



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	Derwent View
Address:	Dorset Street Chaddesden Derbyshire DE21 6EB

The quality rating for this care home is:	three star excellent service
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A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Janet Morrow	1 1 0 3 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. 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.

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 Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Derwent View
Address:	Dorset Street Chaddesden Derbyshire DE21 6EB
Telephone number:	01332616162
Fax number:	
Email address:	lee.flint@qualitycare-em.co.uk
Provider web address:	

Name of registered provider(s):	Quality Care Ltd
Name of registered manager (if applicable)	
Mrs Julie Allen	
Type of registration:	care home
Number of places registered:	18

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	18	0
physical disability	18	0
Additional conditions:		
Derwent View Care Home is registered to provide accommodation and personal care to service users whose primary care needs fall within the following categories:- Learning Disability (LD) 18 Physical Disability (PD) 18		
The maxim number of persons to be accommodated at Derwent View Care Home within the categories/combined categories LD or PD is 18		

Date of last inspection									
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Brief description of the care home
Derwent View is a purpose built care home. It is situated in the residential area of Chaddesden, a suburb of Derby, close to local shops, public houses and bus routes. The building comprises three separate bungalows each accommodating six people. All bedrooms are en-suite with showers and there is an additional bathroom in each bungalow. There is a fully fitted kitchen in each bungalow and service users can be involved in meal preparation if they wish. There is a garden area with seating for outdoor use. The home provides care for up to eighteen people aged 18 years - 65

Brief description of the care home

years with a learning or physical disability. Service users have opportunities to take part in daily living and social activities, and have the opportunity to develop a more independent lifestyle. Support services are in place with a choice of GP, optician and dentist. Community psychiatric nurses, occupational therapists, physiotherapists and dietician are accessed as required. Staff training takes place to inform and enable staff to care for residents appropriately.

