

Key inspection report

CARE HOME ADULTS 18-65

The Oaks

**165 Worcester Road
Malvern
Worcestershire
WR14 1ET**

Lead Inspector
Jean Littler

Key Unannounced Inspection
20th August 2009 10:30

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care home adults 18-65 can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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SERVICE INFORMATION

Name of service	The Oaks
Address	165 Worcester Road Malvern Worcestershire WR14 1ET
Telephone number	01684 572079
Fax number	
Email address	doreen@exalon.net
Provider Web address	www.exalon.net
Name of registered provider(s)/company (if applicable)	Exalon Care Homes Ltd
Name of registered manager (if applicable)	Manager post vacant
Type of registration	Care Home
No. of places registered (if applicable)	10
Category(ies) of registration, with number of places	Learning disability (10)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:

Care Home Only (Code PC)

To service users of the following gender:

Either

Whose primary care needs on admission to the home are within the following categories:

Learning disability (LD) 10
2. The maximum number of service users who can be accommodated is:
10

Date of last inspection

1st September 2008

Brief Description of the Service:

The Oaks is a care home providing a service to a maximum of ten adults of either gender who have a learning disability. This is one of three services owned by the registered provider, Exalon Care Homes Ltd. The Oaks has been a home for adults with learning disabilities since November 2002. The home is situated between Malvern Link and Great Malvern, opposite the common. It is ideally situated for access to local facilities and on a bus route to Worcester. The detached house extends over three floors with communal rooms and ten single bedrooms.

Information about the service is available from the Home on request, from the provider's web site or from the head office at Albion House, Market Place, Westbury, Wiltshire, BA13 3DE.

The current fees on the web site are £1200-2000 per week. People have to pay for their own clothes, toiletries and haircuts. The most recent inspection report is available on a notice board in the home.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is 2 star. This means the people who use this service experience Good quality outcomes.

The new manager, Ms Riggs, was on duty and helped with the inspection.

We looked around the house and spoke with some of the residents and staff.

Some records were seen such as care plans and medication.

Ms Riggs sent information about the service to us before the visit.

We sent out surveys to seek the views of the residents, their relatives, staff, professionals and visitors.

What the service does well:

New people can visit and move into the Home on a trial basis to see if they want to live there.

People have their own bedrooms with their own things and some have en-suite toilets.

They are supported to stay in touch with their families.

They enjoy the meals and they are offered a menu choice.

People say they like the staff and can tell the manager if they have a problem.

They are supported to have a meeting each month so they can give their views about things like meals and activities.

What has improved since the last inspection?

There is now a DVD about the home to help new people decide if they want to live there.

People are more involved in planning their lives and are taking on new responsibilities.

People all have their own money and tablets in their bedrooms.

They are more involved in running the home and are learning new life skills.

People are now being given information in a way that helps them understand it.

The kitchen is now always unlocked and more people are using it.

People are trying many new activities and some are planning holidays abroad.

Staffing is being used flexibly to support these personal plans.

People are being given new opportunities and making more decisions.

People have been involved in choosing how the home is redecorated and modernised. It is much more homely.

There has been less change for people in the home as staff are not leaving as often.

Staff are now better trained and supported to do their job. Over half are now qualified.

The home is being well run and people's views are being listened to.

What they could do better:

Have guidance in place if people need medication that is not taken every day.

Have guidance in place, that all staff know about, for when people get upset or angry.

Follow up plans to separate the living area so people are sharing with less people. Enable people to choose who they live with.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line – 0870 240 7535.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Prospective residents will be given the information they need to make an informed choice about where they live. They should have their aspirations and needs fully assessed and be offered the opportunity to try out the service before moving in.

EVIDENCE:

The information available to people about the service is now available in a DVD. This version of the Service User's Guide was produced with the involvement of the residents. Information is also available in widget symbol format. Ms Riggs said people have been given information in the format they have chosen and gave the example that one man does not like Widget symbols and had wanted a plain written version.

There are currently seven residents. Consideration is being given to developing the annex rooms into a separate flat used to support people to develop their skills and move on to more independent living. This would reduce the number of people sharing the main house and would therefore be a positive step.

The last person to be admitted moved in at the end of 2006. It was therefore not possible to judge how the new manager had assessed a potential new resident's needs and arranged their transition into the home.

