

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

Christie Development Centre

Mansfield Road, Blidworth, Mansfield, NG21 0LR

Tel: 01623798889

Date of Inspection: 27 January 2014

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

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard

Details about this location

Registered Provider	Blue Sky Care Limited
Registered Manager	Mrs. Joanne Marie Tyler
Overview of the service	Registered for 10 people, the Christie Development Centre is split into two separate living areas. One is called 'Christie House' and is for five people the other is called 'Sherwood View' and is for five people. The home provides support with personal care to people with a learning disability; mental health needs and who may also exhibit challenging behaviours.
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

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 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We used a number of different methods to help us understand the experiences of people using the service, because people using the service had complex needs which meant they were not all able to tell us their experiences.

We spoke with three people who used the service, observed care delivery and checked care plans. We spoke with the acting manager, three care staff and the therapeutic support manager. The home owner (provider) supplied information on quality assurance systems related to the standards we inspected.

The acting manager had been in post since December 2013. The registered manager was in the process of applying to cancel her registration.

Three people who used the service told us they were happy and felt safe at Christie Development Centre. Comments included, "I go out for walks, go to the shops and the GP. Staff help me to clean my room." Another person who used the service told us, "I like it here, the staff help me."

We found that people who used the service were safe because their individual needs were assessed regularly and a care plan was in place to ensure staff knew how to support their needs. This ensured they experienced effective, safe and appropriate care that met their needs and protected their rights.

Staff told us that they felt competent to administer medicines. We found that the provider had systems in place to handle medicines safely, securely and appropriately. There was appropriate training for the staff who administered medicines to ensure that medicines were prescribed and given to people safely.

A person who used the service told us, "I feel safe here, it's nice, I love it." We found that the acting manager and provider had responded appropriately when it was suspected that abuse had occurred.

Systems were in place to ensure that people who used the service were protected against the risk of unlawful or excessive control or restraint because the provider supported a person centred approach to the management of behaviours that challenged. Staff were trained to use de-escalation over restraint wherever possible.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We found the provider had taken steps to reduce the risk of people receiving unsafe or inappropriate care and support before people were admitted to the home. Staff we spoke with and the records we looked at showed they received an assessment to determine their individual needs. All of those involved with the person were consulted. This meant that people who used the service had safe and appropriate care and support because their individual needs were established from when they began to use the service and as far as possible this was agreed with them and/or their advocates.

A person who used the service told us, "I go out for walks, go to the shops and the GP. Staff help me to clean my room. I feel safe here, it's nice, I love it." Another person who used the service told us, "I like it here, the staff help me."

We found that care was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw records of health care plans and documents which helped ensure that people who used the service had their healthcare needs anticipated and met. We spoke with people who used the service who told us they were supported to attend the local primary care services such as the GP, dentist and optician. The acting manager told us they were in the process of developing more personalised care plans and implementing a nationally recognised nutritional assessment tool to ensure the nutritional needs of each person were managed safely.

We saw how person centred information documents had been prepared to ensure that where the person who used the service needed to be transferred to another service such as hospital, this was done as quickly and safely as possible whilst ensuring continuity in their care.

We saw examples of how risk was managed through effective procedures in relation to pressure ulcer prevention. We saw how one person who used the service had been

assessed for any risk of acquiring a pressure ulcer and preventative measures had been taken.

We found effective procedures to monitor and review incidents. The provider had quality assurance systems in place that enabled them to have an overview of how risks were managed and reviewed. We saw records of regular reviews undertaken by the registered manager regarding risk assessment and person centred planning.

We looked at the records of incidents for one person who used the service. We were told by staff that this person was known to have behaviours that challenged staff. The plan of care was to provide them with one to one support for ten hours during the day to enable them to be safely supported and effectively meet their needs.

We looked at a random selection of incident records for this person that had occurred during November 2013. Information from seven incidents had not been recorded as having been considered when the care plan had been reviewed. This meant there was no recorded recognition of their changing needs or consideration of whether they were at the time being provided with one to one support. The acting manager immediately addressed this by completing a detailed support guide that provided clear instructions to staff about the management of one to one support and actions to take should there be an increase in incidents around behaviour.

The acting manager told us and care records we looked at demonstrated that people who used the service would only be deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards.

Care plans identified how people were supported to make informed decisions where they were unable to do this by themselves.

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

We saw that each member of care staff had a learning and development record that demonstrated they had received training in the principles of safeguarding vulnerable adults. Three staff we spoke with confirmed they had received safeguarding vulnerable adults training. They told us they were aware of and understood the signs of abuse and they explained the reporting process they would use if they had concerns. This showed that the organisation had taken reasonable steps to ensure that staff would recognise any signs of abuse and know how to report them.

The provider shared information from the home manager's meeting held in January 2014. The minutes of the meeting recorded how plans were in place to provide staff with a regular face to face coaching course. The objectives of the course were described as ensuring staff would be clear, confident and not afraid of raising any safeguarding concerns.

Information we received from the provider told us they provided staff with a hand book which included whistleblowing, bullying and harassment policies. We saw the bullying policy statement and this described guidance for staff to raise awareness of bullying. Minutes of team meetings showed that discussions took place with staff about bullying and harassment and the policies of the home.

The acting manager informed us that they had a system in place to supervise staff regularly and information from supervision included discussions about any concerns that staff might have regarding the safety of people who used the service.

People who used the service could be confident that information about safeguarding concerns was shared appropriately in line with multi agency procedures. The provider responded appropriately to any allegation of abuse. The acting manager had recently notified us of an allegation of abuse. The actions taken by the acting manager demonstrated to us that they took action immediately to ensure that any suspected abuse was addressed by reporting the alleged abuse to the appropriate authority.

People who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. The staff we spoke with told us they never used restraint. They told us they received training in positive behaviour support and training records we saw confirmed this. Care records supported a person centred approach to the management of behaviours that challenged, describing any triggers to the behaviours and how to use de-escalation to manage them.

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

Appropriate arrangements were in place in relation to obtaining medicine. We looked at the medicine administration records for five people who used the service. The records showed that medicines were received into the home at the required intervals to ensure people who used the service had their medicines at the times they needed them.

Appropriate arrangements were in place in relation to the recording of medicine. We saw that urgent medicines were obtained from a local pharmacist to ensure people who used the service received them without delay. Appropriate recording of hand written medicine prescriptions was being undertaken by signing as checked by two members of staff to ensure accuracy.

Medicines were safely administered. We found that the provider had ensured that all staff administering medicines had received training to do so and regularly had their competency checked by the registered manager. Staff we spoke with and training records we saw supported this. A member of staff told us, "I feel competent to administer medicines; the manager checks our administration procedures regularly."

We looked at medicine administration records and saw that staff were accurately recording when medicines were given to each person who used the service. There were no gaps in the recording, indicating that people received their medicines as prescribed.

Medicines were kept safely. We found that medicines were stored within a locked trolley attached to the wall within a locked room. The room was clean and well ventilated. People who used the service could be confident that staff handled medicines safely.

We saw appropriate records were held for any medicines that required returning to the pharmacy demonstrating that medicines were being disposed of appropriately.

The provider had a system in place to monitor and review the management of medicines and the consent of people who used the service before medicines were administered.

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.

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