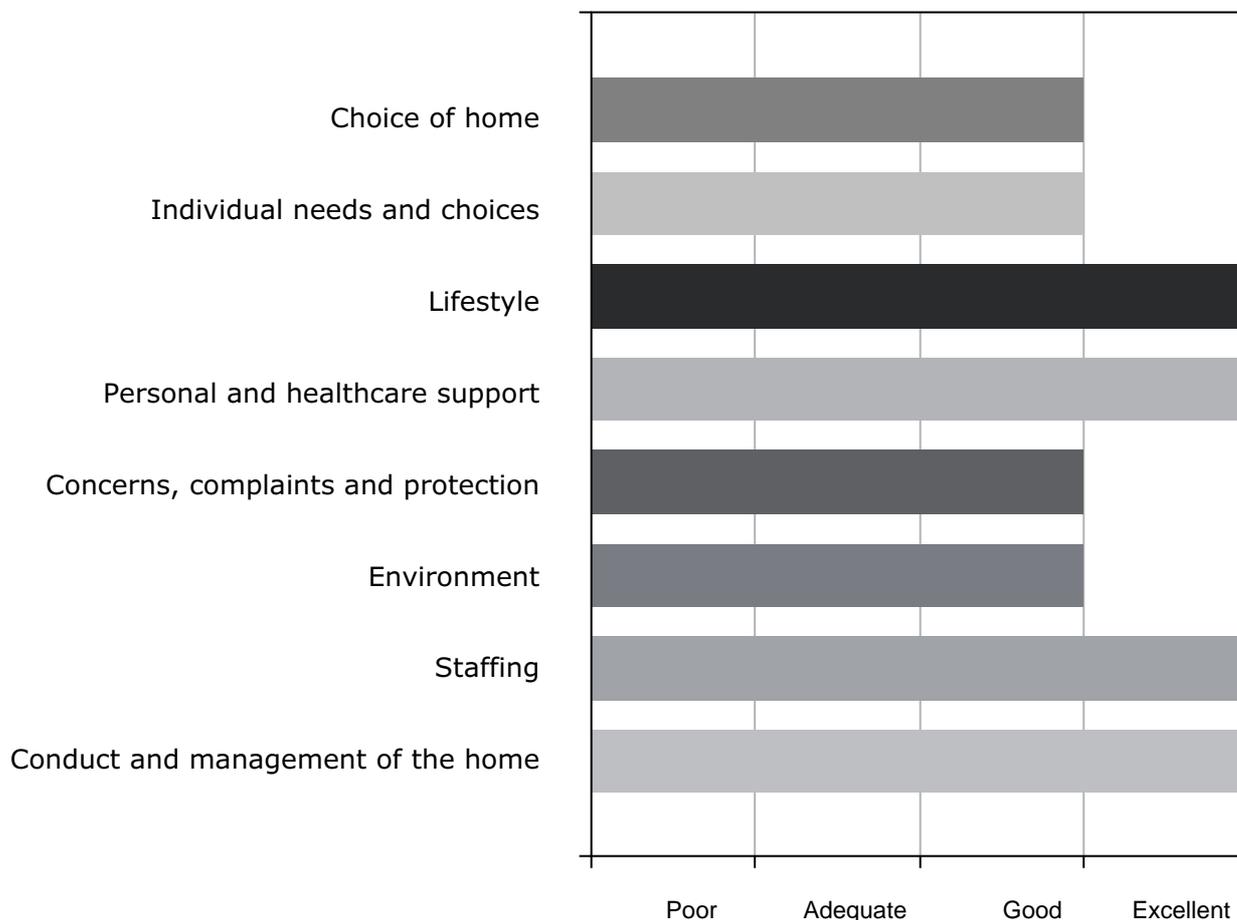
Summary

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

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

This inspection visit was unannounced and took place over two days for 9.75 hours.

Care records and staff records were examined.

Five members of staff, one person living at the home, one set of relatives, a visiting professional and the manager and deputy manager were spoken with during the inspection visit. The regional manager was also spoken with on the first day of the visit.

Due to the difficulties in communicating directly with people living in the home, short visits were undertaken in two bungalows and observation of a care review took place.

One relative and three visiting professionals were contacted by telephone following the inspection. Ten surveys were returned to the Commission prior to the inspection; five from people living in the home, four of which were completed with assistance from a relative or staff member, three from staff and two from relatives.

A partial tour of the building took place.

Written information provided by the home in the form of an annual quality assurance assessment prior to the inspection visit informed the inspection process.

What the care home does well:

Feedback from relatives was positive with the attitudes of manager and staff being highlighted as accommodating and approachable. Relatives were pleased with the philosophy of care outlined in the home, which emphasised choice and independence.

The 1:1 support available to people when required ensured that they were able to participate in a range of activities and that their behaviour, skills and confidence had improved since admission.

There were a range of lifestyle choices that people participated in ranging from organised activities in the home to college course, holidays and sporting activities. One person had been assisted to obtain a part time job.

The building was well maintained and comfortable with quality furnishings and fittings for people to enjoy.

The service provided excellent support to people in the community, for example accompanying people on home visits and staying with anyone who needed a hospital admission. A parents' forum had also been established to support parents and encourage feedback about the service.

Health and personal care needs were well met, with the service having internal specialists available for advice regarding specific problems and regular contact with care managers, relatives and health professionals.

Comments received about the service from a variety of sources such as discussions during the inspection visit, surveys returned to the Commission for Social Care Inspection, internal satisfaction surveys and thank you letters all praised the service and its ability to cater for individual needs.

A sample of the comments received were as follows: 'friendly atmosphere', 'really good', 'caring', 'dedicated', 'extremely happy', 'staff are professional and have empathy', 'a huge thank you for turning around our son's life', 'I am happy living at Derwent View', 'caring environment', 'good staffing levels', 'you have been there for all of us and most of all our son', 'excellent', 'staff are willing', 'caring, competent staff', 'fantastic' and 'highly satisfied'.

What has improved since the last inspection?

Quality assurance processes had been established and surveys undertaken to obtain feedback and suggestions about the service.

The medication policy had been amended to detail how controlled drugs should be dealt with.

Full Criminal Record Bureau (CRB) checks and Protection of Vulnerable Adults (POVA) First checks were in place prior to staff commencing employment.

Part of the gravel path around the edge of the home used by service users had been

made accessible.

What they could do better:

Recruitment information should ask for employment histories in months rather than years to ensure there is a clear audit trail of employment and to account for any gaps.

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 set out 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.

