Care Quality Commission

Key inspection report

Care homes for adults (18-65 years)

Name:	1, 3, 5, 7 Exmoor Drive
Address:	1 Exmoor Drive Bromsgrove Worcestershire B61 0TW

The quality rating for this care home is:	one star adequate service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	**Date:**							
Sally Seel	0	7	0	5	2	0	0	9

This is a review of 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.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

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 Homes for Adults (18-65 years) 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.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	1, 3, 5, 7 Exmoor Drive
Address:	1 Exmoor Drive Bromsgrove Worcestershire B61 0TW
Telephone number:	01527576591
Fax number:	01527871853
Email address:	
Provider web address:	www.worcestershire.gov.uk

Name of registered provider(s):	Worcestershire County Council Home Care Services
Type of registration:	care home
Number of places registered:	12

Conditions of registration:		
Category(ies) :	Number of places (if applicable): Under 65	Over 65
learning disability	12	0

Additional conditions:

The maximum number of service users who can be accommodated is: 12

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) 12

Date of last inspection								

Brief description of the care home

Exmoor Drive is operated by Worcestershire County Council Social Care Services. It is a care home for 12 adults with learning disabilities, which may include people who have additional physical disabilities, dementia or mental health problems. The home's manager is Mark O'Brien, who has applied to be registered with the Care Quality Commission (CQC). A copy of the latest inspection report can be seen at the home. The home is purpose built on one level and opened in 1992. It is located in a residential area approximately one mile from the centre of Bromsgrove, on a bus route and there is a range of community facilities within close proximity to the home. The accommodation consists of three, self-contained units. Each unit has four bedrooms, a

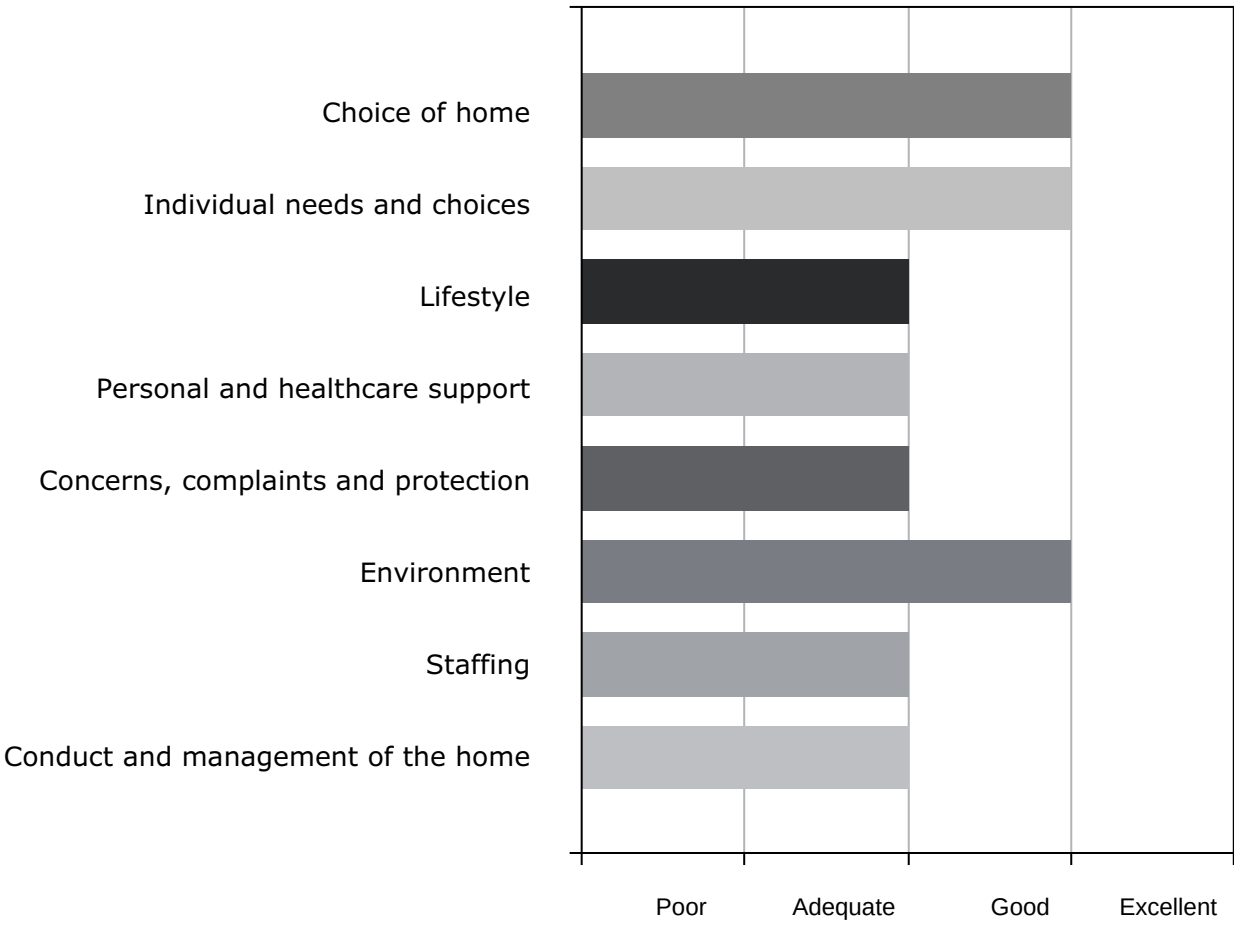
Brief description of the care home
bathroom, a separate toilet, and an open plan lounge with dining and kitchenette areas. All of the bedrooms have a wash hand basin but no en-suites. The aim of the service is to provide appropriate support, advice and guidance in order to enable people who use the service to develop their individual potential and to participate as fully as possible within the community. Interested parties should contact the home direct to gain up to date fees charged for living at Exmoor Drive.