Ms Riggs reported in the AQAA, (The Annual Quality Assurance Assessment). 'Upon receipt of a comprehensive Community Care Assessment, we would complete an individual needs assessment with the potential service user to ensure their needs and aspirations can be met before formal introductions start. Then if the placement could be suitable, we would then encourage the person to visit the home. Only after this would our detailed induction process be implemented. It would include numerous overnight stays including weekends to ensure that they are happy with their potential new home. All placements are undertaken on a 3 monthly trial period. All new people are allocated a named link member of staff to ensure a smooth transition, we also ensure that a current service user is identified as a "Buddy" for the new service user so as to make them feel welcomed into what is their home'.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can be confident that their needs and wishes are being considered and reflected in their care plans. Planning is person centred and this approach is starting to impact positively on people's lives. People are being encouraged to take reasonable risks for their own benefit and they are being encouraged to make more decisions and choices.

EVIDENCE:

A computerised system has been brought in for care planning and recording day to day information about people's needs. This is proving effective and popular with staff. Some residents are involved in entering information about themselves. The care plans are printed off so there is a hard copy available. Two were sampled and these contained appropriate information that had been written in a respectful manner. Not all are finished yet but this work is being given priority. Risk assessing is linked into the system for each area the person

needs support with. Restrictions have been lifted to enable people to develop skills and enjoy life, but the risks associated seem reasonable. For example, the kitchen is now always open but the kettle is emptied before staff leave it unattended. One man went out and was asked if he wanted a worker to accompany him. He declined and confirmed he had his mobile phone. People have had care review meetings held at least every six months and future ones are already planned in. The use of visual information and the new approach should enable these to be meaningful for the individual and a time for them to be proud of showing their achievements and making exciting plans.

Person centred planning has started and people are being actively encouraged to have new ideas for things they want to do. Many examples were given, such as one man going to see a football match in his home town, two people are now attending college courses. Personal development is being promoted by increased involvement in daily living activities such as food and drink preparation and by people being given greater responsibility. One person is planning potential new designs for the small lounge and another had made the calls herself to set up an interview to gain a passport. She and another resident are planning their first holiday abroad. This had been discussed in the past but never actioned.

This new way of planning with people is increasing the choices available to them. Information is now being presented in a visual way in many areas to help promote understanding and choice making, for example visual menus are now in use. Staff are also using basic sign language more frequently to promote communication. Residents meetings are being held to enable people to discuss shared issues and share ideas for changes in the home. People have been consulted about the redecoration and refurbishment that is taking place and one person has been assisting the maintenance man with some of the painting.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

This is what people staying in this care home experience:

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's life styles are changing with the introduction of a more flexible approach, greater consultation, involvement and person centred planning.

EVIDENCE:

There was a relaxed but pleasant atmosphere in the home. Each person had a different routine in place, for example one person was out with a worker on a days shopping with lunch out. As reported above, person centred planning has been implemented and people are gaining confidence in planning their own lives. One person has been visiting the local Morgan factory as he has an interest in these cars. For his birthday he is hiring a Morgan for the day. He made a new suggestion for a place of interest to visit during the inspection and this was followed up positively and put into the planning process.

People are being offered increased opportunities for new experiences and personal development, such as college courses. Staff said that one man has improved his communication and has learnt to make a cup of tea. Another person's mother said, 'They are doing more with my son, he is learning to cook, clean, and do his laundry now. One resident said, 'The home is good at organising trips out and holidays'.

The sensory area that was in the garage is no longer in use. Ms Riggs said she is exploring if sensory equipment could be used in people's bedrooms by those who would like and benefit from this. She has also arranged for people to access sensory sessions in the community.

An internet Blog has recently been set up and staff said this has been very popular with everyone in the home. It is weekly and is being accessed by relatives, friends and external professionals. After being out during the day one person came to the office and added some information onto the Blog. For the families that cannot access the internet a printed copy is posted to them.

Ms Riggs reported in the AQAA:-

'Service user meetings are undertaken monthly with agenda items including personal and group activities, decoration, education, personalised holidays as well as general points of view. The health and safety representative provides feedback from the committee meetings and also takes forward any issues raised'.

'We plan to increase the amount of therapeutic activities on offer to service users. Although Person Centred Plans have been developed for all service users more and further emphasis needs to be placed on their development so as to ensure effective support is undertaken and offered; it is our intention to research and explore additional activities, college and employment opportunities for all service users, this will be achieved in part by introducing an activity coordinator within the staff team; we hope to register as an approved ASDAN Centre, which will enable our service users to develop key skills with their independent living and be credited with a recognised Qualification; to set up individual post boxes to be located at each bedroom so as to enable greater independence and privacy'.

