Inspection Report

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

Tel: 01329221623

Date of Inspection: 27 March 2013

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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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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 home for up to three people with learning or physical disabilities, located in a residential area close to Fareham, Hampshire.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an 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 27 March 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 staff.

What people told us and what we found

When we visited this home, the registered manager was on annual leave, but we were able to speak with the acting deputy manager and a support worker. The people using the service had complex needs which meant they were not able to tell us their experiences.

Staff had a good understanding of how people liked to be supported. For example, staff were able to communicate with people in a way they understood, and all interactions were friendly and positive. People were supported to make decisions about their care and mental capacity assessments were undertaken when appropriate. People accessed a range of activities outside the home, according to their interests.

People's care plans provided detailed information about their care needs and preferences and their support plans were up to date. Their health and welfare was assessed and looked after appropriately.

Arrangements were in place for the safe management of medicines, and staff were able to describe how they supported people with their medication, and why it was needed.

Staff were appropriately trained for their roles, and had opportunities for regular supervisions and appraisals. They had access to professional development and said they felt supported and valued.

Systems were in place for monitoring the quality of the service, which included asking people for their feedback. We saw that action was taken to make improvements as a result of feedback, audits and inspections.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People were encouraged to understand their care and treatment choices and were provided with opportunities to promote their autonomy and independence.

Reasons for our judgement

When we visited this home, the registered manager was on annual leave. We spoke with the acting deputy manager and a support worker. We observed care and interactions between staff and the three people using the service. The people using the service had complex needs which meant they were not able to tell us their experiences.

From observing and talking with staff we found they had a good understanding of how people liked to be supported. For example, staff were able to communicate with people in a way they understood, and all interactions were friendly and positive. People's care records described how they liked to be looked after, for example how they wished to be addressed and what they liked to do.

We found that people were supported to make decisions about their care. For example, people were involved in recruiting staff to the service and chose how they liked to spend their time. This included whether they wanted to access services and activities in the community or spend their time at their home. People had regular meetings with their key worker. We saw records of these discussions, which showed people met with their key worker to talk about about 'what was going well' and 'what I don't enjoy'. Records and feedback from staff showed people's views were listened to and addressed. People had chosen colour schemes for their rooms, and had been encouraged to make them homely.

Care plans included details about how people liked support with communication, and how to recognise people's refusal or lack of consent to care. People's care plans were person centred and some details were in pictorial format, for example guidance on how to make a complaint. We saw that staff recorded the support they provided and noted important information about people's mood, choices and preferences during the day. People using the service were not able to describe their views of the service but people appeared content and comfortable at the home and with the staff.

People were treated with respect. We observed that staff respected people's preferences

for privacy, by, for example, knocking and asking permission before entering their rooms.

People were supported in promoting their independence and involvement in the community. We saw that people attended a range of activities such as local day services and trips to places such as the zoo or the theatre. From reviewing monthly care meeting notes, we saw that people were supported to access courses, in topics that interested them, such as drama and gardening. Staff encouraged people's independence in areas such as personal care and looking after the home. Staff described how one resident had developed their skills in these areas, since moving into this home last year.

Residents' meetings enabled the service to identify what people wanted for their home community. For example, minutes from recent meetings showed people contributed their ideas for decorating the home and for activities.

People's diversity, values and human rights were respected. We observed that people using the service and staff enjoyed friendly relationships and interactions were kind and polite. People who use the service had access to advocacy support and one person saw their advocate on the day of our visit.

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

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

When we visited this service, we sampled care documentation for two people living at the home, and spoke with the acting deputy manager and one member of staff about how they provided care and support. We observed care and interactions between people using the service and staff. The people living here had complex needs which meant they were not able to tell us their experiences.

The care plans were person centred and included detailed information about how to provide care that met people's specific health, social, and communication needs. For one person we saw that a mental capacity assessment had been carried out to determine whether they had capacity to consent to the influenza inoculation. People's care files showed they had monthly meetings with their key workers which provided opportunities for people to talk about their care and support needs. In addition, people's specific support plans were evaluated and amended if necessary every three to four months. A full needs assessment was undertaken annually, and we saw that risk assessments were reviewed and updated when circumstances changed. New risk assessments were developed as appropriate, in response to events or incidents. For example, we saw that a specific risk assessment had been undertaken for one person after they choked on some food. Action was subsequently taken to review this person's ability to swallow, involving the speech and language therapist. Risk assessments were then carried out by the service to monitor this person's swallowing.

People's health and wellbeing was monitored, through regular visits to health professionals such as their GP, optician and dentist. Each person had a health action plan in place that reflected their health support needs. In this way, we saw care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

There were arrangements in place to deal with foreseeable emergencies. We saw that people's medication folders included an information sheet summarising their medical history and other important information. Staff told us this folder had been prepared to give to hospital staff, should people need to be treated in an emergency. A green bag scheme was in place to transport people's medication to hospital, to keep them safe. The acting deputy manager outlined the fire procedures and the emergency evacuation plan.

