

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2014

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** ✗ Action needed

**Safeguarding people who use services from abuse** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

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

## Details about this location

Registered Provider	Rhodsac Community Living Limited
Overview of the service	Rhodsac care home provides care and support for up to three younger adults with 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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 January 2014, 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, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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At the time of our inspection visit, this small care home had been operating for a few months and provided care and support for two people. We spoke with both people who used the service about their experience of living at Rhodsac. They told us they liked living there, and were happy with the care and support they received from staff. They told us their views were listened to and any concerns they had were taken seriously and acted on and they felt safe. We also spoke with two relatives who said they thought their relations were happy.

We found that people received good day to day care from staff who knew them well, however this was not supported by having individualised care plans and risk assessments in place. This meant there was a risk that people's care may not have been effectively managed and individual risks minimised to ensure people's safety and welfare.

Recruitment checks were sufficiently robust to guard against employing unsuitable staff. There was no registered manager in post at the time of our inspection. The service was being managed by the company director until a registered manager was recruited.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 12 February 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our

decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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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.

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### Reasons for our judgement

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People who used the service were given appropriate information and support regarding their care. People who used the service told us that before they moved to Rhodsac, they had visited and had been given information about what to expect. They said they had "liked it" and wanted to move in.

We found that when considering future admissions careful consideration had been given to the needs and views of people already living at Rhodsac. We spoke with the director for the company who told us that they would not admit a person if their needs were likely to have a negative impact on people who used the service. People who used the service told us they had met people who had visited the home and they had been asked for their views.

Discussion with people who used the service and a member of staff confirmed that people were supported and encouraged to be as independent as possible. People told us about local community groups that they attended and enjoyed.

People who used the service told us that staff treated them with respect and that their views were listened to. They told us that they were involved in making decisions about their day to day routines and how they spent their days. People did not have any planned activities on the day of our inspection. However we heard them discuss and negotiate between themselves and the member of staff on duty when they would do the household shopping, what they would eat and how they would spend the day.

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

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**Our judgement**

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The provider was not meeting this standard.

Care and treatment was not planned in a way that ensured people's safety and welfare.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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People who used the service told us that they were very happy with the care and support they received. One person said "I don't want to go anywhere else to live." We also spoke with the relatives of people who used the service. They told us that they were very pleased with care their relation had received so far. One relative said they thought staff had understood their relations needs and were approaching them in the right way. Discussion with the member of staff on duty and observations during our visit identified that they had a good understanding of the people's individual care and support needs.

We saw that an assessment of people's needs had been carried out before people moved to Rhodsac. The information gathered identified the level and type of support that people needed from staff. We saw that the local authority arranging the placement for one person had also provided risk assessments and detailed information about their needs.

People we spoke with told us that they were involved in doing different activities in the house and in the community. For example this included; household tasks such as cleaning and keeping their rooms clean and tidy, shopping, visiting family, eating out, attending planned activities and doing voluntary work. This meant that people were offered activities to maintain and promote their daily living, social skills and wellbeing.

We reviewed the care records for the two people who used the service to see how their care was being planned and supported. We saw that the provider had subscribed to a range of documentation, which included documents to assist with care planning, risk assessment and reviews of care. However at the time of our inspection people's care plans and risk assessments had not been fully completed. This meant that systems were not fully in place to reduce the risks of people receiving unsafe or inappropriate care.

We saw that a system was in place for staff to record any incidents that had occurred. The director told us that they had reviewed the incident record as they entered them on to the computer system. We saw a sample of these records on the computer. Review of such records is important in identifying any additional support needed by people who used the service or staff to reduce risks to an acceptable level. As care plans and risk assessments

had not been fully completed risks were not managed in a planned way.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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We saw that the provider had policies and procedures on safeguarding of vulnerable adults. This was to make sure that staff knew the correct procedures to follow should they have any concerns about people who used the service. However the provider may find it useful to note that a copy of the local authority safeguarding procedures was not available at the time of our inspection. This is important to help ensure that local information is readily accessible to staff.

The people we spoke with told us that they felt safe living at Rhodsac and knew who to talk to if they had any concerns. However they told us that they had no concerns about living there. We saw that during our inspection, people who used the service looked relaxed and comfortable in the presence of staff.

We spoke with a member of staff and they told us that they had received training in safeguarding vulnerable adults. This was confirmed by looking at staff training records. The member of staff understood their responsibilities in relation to safeguarding and knew how to raise concerns to their manager, and outside safeguarding agencies. They confirmed that they had no current concerns.

The provider may find it useful to note that at the time of our inspection the individual care plans and risk assessments for people who used the service did not specify the risks for people using the service and how they were to be safeguarded from any potential abusive situations.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We looked at three staff files to check the effectiveness of the recruitment process. We saw that information had been gathered about people's employment history. The provider may wish to note that in one case the employment history included the years of employment but not the months. This meant that it was not clear whether there had been any unexplained gaps in employment.

We saw that checks had been carried out to make sure people employed at the service were suitable to work with vulnerable people. These checks included references from previous employers and a criminal record bureau check through the governments Disclosure and Barring Service (DBS).

Records showed that as part of the recruitment process information had been gathered about qualifications and experience. Training records showed that the provider had identified particular training that they required staff to undertake. We saw the training included, safeguarding vulnerable adults, fire safety, first aid, health and safety, medication management, food hygiene, person centred care and control of substances hazardous to health (COSHH). The member of staff on duty told us that they had also undertaken autism awareness training to give them a basic understanding of the needs of the people they were supporting.

We spoke with a member of staff about the induction process for new staff. They told us that new staff always worked alongside experienced staff until they were familiar with the needs of people who used the service. The staff member on duty on the day of our inspection was experienced and discussion with them, and observations confirmed that they had the necessary skills and knowledge to meet people's needs. For example, we saw that the member of staff was able to calmly reassure and explain the presence of the inspector, who was an unexpected visitor.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We saw there was a range of quality assurance tools available. The director for the company told us that these were yet to be fully utilised as the service was still very new. At the time of our inspection there was no registered manager in post and the company director was managing the service until a registered manager was recruited. A staff member told us that the company director was regularly present at Rhodsac and always contactable.

People who used the service told us that if they were not happy about something, they told staff on duty and they always resolved the problem. One person gave us an example of concerns that they had raised and told us that the company director had investigated their concerns. A member of staff confirmed that any issues raised by people who used the service were dealt with. This meant that the views of people using the service were being listened to and acted upon to improve the quality of the service provided.

Relatives of people who used the service told us that they had opportunities to discuss the care and support that their relation received, and that any issues raised were appropriately addressed.

We saw minutes of staff meetings which had been held monthly. These showed that the provider had monitored aspects of the service and addressed any quality issues with staff.

Records showed that systems were in place to check the safety of the environment and equipment. For example; fire safety checks, checks for legionella and safety of gas and electrical systems and small electrical appliances.

This section is primarily information for the provider

## ✕ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Care and welfare of people who use services</b>
	<b>How the regulation was not being met:</b> The provider had not taken proper steps to ensure that care was planned in a way that ensured the welfare and safety of service users. Regulation 9(1) (b) (ii).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 12 February 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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