Inspection Report

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

4 Cottage Walk

4 Cottage Walk, Clacton On Sea, CO16 8DG

Tel: 07920005309

Date of Inspection: 06 October 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard

Details about this location

Registered Provider	Creative Support and Consultancy Ltd
Registered Manager	Ms. Sue Newell
Overview of the service	4 Cottage Walk is a privately owned care home. It provides accommodation and personal care and support for up to five people who may have mental health needs. Nursing care is not provided at this service.
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 6 October 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 people who use the service and talked with staff.

What people told us and what we found

We spent time with four of the people using the service and spoke in more detail with one person to find out what it was like to live in 4 Cottage Walk. People told us that they felt safe, well cared for and happy living at the service.

We spoke with three staff who told us that there was always sufficient staff on duty to meet the needs of the people using the service. They told us that they had a good staff team who were committed to working together to ensure that the people using the service were able to lead fulfilling lives.

We saw that people received care and support according to their assessed needs. We found that records relating to people who used the service provided an accurate reflection of their needs. Where people did not have capacity to consent to their care and support and where they required treatment the provider acted in accordance with the legal requirements and principles of Mental Capacity Act (MCA).

We found that people were protected from the risks of inadequate nutrition and hydration and unsafe use and management of medicines. Staff had received training and spoke knowledgably about the people they provided care and support to.

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

Consent to care and treatment ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We saw that people's capacity to make day to day decisions was routinely included in the assessment and care planning process. Where people were deemed as not having capacity to make decisions about their care and treatment or to manage their affairs, we saw that the provider acted in accordance with legal requirements of the MCA. For example, we saw that a MCA Court of Protection plan was in place with an appointed guardian for a person deemed unable to manage their own financial affairs. Staff spoken with confirmed that they had received training in the MCA and deprivation of liberty safeguards. They had a good knowledge of the mental capacity act and when this would apply to the people using the service. This meant that people were being assessed to see if they had capacity, or lacked capacity to consent before receiving any care or treatment. Therefore staff knew that they were acting in accordance with the person's wishes and best interests.

We found that the service had systems in place to gain and review consent from people who used the service in relation to their care and treatment. We saw evidence in people's care plans that they were supported to contribute and consent to their care and treatment, at their initial assessment prior to moving to the service and at regular Care Programme Approach (CPA) meetings. These meetings were held with a multi-disciplinary team of people involved in the person's care and treatment, including their relatives and/or advocacy support where requested. We saw that people had had their contract explained to them and that they had signed these agreeing to their care and treatment. This meant that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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 were experiencing care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We examined two people's care plans and found evidence that people's needs had been assessed prior to moving into the service. This information was then used to form the basis of the person's individualised care plan. Care plans were divided into 14 sections covering all aspects of the person's care, and where required, treatment. This included historical information, life story work and an overview of the person's needs. This information gave staff an overall picture of the needs and support each individual required. The care plans were well documented and written from the person's point of view, focusing on 'The things that I am able to do' and 'The things that I would like you to help me with'. Plans included communication needs, maintaining and monitoring heath, mobility and personal care. These care plans contained good guidance for staff about the level of support required to enable each person to be as independent as possible to achieve daily tasks, meet their social needs and help them to build trusting relationships. We saw that appropriate referrals had been made to other professionals where required to ensure people's individual and diverse needs were being met. Where required, people had been referred to the Speech and Language Therapist, to assess their communication skills. We saw that recommendations made by the SALT team had been implemented so that staff knew how to clearly communicate with people using the service. This meant that people's needs were assessed and care and support was planned and delivered in line with their individual care plan.

Both care plans contained associated risk assessments that covered the person's health, physical and behavioural risks, such as self-harm, verbal and physical aggression. Detailed management support plans and proactive management strategies were in place. These had been agreed with the individual with input from consultant psychiatrist and the community nurse team. These plans were being reviewed on a monthly basis to ensure guidance for staff was still relevant. The proactive strategies were designed to help people recognise when they were becoming anxious and the actions they needed to take to manage their behaviour. We saw that where people were being encouraged to take more control over their own behaviour, episodes of behaviour had reduced. We saw that care plans contained information about what was working well and what was not working well. We saw that these were continuously reviewed and updated with the individual to ensure that their care and treatment was planned and delivered in line with their individual care

plan and in a way that was intended to ensure their safety and welfare.

Each person had a 'My health action plan'. We saw that people were encouraged to be actively involved in their health care. The health action plans contained evidence that showed people had access to other health professionals, including regular GP and hospital appointments for an annual heath check, routine blood tests and medication reviews, as well as psychiatric and neurology support, occupational therapists, learning disability team, reflexology, dentists and the opticians. We saw that where a person's health and mobility had deteriorated, appropriate action had been taken and appropriate equipment had been provided to maximise that person's comfort and to prevent pressure areas from developing. This meant that people's care and treatment was planned and delivered in a way that was intended to ensure their health, safety and welfare.