Management of medicines ✓ Met this standard

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

We looked at the arrangements for managing medicines for two people living at the home.

Staff received training in the service's procedures for obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines. This consisted of an initial day's training, followed by written examinations and assessments. Annual assessments were undertaken to ensure staff were competent. We spoke with two members of staff who showed a good understanding of people's medicines, what support they needed and how medication was managed. They described how they monitored people's needs for medication and how and when they sought professional guidance.

Appropriate arrangements were in place to obtain medicines and administer them, in line with people's assessed needs. Each person had their specific medication file, which contained all their medication details including an up to date medication profile. This listed all the medicines they required, and their purpose, as well as dosages and when the medication should be taken. The medication files also contained support plans relating to mediation. For example, for one person we saw support plans relating to medicines administration, pain relief and specific medication related needs. These support plans had been regularly evaluated, and included important guidance for staff in how best to support people, including what to do if people refused their medication. Mental capacity assessments had been completed to determine people's capacity to understand their medication.

People's medicines were kept safely, in locked units in their rooms. There were clear arrangements for managing the keys to these units, so that risks from people taking medication inappropriately were managed. No one living at the home had medication that required storing at fridge temperatures. The acting deputy manager said that appropriate storage facilities would be obtained, and monitoring arrangement put in place, if such drugs were required, or if controlled drugs were ever prescribed.

We looked at a sample of medicine administration records (MAR), which kept a record of medicines that staff had administered to people. The MARs had been fully completed. This showed that appropriate arrangements were in place in relation to the recording of medicine administration.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our visit we looked at the training records for a selection of staff, and spoke to two staff members about the support they received. We also observed staff interactions with people.

Completion of staff training was recorded and monitored on the provider's intranet, and each staff member had access to their own training pages. This meant staff, and their managers, could readily view when training needed to be planned and booked. When we sampled three staff members training pages we saw that they were all either up to date with their training, or had training booked within the next four months. Staff told us that access to training was good, and they were supported to maintain their skills. One member of staff told us they were up to date with their training and that they valued the peer support they received as well as the formal training opportunities. They said they were booked to attend training specific to their role, for instance in caring for people with eating and drinking difficulties.

Staff were required to attend training in topics such as safeguarding adults and children, medication management, crisis intervention and prevention, fire safety and infection control. It was also mandatory for staff to attend training in 'respect and values'. We were told this included the legal framework underpinning the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The acting deputy manager explained that staff training was reviewed at staff monthly supervision meetings, and staff were able to book themselves onto courses on-line. We looked at the training record for one staff member who worked as bank staff, and saw they also maintained their skills by attending training. This meant that staff were supported to maintain and develop their skills.

As well as completing the statutory and mandatory training, there was access to professional development. For example, the acting deputy manager said she had completed the leadership and management course, and other staff were accessing diploma courses in health and social care. The service used recognised, accredited training providers, such as Skills for Care.

We looked at two staff files and saw that supervisions were held monthly, and provided opportunities for staff to discuss issues specific to their roles and any workplace concerns. Annual appraisals were clearly structured, and incorporated self assessment and training

and development opportunities.

We were told that the monthly staff team meetings enabled staff to discuss issues relating to people using the service and also house management arrangements. Staff had different leadership responsibilities within the home, for example for vehicle checks and medicines, and we were told this approach worked well.

Overall, we found that staff received appropriate professional development and support.

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 had systems in place for monitoring the quality of service provision. We saw that the service had experienced mock Care Quality Commission (CQC) inspections, in 2012, and any actions identified for improvement had been followed up and addressed. Comments from their last mock CQC inspection were that the home was 'organised, calm, warm and professional'. Locality or service manager audits were also undertaken, based on the CQC outcomes, and again, any actions for improvement were noted and acted upon.

We looked at the minutes of the last two resident's meetings, held in January and February 2013, which captured people's views on activities and the food and also recorded their contributions towards home improvements. People's views on the service were therefore captured both from individual meetings with staff and through group meetings.

Systems were in place to audit areas of risk to people using the service, such as medication, monies and infection control. We saw that action was taken when changes were required, such as the removal of clinical sharps disposal boxes, when it was identified that these were not needed at the home.

Team meetings were used to share information about the quality of the service. These were held monthly, and from reviewing the minutes from the last three meetings we saw that these were structured meetings to discuss topics such as staff training, changes in people's needs and incidents. For example, we saw notes prompting staff to ensure people's personal hygiene and appearance were supported effectively, in response to feedback from another service. Meetings were also used to review the findings from audits, and to advise on forthcoming training.

The provider had procedures in place to take account of complaints and comments to improve the service. People's files included pictorial guidance on the complaints process. There had been no complaints recorded in the past year.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk