

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

## Rydal Avenue

28 Rydal Avenue, Warrington, WA4 6AU

Tel: 01925241724

Date of Inspection: 23 April 2014

Date of Publication: June 2014

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Advanced Childcare Limited
Registered Manager	Mr Christopher Andrew White
Overview of the service	Advanced Childcare Limited is based at Rydal Avenue. It is a semidetached house located in a residential area of Warrington close to the town centre. The home is registered to accommodate a maximum of two people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 April 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We undertook an inspection of Rydal Avenue on 23rd April 2014. We spoke with the registered manager, service manager, two staff and the person living at the home.

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, their relatives, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

The home was well maintained and had recently been decorated and new furniture purchased to ensure the home was pleasant and safe for people living and working there.

Training records highlighted that staff had completed Mental Capacity Act, Deprivation of Liberty Safeguards training and were up to date with all mandatory training needed to support people living at Rydal Avenue.

The manager advised us that nobody was subject to a Deprivation of Liberty Safeguards (DoLS) application or plan. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not

inappropriately restrict their freedom unless it is in their best interests.

Is the service effective?

On speaking to the people living at Rydal Avenue they told us that they liked the way staff supported them and did not wish things to change. They confirmed that each month someone sat with them and updated their support plan but they mostly did not wish to be involved. They said that staff respected these wishes.

During our visit we saw that staff had a good relationship with them and they said that all of the staff were "good and I am happy here."

Is the service caring?

All staff said that they felt supported to do their job and had received regular formal supervision. (These are regular meetings between an employee and their line manager to discuss any issues that may affect the staff member; this would include a discussion of ongoing training needs)

People said that they could come and go as they pleased and were supported to make friends in the community. They said that they were more independent now and staff had helped and supported them. " Staff are great and work with you."

Is the service responsive?

The care plan had been written in a person centred manner. This means that the individualised care plans focused on the person's individual assessed needs and on how they could be met. The care plans focused on providing support to an individual in different aspects of their daily life, for example how the person was to be supported with promoting their independence and any issues regarding their health so that they were kept as healthy as possible.

Risk assessments ensured that the person was able to safely access activities that they liked, for example bike riding.

Is the service well-led?

The staff members we spoke to said that the home was well managed and they enjoyed working there. We saw that the provider had a range of checks completed by the manager and staff on a regular basis. This showed that the provider ensured that there was an effective system to regularly assess and monitor the quality of service that people received.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We spoke with the people living at the service and looked at the support plans in place. These contained details about all aspects of personal, social and healthcare needs. They gave staff members good background knowledge of the people and how best to support them.

On reading a support plan it gave good evidence of how the person was involved in their own care and support and it was recorded when they wished not to be involved in their support plans.

On speaking to the people living at Rydal Avenue they told us that they liked the way staff supported them and did not wish things to change. They confirmed that each month someone sat with them and updated their support plan but they mostly did not wish to be involved. They said that staff respected these wishes.

People said that they could come and go as they pleased and were supported to make friends in the community. They said that they were more independent now and staff had helped and supported them. " Staff are great and work with you."

One person told us that they had been home to stay with their family for the weekend and had really enjoyed this.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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People's support plans had been written in a person centred manner. This meant that the individualised support plans focused on the person's individual assessed needs and on how they could be met. The support plans focused on providing support to an individual in different aspects of their daily life for example how the people were supported with promoting their independence and any issues regarding their health.

Risk assessments ensured that the person was able to safely access activities that they liked, for example bike riding.

We saw that health care needs and appointments were clearly recorded and that the person's parent was involved in taking them to their appointments to the hospital or GP.

We saw one person's behavioural management plan. It was well written and showed that some behavioural issues had been reduced since they had been staying at Rydal Avenue.

During our visit we saw that staff had a good relationship with the person and they said that all of the staff were "good and I am happy here."

They told us "I have been here for a while and staff are helping me to work towards supported living. I can come and go as I please and I can now stay out overnight at friends' houses as long as they know where I am. I just need more help to manage my money. "

The support plan had been updated and reviewed on a monthly basis.

The manager advised us that nobody was subject to a Deprivation of Liberty Safeguards (DoLS) application or plan. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises

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### Reasons for our judgement

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Rydal Avenue is a four bedroomed house on the outskirts of Warrington town centre.

The home was well maintained and had recently been decorated and new furniture purchased.

Both the front and back gardens were well maintained and the back garden was suitable for people to sit out in good weather with appropriate garden furniture in place.

The house was clean and tidy on the day of our visit. A recent audit showed that the door to the utility room was faulty and this had been referred to the maintenance department.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard

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## **Reasons for our judgement**

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We found that the training records for all staff had been fully completed and demonstrated that all staff had received updated mandatory training.

We looked at the training matrix in place and saw that a system was in place to highlight when refresher courses were required.

Training records highlighted that staff had completed Mental Capacity Act, Deprivation of Liberty Safeguards training and were up to date with all mandatory training needed to support people living at Rydal Avenue.

The registered manager told us that all staff had commenced or completed the Diploma in Social Care. We spoke to staff who said that the training was good and that they also had completed on line safeguarding training from Halton Council.

All staff said that they felt supported to do their job and had received regular formal supervision (these are regular meetings between an employee and their line manager to discuss any issues that may affect the staff member; this would include a discussion of ongoing training needs).

The staff members we spoke to said that the home was well managed and they enjoyed working there

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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We saw that the provider had a range of checks completed by the manager and staff on a regular basis. These included checks on the records to ensure that they were accurately completed and were up to date; health and safety checks and medicines checks which showed that the provider ensured that there was an effective system to regularly assess and monitor the quality of service that people received.

Issues raised during audits were actioned by the manager of the home.

Staff meetings also took place on a monthly basis and minutes of these were kept in the main office. The person living at Rydal Avenue said that he joined these meetings when he wanted to.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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