

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

## Mill Green

Newbold Road, Rugby, CV21 1EL

Tel: 01788552366

Date of Inspection: 25 June 2014

Date of Publication: July 2014

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

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

**Care and welfare of people who use services** ✓ Met this standard

**Cleanliness and infection control** ✓ Met this standard

**Staffing** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

## Details about this location

Registered Provider	WCS Care Group Ltd
Registered Manager	Ms Lynn Mary Randall
Overview of the service	The service is registered to provide accommodation and personal care for up to 15 younger adults with a physical disability.
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 25 June 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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Prior to our visit we reviewed all the information we had received from the provider. During the inspection we spoke with a total of six people who used the service and asked them for their views. We spoke with two relatives of people who used the service. We also spoke with two care workers, one senior care worker, the housekeeper, the senior care manager and the area manager. We looked at some of the records held in the service including the care files for each person. We observed the support people who used the service received from staff and carried out a brief tour of the building.

The summary below describes what people who used the service, their relatives and the staff told us, what we observed and the records we looked at.

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

This is a summary of what we found:

Is the service safe?

We found that that people's needs were assessed and care and support was planned and delivered in line with their individual care plans. These assessments and plans included any risks to the person and how these could be managed to keep the person safe. The provider employed sufficient staff to meet people's needs.

There were arrangements in place to deal with foreseeable emergencies. We were told by staff members we spoke with that they were able to contact a manager when they needed to.

We found the home was clean and hygienic. People who used the service and relatives told us the home was clean and hygienic. There were arrangements in place to control the risk of infection.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. The provider had worked with the appropriate authorities to reassess whether any applications were necessary. No applications had been made by the provider.

Is the service effective?

People we spoke with told us their needs were met. A person told us, "The care we get is good". We saw people being cared for and supported in accordance with their plans. It was clear from what we saw and from speaking with staff they understood people's care and support needs and that they knew them well

Staff had received training to meet the needs of the people living at the home. Care staff we spoke with told us they had received the training they needed to provide care and support to people.

We saw in care plans that risk assessments had been completed that promoted people's independence. We saw in care plans that where people undertook aspects of their care independently this was clearly stated. One person who used the service told us, "Well, it is important to do as much as you can yourself".

Is the service caring?

People told us staff were kind and met their needs. A person who used the service said, "Staff are good". Another person we spoke with told us, "The staff are kind and caring".

We saw staff talking with people in a kind, considerate and respectful manner. We saw staff took care to ensure people had enough to eat and drink.

Care staff we spoke with told us they felt people were well cared for. Relatives we spoke with told us they were happy with the care their relative received.

Is the service responsive?

We found that each person's needs were regularly reviewed and care plans were updated if needed. Records showed that people were supported in line with their plans.

People had access to activities and had been supported to maintain relationships with their friends and relatives. However, a person who used the service and two relatives told us they would like to see more activities taking place outside of the home.

We found the provider had made changes to improve the service as a result of investigations into complaints and accidents.

Is the service well-led?

We found the provider had systems in place to seek the views of people and that these were acted on. People who lived at the home told us they would feel able to raise any concerns they had with the provider and were confident their concerns would be dealt with.

The provider carried out quality checks and we found that the health and safety of people who used the service, staff and others was monitored.

We were told by people who used the service, relatives and care staff that they found the

manager of the home was approachable and listened to their views.

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

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. People's privacy, dignity and independence were respected.

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### Reasons for our judgement

We looked at the care plans for each of the people who used the service. Each plan contained detailed information on how people were cared for and supported. Individuals had signed their plans to confirm their agreement with them. We saw in care plans that people were involved in the review of their plans with their views being recorded. The provider had an audit tool in place, where the contents of the care plan were checked by the manager. We spoke with people who used the service about their care plans, they told us, "I am involved in writing my care plan" and, "Yes, I agreed to how I want things done". We saw that group meetings were held with people. The written record of these meetings showed that people expressed their views regarding their care and support. This showed that people were involved in decisions regarding their care and support.

A weekly schedule of activities was displayed on the wall. The activities planned for the week included activities in the home, as well as activities outside of the home. People we spoke with told us they enjoyed the activities. One person said, "I like going to the shop with staff". The provider may wish to note that two people told us they would like more activities outside of the home. One person said, "People should be able to get out more often". Two relatives we spoke with also told us they would like to see more activities. One relative we spoke with told us, "There is a lack of social activity. They are getting better at doing things inside but not outside of the home". Another relative we spoke with told us, "There were recent trips to the theatre and the cinema but people could do with getting out more".

We saw in care plans that where people undertook aspects of their care independently this was clearly stated. We observed staff encouraging a person to propel their wheelchair themselves. We spoke with the person about this. They told us, "Well, it is important to do as much as you can yourself". Staff members we spoke with told us they thought it was important to promote people's independence. This showed that people were supported in maintaining their independence.

We observed people being treated in a respectful manner by staff. We saw people being called by their preferred name and staff knocking on people's doors and waiting to be invited to enter. At lunchtime we saw people being supported to make choices and decisions regarding food and drinks. People told us, "Staff are good" and, "The staff are kind and caring". We saw in people's care plans that people's individual interests were identified. We spoke with one person from a different part of the country who explained to us that his association with his home city was very important. We saw this person had been supported to personalise his room, reflecting these interests. This showed that people were treated with dignity and that their diversity and values were respected.

**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 treatments 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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We saw that people's needs had been assessed, with individual care plans then drawn up to meet people's needs. These assessments and plans included things that were important to the person. For example, maintaining contact with family and friends. They also included detailed guidance on how people's personal care and support was provided. People we spoke with told us their needs were met. One person told us, "We are well fed and watered". Another told us, "The care we get is good". Relatives we spoke with told us, "I see very high standards of care" and, "I'm really happy with the way they're looked after". Care staff we spoke with told us, "I think there is a very high standard of personal care here". We saw staff caring for people in accordance with their individual care plans. This showed that people's needs were assessed and care and support was planned and delivered in line with their individual care plans.

Individual risk assessments and plans were in place and regularly reviewed. These detailed how care and support was provided to keep people safe. We saw people had individual arrangements in place as described in these assessments and plans. These arrangements included; moving and handling equipment and plans for its use, and individual call bells for people to summon staff for assistance. This showed that care and support was planned in a way that was intended to ensure people's safety and welfare.

There were arrangements in place to deal with foreseeable emergencies. The provider explained how staff could access management advice and support outside of office hours. We saw in care plans that each person had detailed guidance on how they should be cared for if they became unwell, as well as guidance on arrangements in the event of their death.

We saw that people's mental capacity was considered as part of the care planning process. There were no Deprivation of Liberty Safeguards in place. We saw the provider had made an easy read summary of the Deprivation of Liberty Safeguards available to staff. The manager told us they were aware of the most up to date rulings regarding Deprivation of Liberty Safeguards. We saw the provider had worked with the appropriate authorities to reassess each individual as a result. These assessments had been completed two weeks before our visit.

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

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment. People were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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The provider had cleaning schedules in place for all areas of the home. These schedules identified how and when each area was cleaned. Domestic staff were employed to clean the home but we were told by care staff that they also supported this. We asked people who used the service if they were happy with the cleanliness of the home. We were told, "The place is nice and clean". A relative we spoke with told us, "There is a high standard of cleanliness". We spoke with the housekeeper who explained they inspected the premises on a daily basis and informed the domestic staff of any additional work required to ensure the home was clean.

We inspected the cleanliness of communal rooms, including bathrooms, and saw that they were clean. We saw carpets had been replaced in some rooms with non-slip durable hard flooring. The housekeeper informed us that plans were in place to replace the carpets in other rooms. The provider may wish to note we found the carpets in two people's rooms to be very worn and marked.

The provider had in place systems to assess the risks and control the spread of infection. These systems included guidelines for the washing of hands and easy access to anti-bacterial hand wash. Personal protective equipment, such as disposable gloves and aprons, were available for use by staff. Staff uniforms were washed in the laundry and staff were not permitted to wear uniforms when leaving the home.

Laundry facilities were appropriate and there was information for staff on how different types of soiled laundry and waste should be handled. We observed staff using personal protective equipment and handling laundry in line with these guidelines.

We saw that food hygiene was taken into account with food preparation. Kitchen staff were employed to prepare food. Kitchen staff were provided with uniforms including head coverings. These uniforms were washed in the laundry and staff were not permitted to wear uniforms when leaving the home. We looked at staff training records and saw that staff had been trained in food hygiene.

