Care Quality Commission

Inspection Report

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

Belmont Road

87 Belmont Road, Kirkby-in-Ashfield, NG17 9DY

Tel: 01623754191

Date of Inspection: 09 December 2013

Date of Publication: January 2014

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

Standard	Outcome
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
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard

Details about this location

Registered Provider	Blue Sky Care Limited
Registered Manager	Mrs. Sara Crate
Overview of the service	Belmont Road provides one place for a young adult.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

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Summary of this inspection

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 9 December 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, talked with carers and / or family members and talked with staff.

What people told us and what we found

We used a number of different methods to help us understand the experiences of the person using the service, because the person using the service had complex needs which meant they were not able to tell us about all of their experiences.
We spoke with the person using the service and observed them interacting with the staff. We also spoke with one relative, two members of staff and looked at care records and other information.
The person using the service told us they could make their own choices and do what they wanted to do. They also told us that staff were nice and that they asked them if it was okay before they did anything.
The relative told us that they were involved in the care planning and that staff always asked their relative for consent.
We found that the person's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.
We spoke with the person using the service and they told us they were happy living at the home. they said, "The staff are great."
We found staff supported the person using the service to have a nutritious intake. The person using the service was also supported to be involved in food planning, shopping and preparation.
During our visit we found that people were protected from abuse or the risk of harm.
We spoke with the person using the service and asked them if they felt safe. They said, "I feel safe, the staff are nice."
We found the home was clean and hygienic. One relative told us they had never had any concerns about the cleanliness of the home.

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.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

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

We spoke with the person using the service. They told us that they could make their own choices and do what they wanted to do. They also told us that staff were nice and that they asked them if it was okay before they did anything.

We spoke with one relative of the person using the service. They told us that their relative was involved in decision making as much as possible. They told us that staff asked their relative's consent before doing anything, for example if they wanted to discuss anything with them, they would ask their relative first if this was okay. They also told us that staff listened to what they and their relative said and they acted upon this.

During our inspection we saw that staff supported the person appropriately. They engaged with the person, offered explanations where necessary and enabled the person to make their own choices and decisions. Throughout our inspection, we observed staff asking people for their permission prior to undertaking tasks.

Where people did not have the capacity to consent, we saw the provider acted in accordance with legal requirements.

Both staff members told us they would always ask the person using the service for consent before they supported them.

The Mental Capacity Act 2005 (MCA) is designed to protect people who do not have the capacity to make certain important decisions. We saw that all staff except a new member

of staff recently employed had completed training on the MCA. This meant staff received training, which directly related to their roles and enabled them to support people to make informed choices. Staff we spoke with showed an understanding of the principles of the MCA. One member of staff said, "I would look at the bigger picture and justify any decision and assess any risk and the person's capacity to consent." Another member of staff said, "The Mental Capacity Act and best interest decision making is used due to [the person's] condition, we consider it constantly."

We looked at one care plan. We saw that the MCA had been used appropriately and had been completed for specific decisions when it had been identified the person potentially lacked the capacity to make decisions regarding their care. We saw that the service had considered ways in which people were supported and enabled to make decisions. This meant that the service was seeking consent of people for decisions regarding their care and treatment.

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

We spoke with the person using the service and they told us they were happy living at the home, they said, "The staff are great."

We spoke with one relative of the person using the service who told us that the staff were doing a very good job. They felt staff listened to their relative and the family, dealt with any issues and acted upon what they said. They also told us that the staff were doing a good job and their relative had come on a long way and was building upon their life skills. .

We found that the person's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We found that care plans were person centred and they outlined the support the person using the service needed in respect of their complex needs. We also saw there was information about how staff were to support the person to maintain their independence where able in order to develop their self-esteem.

We saw relevant risk assessments were in place to support the care plans to ensure staff were aware of any potential associated risk so they could manage these. This meant that staff had sufficient information to guide them to support the person as required.

Staff spoken with were able to discuss the complex needs of the person using the service and how they supported them with these. They were aware of the person's specific needs. They discussed the activities the person undertook to facilitate links with the local community and to build upon their life skills. They were also aware of the concept of preplanning for activities to prevent any behaviour they may find difficult to manage.

We discussed how staff would monitor the person's general health and what they would do if they had any concerns. Staff were able to discuss how they would monitor the person and the action they would take if they had any concerns about their health and wellbeing.

We spoke with one relative of the person using the service about how staff ensured their relative's health was maintained. They told us that staff were really good at chasing up and

following up on any health related issues.

We saw there was evidence of the person using the service, the family and staff members being involved in frequent reviews of the care plans and risk assessments. This meant the person using the service and their relatives had a say in how their care and support was delivered and managed.

During the reviews we saw that staff had discussed what had worked well and what didn't so they could learn from these events and adapt any care needs.

Throughout our visit we saw staff engage with the person using the service and care for them and support them as required.

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 found that the person using the service was supported to be able to eat and drink sufficient amounts to meet their needs and they were provided with a choice of suitable and nutritious food and drink.

On the day of our visit we saw staff offering the person different types of food and drink.

We found the person using the service was involved in menu planning and shopping for the ingredients. This meant that the person using the service was supported to maintain their independence and make their own choices wherever able.

The person using the service told us they went shopping and they helped staff to cook. They said, "I enjoy cooking cakes." They then went on to tell us about the types of cakes they baked and they enjoyed cooking.

One relative told us they felt that staff supported their relative to eat a well-balanced diet. They said, "I think staff encourage a healthy diet and [my relative] helps to cook meals."

We spoke with two staff about the needs of the person using the service in relation to their nutrition and hydration and they had a good knowledge of how they should support the person with this. They told us that the person using the service was involved in shopping and some cooking. They said they were building on life skills in regard to planning and cooking meals.

We saw there was a care plan in place about the specific support the person needed in regard to their nutritional needs. The care plan offered staff clear guidance and information about the person's complex needs and how they needed to be supported with these. The care plan also outlined the life skills the person had and how staff were to support them to maintain and build upon these.

We found the menu was not fixed which gave the person the opportunity to have meals of their choice and to shop for food on a regular basis.

We saw staff were keeping records of the person's nutritional intake. The provider may find it useful to note that not all staff had been documenting when the person had eaten fruit

and vegetables, to demonstrate that they were encouraging and supporting the person to eat a nutritious and well balanced diet. When we spoke with staff about the documentation of the food charts they told us that the person using the service often ate fruit and vegetables. They said staff must not have always documented this as the person ate fruit and vegetables on a regular basis.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

During our visit we found that people were protected from abuse or the risk of harm.

We spoke with the person using the service and asked them if they felt safe. They said, "I feel safe, the staff are nice."

We spoke with one relative who told us they had no concerns about the care and support their relative was receiving.

We spoke with two staff working in the home and they told us they had received training in how to safeguard vulnerable adults from abuse. Training records confirmed that most staff had received training and other staff members had been booked to do this training. Both members of staff were able to tell us how they would respond to allegations or incidents of abuse and they knew the lines of reporting in the organisation. They both said they would report any poor practice they witnessed immediately. This meant that staff were knowledgeable and they were aware of their roles and responsibilities in protecting vulnerable adults from abuse.

When we looked at the person using the service's care file we found a care plan in respect of their behaviour was in place. This was person centred and it provided in-depth information to guide staff to manage any behaviour that they may find difficult to manage. We saw that the care plan described potential triggers to this behaviour and how staff should respond to it. This meant that staff had the necessary information to know how best to support the person and ensure their behaviour was appropriately managed. This meant the provider was taking all necessary steps to reduce the potential of abuse, protect people from abuse or respond appropriately to any incident of abuse.

We saw that staff were completing 'ABC' charts, (this is a chart which is designed to record people's behaviour, triggers which led to this and what staff did to manage the behaviour) and incident charts when there had been episodes of behaviour which they found difficult to manage. We saw that staff had been documenting what had worked well and what had not worked well, so that they could adapt any good practice for future use. This meant

staff were not learning from incidents and taking action to prevent further incidents.

Both members of staff spoken with told us they felt confident in managing the person's behaviours.

We also saw that a care plan was in place in respect of ensuring that the person's finances were protected. This outlined the person's capabilities and the support they needed to keep their finances safe.

When we spoke with staff about the policies and procedures in place for protecting the person's finances they were able to discuss how they managed this. We checked the person's finances and saw that staff were following the policies and they were keeping receipts for purchases and signing for any money spent. This meant the provider was taking appropriate steps to protect the person using the service from financial abuse.

The provider may find it useful to note that the safeguarding policy had not been updated and amended since March 2009 and this provided staff with some out of date information.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We found the person using the service was supported to live in a clean, hygienic environment.

When we looked around the home we found all areas of the home were clean, hygienic and free from odours.

We spoke with the person using the service and they told us they helped with the household chores, they said, "I hoover and tidy my room."

We spoke with one relative of the person using the service who told us they had never noticed any issues about the cleanliness of the home. They also told us that their relative was involved in cleaning and they cleaned their own room and helped with general housework.

We spoke with two members of staff about the cleanliness of the home. Both of them told us they felt the home was clean and tidy. They outlined what their duties were in regard to keeping the home clean and following infection control procedures. They also discussed how they supported the person using the service to be involved in general household tasks to develop and maintain their life skills and to have a sense of ownership and responsibility. This meant there were effective systems in place to reduce the risk and spread of infection.

The provider may find it useful to note that whilst we were at the home staff could not locate a local policy which provided clear guidance for staff and set out how infection prevention and control was managed within the home. We therefore requested this information from the provider following our visit. The provider supplied us with this information. We found the policies provided staff with the necessary guidance to follow to assist them in the prevention of cross infection.

When we spoke with staff about the policies they told us they had not yet had the opportunity to read all of the homes policies as they were fairly new members of staff. However they were able to discuss the principles of infection control and their roles and responsibilities in respect of this.

When we spoke with staff they were aware of the products they should use to clean different parts of the home. This meant the cleaning product being used was effective in destroying bacteria to reduce the risk of the spread of infection.

We found that staff were following daily cleaning schedules and these covered all parts of the home. Staff had to complete the schedule once they had completed the cleaning task. We saw that staff had been completing the sheet as necessary to demonstrate that they had carried out the necessary cleaning. This meant that the staff were cleaning the home effectively and the person using the service was protected from the risk of infection because appropriate guidance had been followed.

During our tour of the home we noted that there were no paper towels or protective aprons for staff to use if required. We discussed this with staff and they told us that they would normally be in stock. They told us that team leaders were responsible for ordering supplies. The team leader on the day of our visit told us they would order these straight away. The provider informed us following our visit that these supplies had been delivered to the home.

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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