Summary

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

The quality rating for this care home is:	one star adequate service

Our judgement for each outcome:



How we did our inspection:

This was an unannouced key inspection that took place on the 7 May 2009 over one day. The purpose of this inspection is to look at all areas of the service to ensure that the outcomes for people living there are good, safe and appropriate. This inspection also enables us to ensure that the service runs according to legislation and regulations.

During the visit we case tracked four people, this involves reading their records, discussing their care with staff, speaking with individual's where appropriate to gain their experiences of living in the home. We also looked at policies and procedures related to safeguarding, concerns and complaints and medication. Any new policies and procedures were also examined.

Discussion with the manager took place as well as discussion with deputy manager, senior support workers and other support workers. Where appropriate information from these discussions have been referred to.

The manager also suppplied us with an updated Annual Quality Assurance Assessment (AQAA). Each registered service is required to submit an AQAA each year, this is a form of self-assessment. Information from this has been used in the following report.

During the process of the inspection we viewed a variety of areas of the home including, each bungalow, kitchens, dining/lounge areas, laundry, other communal areas, such as, toilets and bathrooms, some private rooms of the people who live there and the garden.

We would like to thank the people who live at Exmoor Drive and staff members for their help and co-operation throughout the inspection process.

What the care home does well:

The atmosphere was warm and welcoming. We saw that people living in this home looked comfortable in their surroundings and there were no restrictions upon their movement, they were able to walk around the home at their own leisure.

The relationship between staff, people who live there and their family members is good and promotes smooth communication.

All the staff communicate well and have a good understanding of the needs of each person living at this home.

There are male and female staff employed so that people can have a choice about who they want to support them.

The people living there have regular health checks and health professionals are involved in their care to help make sure that their health needs are met.

Each person has a health action plan. This is a personal plan about what a person needs to stay healthy and what healthcare services they need to access.

All the people living at Exmoor Drive have a single bedroom. These are all very different, and each person's room contains the things that are important to them.

The manager has an open door policy and staff told us that practices and procedures within the home are now improving for people who live there and staff morale is better which is due to the recruitment of a permanent manager.

What has improved since the last inspection?

The planning of care now clearly states the needs of each person and is updated and evaluated regularly to check that the care provided is appropriate. This ensures staff have guidance and increases the consistency of care.

The service user guide has now been updated and produced using pictures to illustrate the written word so that people who use the service can understand its contents.

Activities are being recorded to reflect the lifestyle of people living at Exmoor Drive.

A record of meals are recorded on food charts in people's care records but this could now be further enhanced by detailing individual's daily fruit and vegetable portions to ensure nutritious and healthy diets are maintained.

What they could do better:

Preadmission assessments undertaken by the home's staff need to hold sufficient information about a person's needs so that this can be transferred into care plans and risk assessments prior to the person coming to live at the home.

Care planning and risk assessments should be done with people who live at this home and or their representative's so it assures that individual's are aware of the care being given, why and what this acheives. This process needs to be acheived in formats that

people living in this home can understand, such as, using pictures to illustrate the written word and large print.

To give some thought to sensitively developing 'end of life' plans so that people who live in this home are able to have their say in relation to their wishes and choices at this important time in their lives with all aspects of their care and support.

To develop information gained to produce in partnership with individuals their social histories which will inform staff which people are important to them in their lives, places both past and present together with any ambitions.

Further consideration to developing activity programmes both inside the home and community that meet the collective and individual needs of people which can be evaluated This will ensure social and spiritual needs are met and activities are individually meaningful.

Medication practices in the home need to be improved to include regular auditing with documentation to reflect this, staff training and regular competency assessments. These processes will make sure that any errors are found in a timely manner and managed so that people's health and wellbeing is protected by robust medication practices by staff who are competent to do this.