'We have always promoted equality and diversity. We plan for the staff team access training in this area so they can understand and promote equal opportunities within the workplace. This will be accessed through Social Services. Each person will have a care plan that identifies their family traditions and culture, this will guide the care team to support the individual appropriately in the way that they are used to'.

A pictorial menu is now available and the residents spoken with said they liked the food. The menu showed a varied balanced diet is being provided.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are being well supported with their personal care, physical and mental health needs. Medication arrangements have been made more personalised and only one shortfall was found.

EVIDENCE:

People looked very clean and well presented. The new care planning system contained sections on how people liked to be assisted in this area. Staff spoken with confirmed that personal care is given priority and people are being encouraged to be as independent as possible.

Care plans also contained details of people's medication and health needs. The plans sampled showed that people are being supported to access health services for routine checks and when unwell. People are having annual well-man/woman checks. All residents had Health Action Plans that were their own. Ms Riggs agreed to explore how this computerised recording system could still allow each person to keep their own health record and preventative health

plan. She reported in the AQAA, 'We plan for all staff will undertake detailed accredited medication administration training as well as nail care, infection control, health and nutrition, dementia and epilepsy training'.

Some people have needs associated with mental health conditions. Training is being provided now and strategies are in place to support people to manage their mental health, for example promotion of self esteem, ensuring they are not overloaded with excitement, pressure or expectation. One person has now been assessed by the community nurse team that this support is no longer needed.

Some people can become upset and angry at times. Ms Riggs said no physical restraint is being used. There are existing strategies in place for how staff should respond to people at these times, but she said these are being reviewed. A new worker was not well informed about how people can behave when upset and this could potentially have put her at risk.

One person has two additional medications prescribed for such occasions. There was no protocol to guide staff about when these should be administered, which potentially puts the person at risk. Ms Riggs arranged a medication review for the person soon after the inspection where the doctor withdrew the use of this medication. A requirement to have a written protocol has therefore not been made. Ms Riggs needs to ensure that protocols are put in place for any other 'as needed' medication so that it is only used in line with the doctor's instructions.

Medication is now being stored in people's bedrooms in small personal cabinets. People have adjusted to staff assisting them with their medication while in their rooms, which is more personalised. The records seen were clear and showed that the correct doses are being administered. Care records are being used to monitor areas that may be linked to medication, such as health conditions or emotional wellbeing. Some staff already have medication training but all are completing a twelve week distance learning accredited course.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People feel able to raise concerns and have confidence that these will be listened to and acted upon. Arrangements to help safeguard people have improved but plans for additional training should be implemented.

EVIDENCE:

The home has a complaints procedure and a version is available in Widget form. How to make a complaint is covered in the DVD service user guide. Minutes from the resident's meeting in May showed that there had been a discussion about how to make a complaint. Ms Riggs said in the AQAA, 'The ethos of the complaints procedure is based upon a positive and constructive view of complaints where they are welcomed and investigated and seen as a chance to improve services. We plan for all staff to receive detailed training in relation to the Mental Capacity Act and the Deprivation of Liberties Safeguards'.

Surveys indicated that people do know how to raise concerns and that they felt these would be taken seriously. The increased focus on keyworking should help enable people to share any concerns and express their views.

The Home has a procedure for dealing with allegations of abuse. Ms Riggs has previous experience of managing allegations and is aware of the Worcestershire multi agency safeguarding protocol for dealing with such

incidents. One complaint has been made in the last year by a resident. The nature of this led to the matter being appropriately referred to Worcestershire Council under this protocol. The matter is not yet concluded, but prompt action was taken by Ms Riggs to safeguard the residents.

The staff spoken with were aware of their duty to report any concerns or poor practice under the home's Whistle Blowing procedure. They felt Ms Riggs was approachable so they would be able to share any concerns with her. The home has a more open culture where residents and staff views are actively being sought. This should help protect people.

Ms Riggs reported in the AQAA that the plans for this year include, 'We realise that although our induction programme includes detailed training on the protection of vulnerable adults this is an area that requires regularly updated training. To implement clear behavioural management strategies for each service user and all staff members to undertake the relevant CPI BILD accredited training'.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People live in a home that is safe, clean and comfortable. The communal space is now much more homely and there are plans to make smaller living groups. People are enabled to personalise their bedrooms and are being more involved in decisions about how the space is used.