We spoke with the housekeeper regarding moving and handling equipment used by

people in the home. They explained to us how the possibility of infection was controlled by ensuring equipment was cleaned following each use. We saw that each person was provided with individual lifting equipment including two slings to use with hoists. We were told that one sling was for use when the person showered or bathed, the other when the person was not going to get wet. We saw staff working in accordance with this system.

We saw minutes of meetings that included discussions on infection control. Staff training records showed that staff had been trained in infection control. This showed the provider regularly made staff aware of the importance of infection control.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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The provider told us the home employed a registered manager, care manager, housekeeper, senior care staff and care staff, along with kitchen, domestic and administrative staff. We were told that senior care staff were called senior enablers and care staff called enablers. The provider explained this was to reinforce staff member's responsibility to enable people to live as independently as possible. We looked at the staff roster and saw that a minimum of four staff provided care and support during the day and two staff at night. The provider was able to explain how staffing levels were planned in accordance with people's needs.

People we spoke with told us there were enough staff to meet their needs. However, one person said, "Sometimes there's not enough staff for me to go out". Relatives we spoke with told us there were enough staff to meet their relative's needs care needs. Staff members we spoke with told us there were usually enough staff but that on occasions they found it difficult to support people to go out as a result of staffing levels. During the inspection we found there was sufficient staff to meet people's needs. The provider told us that members of the staff team were flexible and worked additional hours if needed. We saw examples of staffing rotas that confirmed this.

Staff we spoke with told us they received sufficient training and supervision to carry out their roles effectively. We looked at staff training records and saw that training was planned and provided. Most of the staff held vocational qualifications relevant to their roles. This showed that people were supported by staff suitably qualified for their job roles.

People spoke positively regarding the staff. We were told, "All the staff are good" and, "The staff are kind and care". Relatives also commented that staff knew people well. Staff members we spoke with felt the staff met people's needs. One staff member said, "All the staff are easy going, happy people and try to do as much as they can for people". Another told us, "There is a good team here who work well with people". We saw staff interacting with people in a friendly, caring and appropriate manner.

## 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. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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We saw the provider had carried out surveys to obtain the views of people who lived at the home. The manager told us these surveys were carried out each year with any areas identified for improvement acted upon. People we spoke with told us they were able to make their views known. One person told us, "If I'm not happy I tell the staff or manager". We saw the provider carried out surveys of the views of relatives. Relatives we spoke with told us they were able to make their views known. A relative told us, "I tell them if I'm not happy and they do change things". Records of staff meetings included the views of staff members. Staff we spoke with told us their views were sought and changes were made as a result. We saw the provider had arranged for an independent advocacy organisation to carry out a review of the service in 2013. The provider had written an action plan to address the areas raised in this review. This showed that people who used the service, their representatives and staff were asked for their views about their care and support and they were acted on.

The provider had made copies of the comments and complaints policy available in the lobby area. People told us they would tell the manager or a member of staff if they were unhappy with anything. We looked at the complaints log held at the home. We saw the provider had investigated the complaints received. The investigations carried out by the provider detailed action to be taken as a result. We saw that one complaint involved staff not knocking on people's doors before entering, a second concerned staff not using moving and handling equipment in accordance with plans. The provider had provided further training for staff in both instances. During our visit we saw staff knocking on people's doors before entering and using moving and handling equipment in accordance with plans. We saw the provider took account of complaints and comments to improve the service.

We saw that accidents and incidents including falls were closely monitored. The provider told us they carried out regular quality monitoring audits. We looked at the written record of the audits carried out in February and May 2014. We saw that these audits covered care planning, accidents and incidents, comments and complaints, medication administration

and implementation of the homes policies and procedures. We saw these audits contained detailed notes of actions taken as a result.

The provider told us they carried out checks on health and safety equipment on a regular basis. We saw, in the audit carried out in February 2014, that dust on upright fans had been identified as a concern. The housekeeper explained to us that following the audit the manager had made them aware of this concern. They had then arranged for the fans to be cleaned. We saw staff had been trained in health and safety. Staff members we spoke with were aware of their responsibility to ensure the health and safety of people who used the service, staff and others.

## 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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