There is a range of specialist and statutory training that staff need to undertake in order to be able to fully meet the needs of people who live in this home and in order to implement the improvements plans for this service that the manager clearly wants to make.

The management of each person's personal money needs to be reviewed to ensure that the process in place minimises the risk of financial abuse and each person can be sure that his or her money is managed appropriately.

To continue to fully implement effective quality assurance and quality monitoring systems based on seeking the views of people who live at the home, stakeholders, families and advocates.

A full list of requirements and recommendations can be found at the end of this report should the reader wish to look at these.

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 our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.
People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

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

Each person considering living at this home are given sufficient information which is easy to read and are encouraged to visit Exmoor Drive to make a decision whether it is the right home for them.

Evidence:

We were shown the statement of purpose and service user guide which are displayed by the main entrance door to the home. We saw that these have been reviewed and information updated since the last inspection visit. These guides give people information about what the home is like, how staff will meet their needs, what qualifications staff have and how to complain. In the service user guide pictures are used to illustrate the written words so that it can be meaningful to people regardless of their abilities. We confirmed with the manager that the cost of living at the home and the contact details for the Care Quality Commission (CQC) are not included in the guides so that people are able to consider the financial costs of living at Exmoor Drive and choose who they contact if they have concerns or complaints.

We looked at the care file of two people who have recently come to live at the home.

Evidence:

Within the care records we found assessments and care plans from social services care managers that are completed for each person prior to admission to the home. However we could not find preadmission assessments that are completed before people move into the home by staff who work at Exmoor Drive. We did see care plans and risk assessments which show how each person's needs are fully met. We now recommend that preadmission assessments that are completed by staff at the home should be easily retrieveable within individual's care files to confirm people's needs can be fully met at the point of admission.

We were told that people are welcomed and encouraged to visit the home before coming to live there. In the AQAA the manager states, 'The service user is also given the opportunity to stay over night on more than one occasion, so that they get a good idea of whether they would like to live at Exmoor'. This was also confirmed in the care files we looked at which document when staff show people around the home.

One person told us that they liked living at the home and staff are alright.

Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

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

Care plans and risk assessments have been updated and reviewed so that staff have most of the information they need to meet people's needs. These would be further enhanced if they reflected the involvement of individual's to enable personalised goals to be met.

Evidence:

Four people were 'case tracked' and in each care file there were a variety of care plans that enable staff to determine the needs of each person. Each care plan is an individualised description of what a person's needs are and how staff are able to support individuals in acheiving these on a daily basis. Positively care plans celebrated what a person could do and reminded staff of this so that individual's are able to retain their levels of independence. There are care plans that cover people's, mobility, personal hygeine, eating and drinking, contact with family and friends and activities. We were told that all care plans have been reviewed by the manager when they started work at the home. Staff told us that care plans are much improved and easy to follow when supporting people with their daily tasks. Although care plans that we

Evidence:

examined do give staff enough information to be able to meet a person's needs there is some room for improvement in ensuring people who live at this home are taking part in this process. This would mean care plans need to be in a reading style suited to people who live at Exmoor Drive, such as, using pictures and symbols to aid individual's understanding. This would provide individuals' with the chance to influence the way their needs are met, by whom and at times to suit them.

Positively there were care plans that covered a person's communication needs which is important to people living in this home and reminds staff of individuals particular styles of communicating. For example, whether a person is able to communicate verbally and can understand what is being said or whether sometimes this may prove to be difficult and staff need to use gestures, nodding and pointing. These plans also confirm that staff need to speak clearly and whether a person is able to make their own choices. We were told some people who live at the home have communication books which they take to day centres with them. These are books which show how an individual prefers to communicate and what aids are used. However, people who do not attend day centres do not have these books and although we found care plans for communication the manager may wish to review this practice as activities are being looked at. The manager confirms in the AQAA, 'When a service user requires specialist care referrals are made we currently have involvement from Macmillan nurses, advocates and regular contact with district nurses'. We found examples that supported this in the care files we looked at where people had been referred to speech and language therapists as needed so that indivdual's are provided with external professional support when required. This ensures that any difficulties can be looked at in a timely manner so that people's quality of life does not diminish.

All care is evaluated monthly, or more often if needed. The evaluation explained if the care plan had the desired outcome or if changes were required. New care plans were seen to reflect any changes. Once again it was unclear as to how the person who the plan related to was involved in this process to ensure staff were still meeting individual's needs in their preferred way or whether some changes were needed. This process would also give individual's the chance to say what is not working for them so that staff could address this appropriately ensuring good outcomes for people who live at Exmoor Drive.

People's risk assessments were sampled. There is evidence that people are supported to take manageable risks, and individual's are encouraged to have an independent lifestyle. The risk assessments cover areas such as, mobility and falls, the risk of skin breaking down and developing sores, moving and handling, nutrition and managing a person's money. These assessments are for staff to follow so that individual's health

Evidence:

and safety is maintained. However, we did find kitchen cupboards and a cupboard in the laundry room which were unlocked but held cleaning fluids. This was discussed with the manager who told us that they are going to complete risk assessments, (discussed further in the environment section of this report).