EVIDENCE:

The Home was purchased by the company in 2002, having previously been a Care Home for older people. It is situated in a residential area of Malvern opposite the large common and is on a bus route. The location means people are within walking distance of local shops. The building is a detached, extended Edwardian house on three floors. Suitable fire prevention and detection systems are in place. There is an enclosed garden to the front and rear with seating. The communal rooms include a kitchen, main lounge, a small lounge and dining room that are on the ground floor along with one bedroom. Three

bedrooms are located in a ground floor annexe off a long corridor, along with a small lounge/diner that has a door to the garden and a staff training room. There is also a small lounge situated on the second floor used primarily by one person whose bedroom is nearby. There are ten single bedrooms in all, of which seven have en suite toilet facilities. The sample seen were of a reasonable size and had been personalised. Keyworkers are now working with people to help them redecorate and enhance their private space. Suitable bedroom door locks are fitted and a few people hold their own keys.

There are four bathrooms and two separate toilets that are plain and functional. Ms Riggs plans to have these refurbished in the near future. The hot taps are fitted with temperature controls to reduce the risk of scalding. The bath on the ground floor is adapted with a chair hoist that is currently used by one person. There is no call bell system but there are waking night staff who check on the more vulnerable people. One resident has a specialist piece of equipment to alert staff when he has a seizure at night. The kitchen is not used by one resident as he has limited mobility and there are three steps down to the kitchen.

The seven people have very mixed needs and abilities. It is positive that the extra small lounge in the main house gives people a choice of who they spend time with, and if the Annex becomes a separate unit then the main house will accommodate a maximum of seven rather than ten.

A programme of refurbishment and redecoration work is underway. Many areas are much brighter and more modern. The maintenance worker is full time and is enjoying the role of transforming the home. Structural improvements are also being made, for example the dining room has had a new floor screed laid. Since the last inspection the floor in the assisted bathroom collapsed so this has been rebuilt.

The home has a separate large laundry that is suitably fitted out. As this is on the first floor it is not accessible to everyone, but some people are involved in doing their own laundry. Protective clothing is available for staff and a worker confirmed that systems are in place to manage infection control. The washing machine has a sluicing facility. Staff are provided with infection control and food hygiene training. A new domestic assistant has recently started, which will help maintain good standards.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The residents like the staff and they are starting to benefit from the team being better trained and more effectively managed. The residents are being protected by the staff recruitment procedures.

EVIDENCE:

There are a team of 16 care staff. Three staff left in the last year, including the previous manager, which is a significant reduction in turnover than in previous years. New staff have started and recruitment is ongoing to reduce the current need for regular agency workers. There are four or five staff on duty during the day. Ms Riggs said the rota is flexible depending on what commitments each resident has that day. This was evidenced during the day when different activities and appointments were made the staffing was altered accordingly. Ms Riggs works during the day Monday to Friday so is available if additional support is needed. There are waking staff at night.

Feedback from residents showed that they liked the staff and felt supported by them. Five staff returned feedback surveys and four were spoken with on the day. Feedback was positive and some comments included, 'Good team work; We are becoming a more personalised care service; We have up to date training, provide well balanced meals and try hard to meet residents needs for outings'. Staff felt the home was in a transitional stage but that the changes were all benefiting the residents. They found handovers between shifts effective and said they could give their views at the monthly staff meetings. There was evidence that staff are having regular supervision both formal and informal to help them develop and perform their role effectively e.g. as keyworkers and shift leaders.

Ms Riggs said that the company now has a Director of Development. He provides some training courses directly, for example on mental health. This is very positive as in the past this training was not provided to staff. Ms Riggs and the Director of Care are also trainers in some subjects such as adult protection, challenging behaviours and moving and handling. An induction framework is in place for new staff that includes the common induction standards. A new worker confirmed she was working through her induction folder. All staff are working towards completing the Learning Disability Qualification. Currently 12 of the 16 staff hold a care qualification. This is the first inspection when the minimum standard of 50% trained staff has been achieved. Ms Riggs said in the AQAA, 'We recognise the need for continuous training and development within the staff team and will continue to ensure a detailed and comprehensive training plan is implemented and followed for all staff members'.