There was sufficient admission information available and plenty of time for pre-admission visits to ensure that the home was suitable and could meet people' needs.

Evidence:

The statement of purpose was examined and had all the information legally required by Schedule 1 of the Care Homes Regulations 2001.

Two care files were examined and assessment information from care professionals was in place that showed that the home was able to meet identified needs. Assessment information was comprehensive and risk assessments covered each aspect of daily living as well as environmental information such as fire procedures.

All five surveys from people living in the home said they had enough information before moving in and both relatives' surveys also said they received enough information. One person living in the home commented on their survey 'the day before I moved in I came to visit'. The written information supplied by the home also stated

Evidence:

that there was a DVD available in each bungalow that gave information about the home to prospective service users.

The regional manager stated that one of the things he thought the home did well was the transition period of moving into the home. He stated that the Parents Forum that the home had established gave an opportunity for parents to exchange views about the service and that this was helpful to people recently moved in or considering a placement there. One relative spoken with confirmed that the effort made to include families was beneficial and reassuring.

The statement of purpose said 'we encourage all our residents, relatives and friends to visit to assess our facilities and their suit ability'. It also said there was a trial period of thirteen weeks before anyone decided to move in permanently.

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.

Individual care plans ensured that consistent patterns of support were given and decision-making processes ensured that service users participated in the routines of the home, which enhanced their confidence, independence and skills.

Evidence:

The written information supplied by the home stated that daily programmes were designed according to individual assessments, communication and development requirements.

All five surveys from people living in the home responded that they 'always' received the care and support needed and both relatives' surveys responded the service 'always' met the needs of their relative. One commented that 'Derwent View are brilliant' when meeting the needs of their relative.

Two care and support records were examined and both had a detailed care plan in

Evidence:

place. One staff survey commented that the care plan was 'a living document so it is always being added to and reviewed'. Risk assessments were also available that showed how identified risks were minimised; for example, in relation to aggressive behaviour. Staff spoken with were able to demonstrate that service users were able to take risks within a risk management framework.

All three staff surveys responded that they were 'always' given up to date information and one commented that 'when information is updated or added staff are always informed and advised to read the updated information'. The two records examined showed that regular reviews of the care took place and this was also demonstrated by the care review with professionals that took place during the inspection.

Social and medical information was recorded in care plans and strategies for dealing with specific problems emphasised positive responses as well as what to do as a last resort. Nutritional information and weight were recorded. Symbols were on display around the home and were an aid to communication. Staff spoken with were familiar with the communication needs of individual service users.

One relative commented that the right structure and environment were in place and as a result they were 'extremely happy' with the way the service met their relative's needs.

A visiting professional commented that the service was 'very person centred' and that they 'identified needs' and worked on them 'straight away'.

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

Peoples' quality of life was enhanced by well-managed meals, contacts with the community and a variety of stimulating activities.

Evidence:

The written information supplied by the home stated that 'service users are encouraged to participate in community based activities to integrate them into the local community and college for education needs. Service users are supported and encouraged to maintain family links and friendships with inside and outside individuals.'

Observation of people living in the home, and comments from those able to communicate, confirmed that a variety of activities and leisure pursuits were available. One person had been supported to gain part time employment. The range of activities

Evidence:

detailed on each individuals' programme ranged from attending college, the library, pub, cinema and gardening to in-house activities such as arts and craft, aromatherapy, cooking and board games. One relative spoken with stated that their relative had 'a better life than at home' because of the number of outings and activities on offer. All five surveys from people living in the home responded that there were 'always' activities arranged and one commented that they were 'more than satisfied with the way that the staff find activities'.

Both relatives' surveys responded that Derwent View 'always' supported people to live the life they choose.

Those people spoken with stated that they enjoyed the food and that they were able to assist in its preparation if they wished. They were also involved in food shopping and each bungalow did their own shopping and cooked their own meal. One person spoken with described the meals as 'good'. The menus in one bungalow were examined and showed a range of nutritional options. Food stocks were also examined and were satisfactory and specialist dietary needs were catered for.

Three of the five surveys from people living in the home responded that they 'always' liked the meals, one responded that they 'usually' did and one had no response. One person commented on the survey 'if I don't like something on the menu staff ask me what I want'.

