Inspection Report

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

Carterhatch

104 Linwood Crescent, Enfield, EN1 4UR

Date of Inspection: 20 January 2014

Date of Publication: February 2014

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

Consent to care and treatment	✖ Action needed
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Outward
Registered Manager	Ms. Katharina Gutheim
Overview of the service	Carterhatch provides care and support to people with learning disabilities in supported living accommodation provided by the organisation.
Type of service	Domiciliary care service
Regulated activity	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 20 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with the four people receiving personal care and four people significant to them. We reviewed three people's records, spoke to five staff and the area manager.

Suitable arrangements were not in place for establishing and acting in accordance with the persons best interests in accordance with the Mental Capacity Act 2005.

Care plans and risk assessments had been planned and reviewed with the person and other professionals. Staff described to us people's individual needs and how they provided care. One person said "I feel safe." One relative told us "they are client focused."

Appropriate information was shared between staff and other services. People were supported to obtain appropriate health and social care support. Records showed each person had a hospital passport which included a medical profile and key contacts including next of kin, doctors, dentists and chiropodists.

The provider was taking appropriate steps to ensure that there were sufficient numbers of suitably qualified, skilled and experienced persons employed to safeguard the health, safety and welfare of people.

People who use the service were asked for their views about their care and treatment. Records showed the provider was making quality audits.

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

What we have told the provider to do

We have asked the provider to send us a report by 13 March 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.

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 ✖ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

Suitable arrangements were not in place for establishing and acting in accordance with the persons best interests in accordance with the Mental Capacity Act 2005. (Regulation 18 (1)(b)(2))

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

Reasons for our judgement

People, those people significant to the person and staff told us how people gave their consent to care and treatment. Some people gave consent verbally, some in writing and some people would communicate their consent by gestures, facial expressions or sounds. One care worker told us they use MACATON which is a language programme using signs and symbols to communicate with the person. We spoke with the four people who currently received personal care from the provider and people significant to the person. We were told that staff ask their permission before giving care to people.

We looked at people's support and care plans and risk assessments, some of which showed how they were able to give their consent. Some people's consent was obtained with the involvement of people significant to them if required. Staff told us that they tried to encourage the person to receive personal care but they respected the person's right to refuse care or treatment. One care worker told us "People are free to do what they like as long as it is safe." Some people's records showed consent had been obtained to share people's information and budget plans had been agreed with the person or their representative.

Suitable arrangements were not in place to establish and act in people's best interest. Records showed that capacity assessments and best interest meetings were not always in place for significant decisions concerning people using the service.

Some staff had received learning disability awareness, mental capacity training and autism awareness training. Most staff told us that capacity assessments were not completed by the provider. Staff told us that two people had Court of Protection Orders whereby relatives were appointed to make decisions for the person. However one person's records did not

contain the details of the order. When we spoke with their relative they told us that this had been sent to the provider following our visit.

We requested the provider send us their consent and capacity policies. We received the provider's service user's rights and guidance from the Department of Health Mental Capacity Act Guidance 2008 following our visit. The provider's service user's rights stated that there could be instances where rights could be withheld and a multidisciplinary approach should be used and provided some details of the Mental Capacity Act 2005. We did not see policies and procedures for staff with regard to assessing people's capacity and obtaining their consent or establishing or acting in the best interests of the person.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was mostly planned and delivered in line with the person's individual care plan.

Staff told us that they provided supported living to 22 people in four locations. Of those people, four had received personal care from the provider since July 2013.

We reviewed three care plans which showed the person's care needs and included risk assessments for falls, manual handling and choking. Records included the person's communication needs and the people who were significant to the person in making decisions. Staff told us that there were some hard copies of records and that they had commenced transferring them to a computerised system from September 2013. Some records showed that care plans and risk assessments had been planned and reviewed with the person, people significant to them and other professionals. Assessments showed the person's individual needs and preferences. These included their personal daily routine and activities, social and health needs and an assessment of the person's skills and abilities. The provider may find it useful to note that staff were unable to locate some records and we found some gaps when care plan reviews and updating risk assessments were due. The provider may find it useful to note that staff told us that they were still finding their way around the computer system and some records were still in the process of being transferred.

Staff described to us people's individual needs and how they provided care. We saw monthly key worker reports but were told by staff that these had recently been discontinued. However we were told that people had individual password protected access to their computerised care plans. Staff told us that tablet computers had been ordered so that staff could support people with updating their care plans, risk assessments and personal goals. One care worker told us "my aim is to make sure people's needs are met, if they are happy that gives me great satisfaction."

We spoke with four people receiving care and four people significant to them. People told us staff were kind, helpful and gentle. One person said "I feel safe." Another person told us "I have been on a cruise". Two people significant to some of the people told us that

people's personal hygiene had improved since the provider had been delivering personal care to people. One relative told us "they are client focused."

Records showed there were arrangements in place to deal with foreseeable emergencies. This included identifying emergencies, risk assessments and response plans which included dealing with staffing shortages. One person's records showed an emergency evacuation procedure specifically for that person and other people had individual emergency plans which included contact details for people significant to them and medication and mobility needs.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

Appropriate care planning was taking place. An assessment had been made of the persons individual needs by the local authority. This included the person's care needs. We saw that this information was reflected in the provider's care planning for the person. This included the involvement of other professionals.