Behaviour management strategies were in place for individual's. These provide staff with guidance about possible triggers to behaviour, and guidance on how to prevent some behaviours occurring as well as what to do in the event of some behaviours occurring. Guidelines sampled were up to date.

Daily records gave us some information about how people spend their days, any health appointments, how people are on that day together with concerns highlighted. These help staff to communicate with each other and for all communication to be smooth from one shift to another. However, on some days daily recordings were not being done. The manager told us that this was because no significant events have happended on that day. We recognise that there is a staff communication book, checklists for when staff have supported people with their personal hygeine needs, food charts and activity charts. However, there was some difficulties with some people's medication, (further discussed in health and personal care section), and staff needed to look through all piece's of information to see if there was any documentation relating to the medication errors. Therefore the manager may want to review this practice to streamline some of the communication processes between staff so that any important changes can be seen at a glance within one source so that important changes are not missed, such as, daily recordings.

Throughout the day we saw that staff spoke appropriately to each person and addressed him or her, as they would wish. All care was undertaken in private and the member of staff who was showing us around the home knocked on each bungalows door before entering to demonstrate respect that this was a person's home. We also observed people moving around the home unrestricted and using the office area as they wished to chat to staff or just pass the time of day.

Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.
People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

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

Generally people living at Exmoor Drive are supported to follow their interests and particpate in activities of their choice. This could be further enhanced by regularly evaluating activities with individuals to ensure that they are meaningful to them. Contact with relatives is actively promoted. Some consideration to daily recordings of individual's fruit and vegetable portions would further promote nutritious and healthy diets.

Evidence:

There is no dedicated activity organiser who works at the home and therefore activities are planned by staff. Activities are being recorded but we were told that this is an area that requires improvement. The care files have information about the person and state their hobbies. For example, in one care file it was recorded that the person wanted to practice their religion by going to church. We could not find any documentation that confirmed whether this has happened. However, the manager said

Evidence:

that this was organised but the person then decided not to go. This is where one source of recordings would have been helpful in confirming this so that we can be assured individual's are being supported to meet their aspirations.

Some of the people living in the home go to day centres and work type placements. Also we were told the life skills team are supporting people living in the home to take part in a structured weekly programme of life skill tutoriing on a weekly basis which will promote individual's independence. Some people living at Exmoor Drive remain in the home with staff supporting them to complete activities and or follow their particular interests. People were seen to be watching television, some went to town to the shops and others were seen chatting to each other and staff throughout the day. One person told us that they went to the cinema the evening before we visited and enjoyed a meal out with staff together with their peers. The person described how they laughed alot until their stomach hurt. Staff told us that people who live in the home seem to just enjoy watching the television and it is hard to motivate individual's to do anything else. Although we are told that people do have the opportunity at their meetings every Thursday to confirm what they would like to do. However, in one questionnaire completed by a person who lives at the home it was confirmed that the person would like a gardening patch. We were shown the garden area and found that the grass area needed cutting but it was large enough for people to have a gardening patch of their own. There are also front gardens to each individual bungalow if people wanted to develop this with hanging baskets and or planters. Therefore it is recommended that people's past lives, hobbies and important events are reviewed with their key workers so that individuals are given the opportunity of gaining social profiles using pictures and symbols. Also to gain photographs of places visited will aid people to remember events. This should give indications of further activities and or interests on a 'one to one' basis to give meaning to the daily lives of each individual living at the home. The manager has also acknowleged in the AQAA the need to develop an activities programme to include more activities within the home environment.

The home has the facilities of a room which has a light projector and massaging mattress for people to use to stimulate their senses and aid relaxation. This room was locked due to a mattress being deflated in there but we were told that people do use the room for some quiet time. To ensure that this room is used to its full potential we discussed with the manager and staff whether further equipment could be gained to benefit people who live at the home. This will be looked at and we recommend that advice is taken from an occupational therapist to ensure equipment purchased meets the needs of people who live at this home.

Evidence:

We observed that some people who live in the home hold their own room keys but others don't. However, we could not find any records in the care files that we looked at to support the choices and decisions that individuals made in relation to holding their own room keys and or opening their own mail. Therefore we recommend that these protocols are in place so that the rights of people who live at Exmoor Drive are protected.

We were told that people living in the home are supported to maintain the relationships that are important to them, such as, family members and or friends. We saw one person who seemed distressed helped by the manager to telephone their sister to speak with them. In care files we found recordngs where family members had visited and or contacted the home.