One worker's recruitment record was sampled. This showed that appropriate checks had been obtained prior to the worker taking up post. Ms Riggs reported in the AQAA, 'We have comprehensive and detailed recruitment policies and procedures are in place that ensure all staff are appointed following the receipt of two satisfactory references, health questionnaire and enhanced CRB disclosures. Any gaps in employment are identified and documented. We consulted the Service Users on staff recruitment and selection, it was acknowledged that they wanted to be involved. We have now developed a policy and this is now being undertaken by them with the support of staff'.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are now benefiting from a well run home that is striving to meet their individual and group needs.

EVIDENCE:

Following the resignation of the registered manager, Mrs White, at the end of April 2009, a temporary manager Christine Smith was in post for a few months. Then Ms Riggs started in the permanent role in July. Ms Riggs has not yet been registered but we know her to be appropriately qualified for her position and to have previous experience of managing a care home for people with learning disabilities. Staff reported that both the temporary manager and now Ms Riggs have made significant changes to the way the home is run. New recording systems have been implemented that are proving effective. There is

now evidence that people are being supported to plan their own lives in a dynamic way and be actively involved in daily life at the home. Staff are becoming better trained, supported and supervised and as a result are more skilled in their roles. There are now three seniors and Ms Riggs plans to strengthen the management arrangements by recruiting a deputy.

Quality assurance systems are in place such as the residents' meetings. The organisation's policies have been kept under review and there is evidence that these are being followed by staff. Appropriate IT equipment has been installed and is being used effectively to improve recording and increase efficiency. The records for one person's finances were sampled and these were in order. A senior said the system for recording expenditure has been made more robust and each person's money tin is now checked at each shift change over.

Feedback we received regarding the way the home is run included, 'The temporary manager completely changed the running, systems and atmosphere in the home making it a happy and fulfilling place for residents and staff. The new manager is following and together we are building a better service; As a worker I feel I am getting the support from the new manager I need. Lots of things are happening for the good of residents and staff; We are totally happy with the quality of care for our son. His needs are met in an excellent manner; The staff cope well with my daughter's needs and arrange outings to keep her occupied'. One suggestion for improvement was made. The relative felt that telephone messages are not always returned and evening calls can go unanswered. Ms Riggs may want to explore how calls are managed to improve customer service.

Ms Riggs reported in the AQAA, 'A detailed business plan has been developed for the home, establishing aspirations and targets; Quality assurance questionnaires are sent to all staff, Service Users and associated professionals so as to establish performance monitoring and identify areas of improvement; company development meetings help ensure compliance with legislative requirements; the manager produces and develops, clearly detailed action plans within a set timescale in response to provider monthly monitoring visits'.

Health and safety monitoring has been improved through the establishment of a committee. This meets monthly and includes a resident and the maintenance worker. Routine monitoring checks are carried out and these are spot checked by the providers. The general work related risk assessments had been updated in July 2008. Ms Riggs reported that all equipment has been serviced as required such as the fire alarm system and that fire drills have been carried out. There is now a pictorial fire evacuation policy. The Fire risk assessment is due to be reviewed with a contracted fire company. The fire officer has visited and required that two fire doors be upgraded. Ms Riggs said this is being actioned. He made some recommendations and was satisfied with the fire

records. An Environmental Health officer has also recently inspected and some minor improvements were recommended, that have been actioned.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
<i>Standard No</i>	<i>Score</i>
1	3
2	3
3	X
4	X
5	X

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	3
7	3
8	3
9	3
10	X

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	3
12	3
13	3
14	3
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	3
19	3
20	2
21	X

CONCERNS AND COMPLAINTS	
<i>Standard No</i>	<i>Score</i>
22	3
23	2

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	2
25	3
26	X
27	2
28	3
29	X
30	3

STAFFING	
<i>Standard No</i>	<i>Score</i>
31	3
32	3
33	3
34	3
35	3
36	3

CONDUCT AND MANAGEMENT OF THE HOME	
<i>Standard No</i>	<i>Score</i>
37	4
38	4
39	3
40	3
41	3
42	3
43	X

Are there any outstanding requirements from the last inspection? No.

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	YA20	Put a clear protocol in place for any prescribed 'as needed' medication.
2.	YA23	Confirm strategies for responding to people's behaviours when they are upset or angry and ensure all staff are aware of these. Ensure any new staff are made aware of these while they are shadowing colleagues.
3.	YA23	Carry out plans for all staff to attend specific training on safeguarding vulnerable people, the Mental Capacity Act and Deprivation of Liberty Safeguards.



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