

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

## 41 Birdwood Grove

41 Birdwood Grove, Fareham, PO16 8AJ

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Date of Inspection: 06 January 2014

Date of Publication: January 2014

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Southern Health NHS Foundation Trust
Registered Manager	Ms. Terri Ashcroft
Overview of the service	41 Birdwood Grove is registered to provide accommodation with personal care for up to three 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

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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 6 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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41 Birdwood Grove has three people living there. On the day of our visit one person was at the home. Staff told us that two of the people were out for the day attending day services. We spoke with one person. Due to the nature of the individual's learning disability we were able to gather limited comments.

We saw that people looked happy and relaxed in the presence of staff. The registered manager told us that two of the people had lived at the home since it had opened over twenty years ago and the third person had lived at the home for over four years.

We spoke with one person who lived at Birdwood Grove and we also spoke with three staff including the registered manager. We saw staff treated people in a sensitive, respectful and professional manner and involved individuals in the running of the home.

We looked around the home which was clean, comfortably furnished and free from unpleasant odours. We saw that in the living room their pictures on display that the individuals living in the home had painted. All the bedrooms were single occupancy with ensuite showers and toilets which had been adapted to individual needs. We saw that bedrooms were personalised with books, TV's and pictures.

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

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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 privacy, dignity and independence were respected

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### Reasons for our judgement

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People who use the service understood the care choices available to them. Care plans were person centred and covered all aspects of individual's care and were reviewed on an annual basis. We saw written information about the needs of people that lived at the home which helped the staff to provide the help and support that each individual required. The individuals were encouraged to make choices in all aspects of their care and how they liked to spend their time and how they liked to be supported. We saw that there was documentation called 'how I make choices' which detailed how individual were to supported to make choices. For example, staff were to put out a choice of clothing and the individual would indicate with gestures or facial expressions what they wanted to wear.

The home's routines were flexible to suit the needs of the individuals and the homes staffing rota accommodated this. We saw that individuals had different routines and that during the week each person had time to spend how they wanted to spend it. On these days individuals could choose how they wanted to spend the day which included assisting with the cleaning of their rooms, going shopping or going out for lunch. Staff told us that they would encourage people to make choices in all aspects of their care.

We saw that people had a programme of activities which involved people participating in community activities which included attending day centres. On the day of our visit one of the people was supported to attend an activities afternoon. Staff told us that people were encouraged and supported to make choices for themselves and use the amenities in the local community. This demonstrated that the home promoted individuals rights and choices.

During our inspection we observed that staff provided support and engaged with people positively. People appeared relaxed and comfortable in the presence of staff. We asked one person if they liked living at the home and were happy to which they responded with a "Yes" and a thumbs up to both questions.

In one person's care plan we saw details of how they were to be supported so that they could be involved in the recruitment of new staff. This demonstrated that people are able

to express their views and be involved in making decisions about their care.

All the bedrooms were single occupancy with two shared toilets and bath/ shower rooms which had been adapted to meet the individual's needs. The bedrooms were personalised with books, TV's and pictures. In one room we saw that on a set of draws pictures were used to indicate what clothing was stored. We observed staff knocking before they entered an individual's bedroom. We saw that in people's care plans individuals had indicated how they liked to be addressed and their preference for assistance with their personal care. This demonstrated that people's privacy and dignity was respected.

Staff told us that the menu was chosen by the individuals who lived at the home and that they used pictures so that people were able to understand the choices that were available for them. Staff told us that for one individual they would show them a variety of different meal options and they would indicate what they wanted to eat. The staff were aware of people's likes and dislikes. What people ate was recorded daily; we saw that people were eating a variety of foods.

**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 meeting this standard.

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

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**Reasons for our judgement**

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People's needs were assessed and care was planned and delivered in line with their individual care plan. We saw that the files had documents called 'about me' which gave staff information about how they should support the person. For example do's and don'ts when assisting with communication, fun things I like and things I don't like and what support the individual needs with keeping their home clean, personal care, medication and having a healthy diet.

We looked at two care plans as well as people's daily notes. The care plans were person centred. Due to the nature of the individual's disabilities people were unable to agree to the care plans and we saw that there were notes on all the care plans which indicated that staff had tried to involve the individual in their care plans. The care plans covered all aspects of the individual's care needs and used the documents called 'about me' to inform them. The plans had details of individual's likes, dislikes and details of the support people required and how this should be done. We saw that staff signed to confirm that they had read the care plans and that they were reviewed on an annual basis. We saw that each individual also met with staff on a monthly basis, this was recorded with any actions being completed before the next meeting.

Risk assessments had been completed and used to inform the care plans and were reviewed on a regular basis. These included preparing meals, accessing the community, travelling on a bus or in a taxi and being home alone. We saw that staff had signed to confirm that they had read the risk assessments.