In Exmoor House there are three separate units where four people live and these are known as bungalows. Within each bungalow there is a kitchen where meals are prepared and cooked with a table and chairs. Therefore menus are done with people in each bungalow, normally on Thursdays, for one week at a time and individual's help with this to ensure choices are given. We were told that in the main staff prepare and cook the main meals of the day but people are encouraged and supported to help if they wish. We looked at the menus and food charts in the care files we sampled. Food records sampled showed that a variety of food is offered that includes fruit and vegetables to ensure that people are having a healthy diet to ensure their well-being. This could be further enhanced by the daily recording of individual's portions of fruit and vegetables to ensure people are offered the recommended 'five a day' to maintain nutritious and healthy diets. We were told that if a person decided that they do not want their chosen meal on the day staff will go into the other bungalows to see what meals are being served there to give a person other choices. We saw people choose when they got up in the morning and staff were asking each person what they would like for breakfast.

We asked two people what they thought about meals and each person said they were good and they liked them.

Environmental health have not visited the home recently but the manager told us that they have spoken with them on the telephone and it was decided that a visit would not be required on this occasion.

Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.
If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

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

Generally, arrangements ensure that the personal care and health needs of the people living at this home are met. The administration, accountabliity and management of medication needs to be improved to fully protect people and ensure their well-being.

Evidence:

Care plans sampled included information for staff on how to support individual's to meet their personal care and health needs. The people living there were well dressed in good quality clothes that were appropriate to their age, gender and the activities they were doing. Discussion with staff and observation of finance records shows that people have their own personal toiletries and are supported to go to purchase these. We saw people receiving attention to their feet and one person was using some of their money to buy some books to write in.

Each person has an health action plan which we are told in the AQAA are being updated to ensure people's changing health needs are met. These are personal plans about what a person needs to stay healthy and what healthcare services they need to use. These had been produced using pictures so making them easier to understand.

Evidence:

These show that people's health needs are well planned for and annual health appointments undertaken as needed. Some weight records showed that the checking of people's weight has not always been consistent to ensure they are not losing or gaining a significant amount of weight that could be an indicator of an underlying health need. We discussed this with the manager who said that the scales had broken but his had now been resolved. One persons plans told us they had epilepsy and clear guidelines were in place regarding the different seizures that people can experience this was further enhanced by giving staff information on signs, symptoms and what staff should do. Satisfactory plans were also in place for people who needed their blood pressure checking, supporting people with incontinence and for staff to be aware of individual's who are at risk from developing glaucoma.

All people in the home have access to other professionals such as the GP, district nurses, speech and language therapists, physiotherapists and social workers. They also have access to the optician and dentist.

We discussed 'end of life' care with the manager as a person who is living in the home is receiving care and suppport from staff. The manager has taken advice from medical professionals and we were told the individual is leading all the care that is provided to them. The AQAA confirms this to be the case and positively states, 'We also have involvement from a psychology team to support other service users through the bereavement process'. However, in the care files we looked at we could not find any 'end of life' care plans which would include people's funeral wishes. Therefore it is recommended that these are sensitively developed with all individuals and or their representatives so that people have the chance to confirm their own preferences in relation to meeting their practical, social, emotional and spiritual needs at this important time in their lives.

The medication ordering, storage, administration and disposal was examined to ensure that this is safe and meets the needs of people living there. Copies of prescriptions are retained so that staff can check the correct medication has been received from the chemist. We found medication administration records (MAR) were satisfactorily completed by staff signing once they had administered people's medications. The amounts of tablets, capsules and liquid medications that were left in the blister packs tallied with the MAR to show that people are receiving their medications as prescribed at the right times. However, medications that are kept in their original containers did not always tally with the MAR. For example, on one person's MAR it was noted that there were three doses of the medication left to take but only one tablet in container, on another we found four indicated left to take on the MAR but five left to take in container and on another person's record we found three

Evidence:

doses on the MAR left but only three tablets in container.

Whilst we were at the home a member of staff and the manager contacted the pharmacist to ensure further medication could be gained so that people do not go short. A member of staff also checked all the rest of the medications that are prescribed to people in their original containers and told us that they did not find any further errors. We asked about the training for staff who administer medication and the manager cannot be certain this is up to date as we were unable to find certificates and there is no training matrix. However, the manager did show us the nominations he had made for staff to receive medication training. Also the staff member who audited the medications with us showed they were knowledgeable about how people were to receive their medications. It is now a requirement for staff who administer medications to have valid training certificates and attend refreseher courses when needed. The manager told us that they are going to introduce medication assessments for staff to demonstrate that they remain competent to administer medication.

There is suitable storage for Controlled Drugs and the recording system is good ensuring staff know what medication and how much should be avaliable. However we were shown medication that is being stored at the home on behaf of the nurses who visit. We could find no record of this medication, amounts given and left and or how it was administered. We discussed this with the manager who confirmed that there are no records for these medications. It is required that if these medications are to remain in the homes medication cabinets then it needs to be accounted for and managed so that people who live at the home and staff are protected by safe and robust medication systems.