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

Peoples' health and personal care needs were well managed, which ensured that good health was maintained.

Evidence:

Two care and support files were examined and showed that access to health professionals was made available. There were records available that showed visits to dentists, opticians and General Practitioners took place. There was also correspondence from other visiting professionals such as dietitian, psychologist etc.

The written information supplied by the home stated that 'all service users have access to our multi disciplinary team consisting of specialist autism consultant, psychiatric consultants, speech and language therapist, music therapist, physiotherapist and chiropodist. Continuity and consistency is achieved by using guidelines in care plans so we all work to the same goal'.

Specialist needs were addressed and a visiting professional spoken with stated that staff were 'willing' and that the outcome for the person they were involved with was

Evidence:

'fantastic'. Written comments seen from another health professional said how well a person 'had been cared for in your home'.

Health and personal care records showed that attention was paid to eye and nail care and behavioural issues were addressed in detail with clear instructions for staff to follow to monitor and defuse any incidents occurring.

The home had also made particular efforts to provide support for people who had been in hospital by providing staff to remain with them during their admission and the health team involved had commented this on favourably.

All five surveys received from people in the home responded that they 'always' received the medical support needed and one commented that 'when I'm poorly staff take me to the doctor'.

Both relatives' surveys received responded that they were 'always' kept up to date with important issues and that Derwent View 'always' gave the support and care their relative needed. One survey commented that 'we are more than happy with the care and the support of all the staff'.

It was observed during the visit that personal support was offered sensitively and warm relationships existed between staff and people in the home.

Three peoples' medication administration record (MAR) charts were examined. These were completed accurately with the amount of medicine received being recorded and 'as required' medicines also being recorded. Photographs of service users were in place to aid identification. The medication system operated in the home ensured that two people administered medicines and there were 'witness' MAR charts available to ensure that two people had checked what was given. There were no controlled drugs in use at the time of the inspection but there was secure storage available for them if necessary.

Homely remedies were listed and stored separately. Creams were also stored separately from medicines and tablets.

A medication policy was in place and this had been updated to include guidance on the use of controlled drugs since the last inspection in January 2007. The home also knew how to access the Royal Pharmaceutical Society Guidelines on handling medicines in social care.

Staff training records showed that staff had received medication training and they also

Evidence:

confirmed this in discussion.

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

The views of people living in the home were taken seriously and acted upon and the systems in place ensured people were protected from abuse.

Evidence:

The written information supplied by the home stated that there had been one complaint and one concern received since the previous inspection in January 2007. There had been no complaints received at the office of the Commission for Social Care Inspection.

The complaints procedure stated that complaints would be dealt with in seven days and a response received in twenty-eight days. It was available in symbol format to aid understanding.

Examination of the complaints records should that one complaint had been dealt with appropriately. An external incident affecting the home had also been documented.

Four of the five surveys received from people living in the home said they knew how to make a complaint; one said they did not know but this was explained that it was due to communication difficulties. One person's relative commented that they were confident that everyone knew the person's needs 'well enough to recognise unhappiness more or less immediately'. Another survey said 'I can talk to staff when

Evidence:

I'm not happy'.

Both relatives' surveys responded that they knew how to make a complaint and one commented 'I have never had to raise any concerns'.

An up to date version of Derby and Derbyshire Local Authority Social Services safeguarding adults procedures were available. The home's own policy was clear and stated that immediate referral to the appropriate authority should take place if an allegation was made. Staff spoken with were knowledgeable about the policy's content and safeguarding adults issues and were aware of the need to report any allegations. There was also a 'whistle blowing' policy available.

All three staff surveys confirmed that they knew what to do if any concerns were raised and one commented 'immediately I would inform my manager'.

The Local Authority had received one allegation; they had investigated this and it was unfounded.

Two people's financial records were examined. The home had computerised accounts for each person. Money was stored in the bank in an account designated as 'residents' monies'. Account statements were sent to relatives. The home acted as appointee for one person's money and the regional manager stated that two people had to sign for any money used on that person's behalf. He also stated that finances were checked when the funding authority undertook a care review. Receipts were available for individual purchases and these corresponded with the written record.