We saw that people were encouraged to take part in activities of choice and focusing on greater independence. People were supported to do their own laundry, shopping and domestic chores. One person showed us their 'Life skills' folder which had been designed to help them develop skills both in the service and in the wider community. These included steps to complete a task, such as preparing snacks, using public transport, answering and making telephone calls. Each task was assessed to reflect the level of support, required including the person's concept of the task and their ability to complete the task independently. People also had access to colleges for further education and creative courses. This meant that people were supported in promoting their independence and community involvement.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We observed that people had access to the kitchen and were able to make snacks and drinks when they wanted them. People were able to choose what they wanted to eat and when. We observed good interaction between staff and people using the service when discussing meal options and saw that staff responded well to people's requests. Where people required assistance with eating or drinking we saw that staff supported them in a sensitive and unrushed way. They were watchful and generally attentive; noticing if the person was having any difficulty. This meant that people were supported to eat and drink sufficient amounts to meet their needs.

We examined two people's care plans and saw that people's dietary needs were being monitored and any changes were up-dated in their care plan. Healthy eating plans were encouraged but not enforced, to help people maintain a healthy lifestyle and manage their weight. Records showed that people were being weighed regularly. Where risks to people's health were identified such as weight loss or swallowing difficulties and at risk of choking we saw that appropriate referrals had been made to the dietetic service and SALT team. We saw that supplement drinks were being provided to people where these had been prescribed by the GP or on the advice of the dietician. This meant that people were protected from the risks of inadequate nutrition and dehydration.

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

The service had robust procedures in place for obtaining, handling and administration of medicines. We looked at the storage facilities and found that medicines were locked securely in medicine cabinets in the kitchen. The provider may wish to note that the medication cupboard may not be meeting the royal college of pharmaceutical guidance, in relation to security and controlling the temperature at which medicines were being stored.

On the day of our inspection no person using the service was prescribed controlled drugs. We saw evidence that regular audits were being made of medicines held at the service. We checked people's Medication Administration Records (MAR) and found that appropriate arrangements were in place in relation to the recording of medicines. We reviewed the MAR charts for all of the people using the service. A photograph for identification purposes was held at the front to of each person's MAR. There was also a record of the persons GP and any known allergies. This meant that the service had taken steps to ensure that medications were given to the correct person. The MAR had been completed accurately and reflected that people were receiving their medication at the times they needed them. We saw evidence that staff responsible for administering medication had received training so that they had the competencies and skills needed to ensure that they followed good practice when handling and administering medicines

We saw that where people were prescribed PRN medicines protocols were in place to direct staff when these should be administered. These are medicines that are prescribed for occasional use, as and when required. The protocols were linked to people's individual behavioural management plans and provided good guidance to staff stating why the PRN medicine was prescribed, when they should be administered and why it was important they received the medication. This meant that people's medicines were prescribed and given appropriately.

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

On the day of our inspection we saw that there were five people living at 4 Cottage Walk. The service was staffed by two staff during the day time hours, seven days a week, with one waking and one sleeping in staff at night. Additional flexible staff hours were provided to enable people to access activities and health appointments. The deputy manager told us that the company employs plenty of staff and that staff were good at covering each other's holiday and sickness.

We spoke with three staff who told us that they enjoyed working at the service and that they loved their jobs. They told us that there were no fixed routines in the service and that people were able to make their own choices about when they went to bed and when to get up. Staff told us there was an easy going environment and that there was sufficient staff on duty to meet the needs of the people using the service.

We spoke with two staff who told us that they had received appropriate training and felt well supported in their roles. Staff told us that they only had to ask and training requested was sought and provided. The deputy manager provided us with a copy of the training matrix, which showed that staff had covered all aspects of mandatory training and training specific to the needs of the people using the service. These included autism, epilepsy, and managing challenging behaviour. One member of staff told us that they had received a full and comprehensive induction when they started working at the service, including shadowing and experienced member of staff. They told us that induction was on-going and that they continued to receive support especially when dealing with difficult situations. This meant there was sufficiently qualified, skilled and experienced staff employed to protect the health, safety and welfare of the people using the service.

We joined a planned staff meeting. This was well attended by staff, including those not on duty. Issues about the service delivery, including the staffing rota, holidays, the welfare needs and appointments for people using the service, cleaning and management of waste bins were discussed. It was clear from observation that staff were able to have a say in the day to day running of the service and that they were listened to. Staff told us that they received regular supervision and said they were able to approach management staff if they had any concerns. This meant that people using the service were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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

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