Prescribed creams were found to be numbered to tell staff which is the first to be used. It is recommended that all prescribed creams and lotions of date when they are opened on them together with a description of where the cream or lotion should be applied on the person's body. This will ensure that people are protected by staff practices when administering these types of medications.

Where people are prescribed PRN (As required) medication a protocol is in place stating when, why and how this should be given.

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.
There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

There is a proactive approach to receiving and documenting complaints at Exmoor Drive. There needs to be improvement in ensuring staff have received relevant training to protect people from abuse and know when incidents need to be reported. A review of the management of individual's monies should be completed to fully protect people.

Evidence:

There is a clear complaints procedure and process which staff are aware of. An easy to understand version is available but we were told that the home are awaiting the new leaflets. The complaints procedure is also confirmed in the service user guide. The questionnaires that people who live in the home had completed reflected that individual's knew who to voice their concerns and or complaints to. There is a record of any concerns or complaints raised. The manager shared these with us; there have been three complaints in the last twelve months. Each had been investigated and the person making the concern known was informed by letter of the outcome and actions taken.

There is a clear policy in place regarding the recognition of abuse and the actions taken. We saw the local authorities safeguarding policy and procedures in the office for staff to access as required.

The manager showed us that staff have been nominated to complete safeguarding

Evidence:

training to ensure staff know what is expected of them and have the knowledge about abuse and how to recognise it. Some staff spoken with knew what was expected of them in relation to protecting people who live at Exmoor Drive.

We could not find personal inventories iin all the care files that we looked at and therefore recommend each person now has an up to date inventory of their possessions. This will ensure that staff know what possessions each person has and it is easier to track if things should go missing.

The home manages the personal monies of people at the home. This means that they have access to their own money to pay for extra items when needed. We audited some people's money with a member of staff and found some discrepancies when trying to balance monies. This showed that the system was not as robust as it could be and could be confusing as monies are kept in a locked safe in the office area and there are individual locked metal boxes in the unused office. We discussed the system with the manager and we recommend that the managing of people's money is reviewed to ensure it is as robust as it can be so people living in the home are protected from possible financial abuse.

The systems in place for the recruitment of new staff are generally satisfactory.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.
People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this 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 home provides a physical environment that is appropriate to the specific needs of the people who live there. It is a pleasant, safe place to live.

Evidence:

Exmoor House is a purpose built building and therefore does not present as a domestic and homely residence in some areas. For example, there is a main entrance door to the home where people have to ring the bell so that staff can monitor who comes into the home to protect people living there from unwanted intruders. However, when people want to leave the home there is a key pad to open the main doors and as the manager told us this can prove to be difficult for individual's. The manager told us they would like automatic doors that can be opened by people who live at the home when they want to go out by just pressing a pad. This would still maintain people's safety but also enabling individual's to easily exit the home. The hallways are bare apart from some pictures which do not really bring a sense of meaning to the people who live at Exmoor Drive. However, inside the four bungalows there is much more of a comfortable and homely feel. Each bungalow has its own kitchen which is fitted with the normal domesticated cooker, fridge/freezer and dishwasher. One cupboard was left open and had a supply of detergent in it. We discussed this with the manager who said that they are going to do risk assessments to enable these cupboards to remain

Evidence:

unlocked. The manager said that people who live in the home have never inappropriately used any of the detergents to put themselves or others at risk from harm. Also the manager does not want to lock detergents away as some people who live in the home enjoy cleaning the kitchen area at times that suit them. There is also a dining table and chairs within the kitchen area where people are able to chat with each other as they wish. Adjoined to the kitchen is the small lounge area where there is comfy seating, an open effect fire, music machines and televisions. This area was clean with no smells and tidy but lived in.

We viewed some of the bedrooms in each bungalow with people's permission. These had been personalised with photographs and other small personal items making these rooms individual and personal. In one bedroom the carpet was stained but we were told by staff that the person has recently moved into the home and staff are waiting until they have settled in so that the person can choose their own carpet and decorations. There are no ensuites in people's bedrooms but there are hand wash basins for people to use if they wish. We were told that people are encouraged to keep their hand wash basins clean but any people who are unable to staff will do these for them.

There is a large room which is used for activities and has a large table and chairs for this use. There are also some comfy seating. There are fire doors in this room which lead onto the patio area and garden. We saw a wheelchair and tripod frames in this room and when we pointed this out to staff we were told that storage space within the home is very limited. It is recommended that the storage of equipment in this room is looked at to ensure that it does not pose hazards to the people who live in the home.

Some of the bathrooms/toilets had liquid soap and paper towels. It is recommended that all communal toilets/bathrooms have a supply of paper hand towels and liquid soap to promote good infection control practices.