Appropriate information was shared between staff and other services. Staff used a daily log book for each person to record and review peoples care. This ensured people's needs were communicated between care staff. We observed the shift handover between staff where peoples care needs for the following shift were discussed and recorded. This ensured people's continuity of care between staff.

People, people significant to the person and staff told us that they accompanied people to appointments to other services including GPs, dentists, hospital services and day centres. A missing person's protocol had been introduced by the provider whereby staff took key information about the person with them on all visits. This included a description of the person, their current medication, next of kin, capacity, behaviour and communication needs. This enabled staff to provide key information about the person to other services and in the case of an emergency. However the provider may find it useful to note that some staff were not aware of the protocol or when to take the information with them when accompanying people. People were provided with cards which they carried with them which provided key contact and emergency information.

People were supported to obtain appropriate health and social care support. Records showed each person had a hospital passport which included things that were important to the person, their likes and dislikes, a medical profile and key contacts including next of kin, doctors, dentists, and chiropodists. Staff told us that this is taken with them when they accompany people to hospital. People were assisted by the provider to obtain health and social care support and were accompanied on visits which included health drop in sessions and optician appointments.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The provider was taking appropriate steps to ensure that there were sufficient numbers of suitably qualified, skilled and experienced persons employed to safeguard the health, safety and welfare of people.

People lived in supported housing and we were told by the manager that the supported housing staff were also trained to provide personal care to people and that there was no need to use agency staff. Records showed that staff rotas had been planned to provide personal care in accordance with the persons care plans.

People significant to people and staff told us that there had been a high turnover of managers and some care staff had recently left. We were told that some people had been upset by the changes. However staff told us that the new managers were supportive and there were enough staff that were flexible to provide care to meet people's needs.

Staff told us that they had received induction training for care work and they were prepared for care work. Records showed that most staff had received an induction to provide care to people. This included mental capacity, safeguarding vulnerable adults, medication and first aid training as well as person centred care. Case scenarios were used to apply the training given.

Staff training records showed that most training was current for safeguarding and emergency first aid. The provider may find it useful to note that manual handling had not been provided for most staff and there was one person receiving personal care who was a wheelchair user. Most staff had not received training in fire safety, food hygiene or infection control. However there were mostly enough staff that had been trained to in these areas to provide care to the four people requiring personal care. Staff had attended additional courses which included autism and dementia awareness and challenging behaviour.

Staff told us they reported any issues to the manager as and when they occurred and that they made suggestions for improvements in their supervision sessions and at staff meetings.

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

The provider was assessing and monitoring the quality of the service. The providers quality audit policy stated that quality would be monitored using a range of methods which included service user and stakeholder feedback from complaints and surveys. Internal audits including monthly spot checks and care service audits, and quality monitoring and reporting from incidents, accidents and reviews were also included. We found that not all of these methods had been used. The area manager and staff told us of that quality audits that were conducted across the providers locations and activities. We were told that there had been changes to the organisation and quality audits were being introduced specifically for this service which had been providing personal care from this location since July 2013.

We saw the provider's service user surveys of all their services in 2012. This included comments on overall satisfaction and comparison of rates of satisfaction for gender, race, sexuality and age. Feeling safe was the most important issue for people. Areas for improvement were highlighted. Staff told us that a similar survey had recently been completed and they were awaiting the results.

Staff told us they were aware of the provider's complaints policy and they would initially try to resolve people's concerns and then refer them to the manager. Records showed a complaints and incident report analysis was regularly made for the supported living service at this location but that there had not been any complaints or incidents involving the provider delivering personal care to people. The analysis included whether the complaint was upheld and was within timescale. The provider's policy stated that their individual responses to complaints will include any remedial action to fix an issue. The analysis did not include any lesson learnt or if improvements had been identified.

Staff told us that some internal audits had been completed and records showed these included monthly performance reports including supervision of staff, contracted hours and service delivery and managers spot checks. The audit showed that spot checks had not been completed. Staff told us that they were undergoing a reorganisation and there had been some staff changes but spot checks were due to commence. The provider may find it useful to we did not see any records of audits of care plans for people who received

personal care.

A quarterly service user newsletter asked for people's views and informed people that they were able to choose where they obtained services for personal care. There were regular meetings for people and some minutes had been provided in an easy read format. They included reminding people of the complaints policy, and asked for suggestions from people. We saw one person suggested a party.

People and relatives that we spoke with told us that they were able to speak to the staff about issues or concerns and these were mostly dealt with. However one relative told us that they often have difficulty contacting staff or them returning calls. One relative told us "the manager listens and you can bring up issues" however another relative said "I have not been asked for an opinion yet" and another relative told us "there are no relatives meetings". Staff told us that a service user forum was due to commence in April 2014.

Staff told us and records showed that staff provided feedback on the service through team meetings, individual supervision and regular feedback to managers.

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
Personal care	**Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010** **Consent to care and treatment**
	How the regulation was not being met: Suitable arrangements were not in place for establishing and acting in accordance with the persons best interests in accordance with the Mental Capacity Act 2005. (Regulation 18 (1)(b)(2))

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 13 March 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.

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

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