Individual's records had details of the other people involved in their care, for example their care coordinators, dentist and general practitioner. We saw that the care plans recorded any visits by or to healthcare professionals were recorded to show how people's healthcare needs were being met. For one person a best interest meeting had taken place with regards to the individual receiving dental treatment. The home also monitored people's weight on a regular basis, any concerns were followed up with their GP's. This demonstrated that the home was taking appropriate steps to ensure that people's needs were met.

We saw that if people needed to go to hospital they had a document called 'hospital

admissions ' which contained a summary of needs. This meant that other agencies had easy access to essential individual information for people who had difficulty in communicating their needs.

We saw that 41 Birdwood Grove had an emergency contingency procedure and a fire evacuation procedure in place. The home also had on display the fire evacuation procedure in an easily understood picture format and that fire records showed that fire drills were carried out regularly with the last one being recorded in December 2013. This demonstrated that home had arrangements in place for dealing with foreseeable emergencies.



**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 use 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 looked the homes safeguarding policy and found it to be reflective of current guidance and the home had a copy of the local authority's multiagency safeguarding procedure for staff to refer to. We saw that there was also flow chart information available for staff on the actions staff would need to take if they had to report any safeguarding concerns.

Staff training records confirmed that staff had been trained in safeguarding vulnerable adults. The registered manager told us that safeguarding was discussed with staff as part of their monthly supervision sessions and was also followed up in team meetings. Supervision notes and team meeting minutes confirmed this. We spoke with one member of staff and the registered manager about their understanding of safeguarding the people who use their service from abuse. They were able to tell us about the different types of abuse and where able to describe what behaviours someone may display if they were being abused. Staff were aware that they should report any concerns to an appropriate person and in the managers absence they would contact the local authority safeguarding team.

One member of staff told us that that they thought that the people living in the home would be able to indicate if people had any concerns. The registered manager told us that as part of the monthly review meetings individual were asked if they had any concerns.

We saw that financial capacity assessments had been carried out for two of the people and that there were processes in place to deal with people's personal monies. Also as part of the handover procedure staff checked and signed to confirm that individual's personal money is correct. People's individual money was also checked by the registered manager on a regular basis. This demonstrated that the home took reasonable steps to identify the possibility of abuse and prevent it before it occurred.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care safely and to an appropriate standard

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## **Reasons for our judgement**

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Staff received appropriate professional development. We spoke with two members of staff including the registered manager. Staff told us they enjoyed working at the home and that that they worked well together and communication was good. Staff told us that they were updated on people's care during the handover period between shifts and they were also able to refer to individual care plans.

Staff we spoke with told us that that they were provided with regular one to one supervisions and annual appraisals. The records we reviewed confirmed this. Staff told us that they felt supported by their manager. This demonstrated that the staff were properly supported to provide care to the people who use the service.

We looked at the staff training programme and saw that a range of training was available for the staff to attend. We saw records of training attended by staff and dates for renewal. We saw that the staff had been trained in for example health and safety, food safety, fire safety, information governance , slips trips and falls, conflict resolution, respect and values, medication, and non-patient handling. Staff told us that they had also had training in makaton, dementia and had national vocational qualifications (NVQ's) and diploma's in health and social care. This demonstrated that the service provided training that reflected the needs of the people who use the service.

Staff we spoke with said that the training was good and they had the skills to meet people's needs.

## 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 service that people receive.

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### Reasons for our judgement

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We asked the registered manager how they monitor the quality of the service that is provided to people in their homes and we were told that there were a number of systems in place. The home also undertook and recorded a number of health and safety and fire safety checks which included annual and monthly audits. This demonstrated that the home had measures in place to identify assess and manage risks relating to health, welfare and safety.

We read minutes of recent staff meetings. The minutes showed that the staff working at the home were involved in how the service was run. Staff told us that they all had different responsibilities for example the ordering of medication and undertaking the weekly health and safety checks. We saw that staff who were not able to attend the meeting signed to confirm that they had read the minutes.

The registered manager informed us that the provider had a series of audits to be undertaken across all their registered provision. These included peer audits which were undertaken on a quarterly basis which included health and safety, a financial review and a compliance audit. We saw that the last audits were undertaken in November 2013 and where action plans had been had been put in place these had been completed or were being progresses. The provider's locality manager also carried out a quality audit on a six monthly basis. We saw that the last quality in action audit had taken place in September 2013. .

The registered manager advised us that the people living in the home had recently completed their annual service user survey; however the outcome of the surveys was not available at the time of our visit. The manager showed us the actions that had resulted from the previous service user's survey and that these had been incorporated within individuals support plans. This demonstrated that people had the opportunity to feedback and be consulted about how the services were run.

The home had a number of policies and procedures in place which were reviewed regularly and accessible to staff via the provider's intranet and in a file held in the office.

It was evident that the service was using a variety of methods to monitor and review the quality of the service provision.

## 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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