The laundry room has a washing machine and dryers. Staff told us that they mainly do people's laundry for them. People have their own personalised laundry basket which staff place the laundry in once it has been washed and this is then returned to people's rooms. There was a cupboard open inside the laundry room which held detergents and the laundry room is left ajar. It is recommended that this remains locked and or is risk assessed to ensure people are protected from any harm.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.
People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

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

The home is staffed appropriately ensuring people have the support they need to undertake activities. Improvements need to continue in ensuring all staff are appropriately trained and have the knowledge and skills to meet the needs of people who live in this home.

Evidence:

It was established that there are sufficient staff on duty at all times to meet the needs of people living at this home. Staff told us that on all shifts there are four members of staff on duty. This means one staff member is able to support people in each of the bungalows with a member of staff who is called upon for support and assistance when required. During the night there is a waking staff member and one who sleeps but is on hand if support and or assistance is required. The staffing rotas confirmed what we were told. Information from the AQAA shows that the home now has a low turnover of staff and that 60 % staff have achieved or are working towards an NVQ in care, so ensuring that they have the skills and knowledge to meet the needs of the people living there. Staff were observed to give support with warmth, friendliness, patience and treat people respectfully.

Two empolyees records were examined and it was established that all checks

Evidence:

necessary had been made to ensure that they were suitable to work with vulnerable people. All new employees complete an induction programme to introduce them to the home and the home's policies.

We discussed staff training with the manager who could not show us a training matrix and or up to date certificates to show that all staff have received mandatory training, such as, infection control, moving and handling, medication, heath and safety and food hygeine. The manager said that one of the deputy managers is completing moving and handling training and will then train the rest of the staff group. The manager also told us that they were not able to definately confirm what up to date training staff have received and or what refresher courses are needed. Therefore the manager showed us some staff training nominations for staff to attend training courses. The manager is committed to ensure that staff are trained to meet the varied and complex needs of people who live at this home but without a training matrix and or certificates we can not be sure that all staff who work in the home have the sufficient up to date knowledge and skills required. It is therefore required that all mandatory training is completed with an updated training plan sent to the Commission. Also consideration should be give to more specialised training so that individual needs can also be met.

Staff spoken to told us that they felt supported and that the home had improved in the last six months since the new manager took up his post.

Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

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

Further work with regards to medication practices, staff training, quality assurance and completing regular practice audits is needed to ensure the health and welfare of people is fully met.

Evidence:

Mr Mark O'Brien is the present manager of Exmoor Drive and has been in post since November 2008. The manager told us that he has applied for registration with us. The manager is a registered nurse and has extensive experience in working with people who have learning difficulties. In the AQAA the manager confirms their plans for the next twelve months, 'to complete the leadership and management in social care training'.

Since November the manager has worked to address some of the improvements that are needed to improve the outcomes for people living there and the moral of staff. Staff told us that there had been improvements and that they were happier.

The manager is supported by two deputy managers and there are senior staff to

Evidence:

ensure that shifts are managed and supervised at all times.

The manager has an 'open door' policy and people who live there, their families and staff can see him at any time to discuss concerns, issues or new ideas. The manager has also ensured that people living at this home are influencing what improvements they would like and we saw examples of this in the questionnaires that people have completed. It is positive that these take account of people's individual communication needs and staff have assessed which people are able to complete them. The surveys use pictures to aid people's understanding and cover people's views on their bedroom, food, any concerns and or complaints and activities.

It is the responsibility of the organisation to ensure that their representative visits the home on a monthly basis to ensure it is being well managed. Reports of these visits were available in the home. These reports show that the views of people who live and work at Exmoor Drive are actively sought. The organisation also has a quality assurance system that looks at different processes in the home, such as, complaints, care plans and so on. The home is then measured on their performance and a percentage is given out of one hundred.

There is a maintenance person who works part time at the home and carries out basic repairs to ensure people live in a well maintained home. There is up to date information which tells us that the gas, electric and fire systems are safe and appropriate for this service. It is unclear when the last fire drill was done and it is required that fire drills are undertaken regularly and it gives the names of staff and people who live at this home who have taken part. Each person has a fire safety plan that describes how to assist them to evacuate the home safely in the event of an emergency.

Accident and incident recording was seen and we discussed with the manager that accident forms should be held in each person's care file that it relates to so that data protection is complied with. All notifications had been sent to the Commission as is required by legislation.

The manager confirmed in the AQAA, 'Instead of 6 monthly audits the service is having 3 monthly audits (requested by the manager) which will provide clear evidence of the improvements made since the previous quality assurance'. This should ensure that improvements in medication practices and staff training continue to be made as we found examples which are documented in this report where people's health and safety needs to be maintained. However, it is a credit that staff have worked hard to try and maintain good outcomes for people who live at Exmoor Drive particularly when

Evidence:

a permanent manager was not in post. The style of management in the home is now relaxed, open and inclusive, and the manager is making clear efforts to develop the service for the benefit of the people living there.

Are there any outstanding requirements from the last inspection?				
	Yes	☐	No	☑

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	20	13	All staff who administer medications must have received the appropriate training. This will ensure that residents health and safety is being protected by staff practices in relation to administering medications.	12/06/2009
2	20	13	Regular auditing of medications together with reviewing the competancy of staff practices in administering and recording of medications must take place. This will ensure that people receive their medications as prescribed and any potential medication errors are identified in a timely manner thereby protecting the health and wellbeing of people who live in the home.	08/05/2009

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
3	20	13	All medication that is stored in the home's medication cabinets must be accounted for, with details of amounts received from pharmacist and what amounts have been administered. This will ensure that people living in the home are receiving their medications as prescribed and any deficits in medications can be accounted for making sure that there is no mishandling.	08/05/2009
4	35	18	Staff must receive all the necessary mandatory training. This will ensure that residents health and safety is protected when staff are providing care and supporting them.	29/06/2009
5	35	18	Sufficient numbers of staff must have undertaken specialist training. This should include:- Challenging behaviour, epilepsy and communication. This will ensure residents individual needs are met.	29/06/2009
6	42	18	The manager must be able to demonstrate that	26/06/2009

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			sufficient numbers of staff have undertaken food hygeine, first aid, health and safety, fire and moving and handling training. Therefore an up to date training plan must be produced and sent to CQC. This will help promote the health and wellbeing of residents.	

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	1	Consideration should be made in relation to detailing the cost of fees charged to live at Exmoor Drive together with the contact details of CQC. This will ensure that prospective residents and or their representatives will know the financial costs of living at the home and have the ability to choose who they contact if they wish to voice any concerns and or complaints.
2	2	Detailed and thorough pre-admission assessments should be completed by competant staff who work at the home before people are offered a placement and this information should be easily retrieveable from individual's care files for reviewing purposes. This will help the home be confident of meeting people's needs from the first point of contact.
3	6	The home should continue to introduce and complete person centred approach and reproduce care plans in formats suitable for people who live at the home and evidence the involvement of residents and/or their representatives.
4	9	Individual risk assessments must be in place in relation to the kitchen cupboards and laundry room cupboards that are unlocked and hold any cleaning fluids to ensure that

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		the health and safety of residents is protected.
5	14	Systems should be implemented for recording and evaluating activities in order that the home can monitor that activities meet individuals' expectations.
6	16	To continue to ensure that any restrictions on choices are negotiated with all individual residents and advocates. Outcomes to be recorded in care plans and reviewed regularly: for example the decision not to provide bedroom door keys, front door keys, and the opening of residents mail. If residents cannot give their consent, then staff should consider making decisions in their best interests as in compliance with the Mental Capacity Act 2005 with documentary evidence to support this.
7	17	It is recommended that daily recordings of the fruit and vegetables to ensure people are being offered their recommended 'five a day' to maintain nutritious and health diets.
8	19	The recording of individual's weights needs to be completed in a consistent manner so that any losses and or gains in a person's weight is identified in a timely manner to make sure there are no underlying medical conditions which would otherwise go undetected.
9	20	All prescribed creams and lotions should have the date when they were opened together with which part of the individual's body they need to be applied noted on their original containers so that people living in the home are protected by robust medication practices.
10	21	End of life care plans should be considered for all residents to ensure that when the time comes individual's will receive care and support in a way they prefer.
11	23	The management and procedures associated with safeguarding residents monies should be reviewed to ensure that it adequately protects individual's from potential financial abuse.
12	23	Suitable numbers of staff should receive training in adult protection and aggression in order to reduce risks to residents.
13	23	All residents should have a personal inventory of all of their possessions within their care files so that individual's possessions are protected from potential losses.

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
14	29	Advice from a relevant professional should be considered for equipment in sensory room and this purchased. This will increase the opportunities of sensory stimulation for people living at the home.
15	30	For basic hygiene purposes and for the control of infection paper towels, liquid soap and a lidded disposal bin should be provided in all toilets and bathrooms and in all areas at the point of delivery of care.
16	30	Suitable numbers of staff should receive training in infection control to promote the wellbeing of residents.
17	35	A training matrix should be developed in order that the home can monitor that suitable numbers of staff have up to date training to meet residents needs.
18	37	It is recommended that the manager continues to complete the process of registration with the Care Quality Commission so that people will be confident that the home is run and managed by a person who is fit to be in charge and able to discharge their responsibilities fully.
19	39	Quality monitoring processes should continue to be implemented in order that the home can measure if it is achieving its aims and objectives.
20	42	The recording of accidents must comply with data protection procedures so that residents rights are upheld.
21	42	There must be clear and accessible recordings of when fire drills have taken place together with names of residents and staff involved to ensure fire evacuation procedures are tested regularly so that residents are fully protected from harm in the event of a fire.

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