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.

Derwent View provides a comfortable and safe environment for service users, visitors and staff.

Evidence:

Derwent View was a purpose built building and was well maintained. Two handy people were employed to undertake repairs. Staff spoken with stated that there were no problems in getting repairs done or in items being replaced when damaged.

The written information supplied by the home stated that 'the premises are individually decorated in accordance to people with autism spectrum disorder with neutral colours to lessen anxieties. Units have individual emergency call and fire alarm systems, these services are regularly tested and maintained'. It also said 'all units have been re-decorated and had new carpets within lounge dining and corridors'.

There was sufficient communal space and all individual bedrooms had en-suite shower and toilet facilities. There was also an additional bathroom in each bungalow.

Laundry facilities were domestic in style on each bungalow and in addition there was a

Evidence:

communal laundry with a washing machine with sluice wash facility. There was secure storage for cleaning materials. Staff spoken with were knowledgeable in how to control infection and said there was a plentiful supply of protective equipment such as gloves and aprons.

A tour of one bungalow showed that the facilities were clean, tidy and odour free and that fittings and furnishings were of good quality. Bedrooms were personalised and those people spoken with stated that they liked their rooms and had what they wanted in them.

There was sufficient suitable equipment, such as hoist and bath equipment, to assist those with physical impairments.

The external area had a garden with seating. The gravel path had been changed to paving in the area around the house where people were likely to walk. Tactile picture boards had been developed at various points along this path to ensure they were visible from peoples' bedrooms.

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

High staff ratios and access to training and support ensured that competent staff supported people living in the home.

Evidence:

Four staff files were examined and showed that the recruitment information required by Schedule 2 of the Care Homes Regulations 2001 was in place, including identity information, Criminal Record Bureau (CRB) and Protection of Vulnerable Adults (POVA) checks and two written references. However, the application forms showed that employment histories were dated in years and not months which meant that gaps in employment might not be apparent.

All three surveys received from staff confirmed that checks such as Criminal Record Bureau (CRB) checks and references were carried out before they started work.

Two surveys responded that the induction covered everything they needed to know 'very well' and one responded that it 'mostly' did. One survey commented 'the induction was extremely valuable'. One member of staff spoken with stated that the induction covered 'absolutely everything' and that staff initially worked as supernumerary until they were confident in their role.

Evidence:

All three staff surveys confirmed that they were given training relevant to their role and that helped them understand and meet peoples' individual needs. One survey commented that the training 'helps staff to understand what the service should be providing and how best to implement it, always thinking about the individual service users'.

All three staff surveys responded that they 'always' had the right experience, support and knowledge to meet the different needs of people using the service. One commented that 'the training and support given to me has been invaluable' and also commented that the training provided enabled staff 'to help provide a good overall service and widen their knowledge'. Another survey commented that the service was good at 'giving opportunities for staff to progress'.

Examination of the training matrix showed that mandatory health and safety training took place and in addition there were courses undertaken during 2008 that included non-violent crisis intervention, medication, safeguarding vulnerable adults, basic autism, communication, care planning, key working, report writing, epilepsy and the Mental Capacity Act.

The written information supplied by the home stated that 'all staff are trained by our non violent crisis intervention trainer and also receive training from our specialist autism consultant in areas involving behaviours, autism spectrum disorder, report writing, keyworking, communication and the Mental Capacity Act'.

Staff spoken with confirmed that this training took place and one described the training opportunities as 'good'.

The written information supplied by the home stated that 57% of staff had achieved a National Vocational Qualification (NVQ) at level 2 or above. Discussion with the manager on the day of the inspection visit confirmed that twenty-seven of fifty-five care staff had achieved the qualification and a further ten had commenced the training. This meant the home had achieved the target of having 50% of staff with an NVQ at level 2 or above.

Both relatives' surveys received responded that care staff 'always' had the right skills and experience to look after people properly.

The rota for 16th February 2009 - 29th March 2009 was examined for one bungalow. This showed that there were a minimum of five staff on duty on each day shift for each bungalow. This was consistent with the number of staff observed on duty during the

Evidence:

visit as there were six people on duty for the morning shift and five in the afternoon. The home's statement of purpose said that the staffing minimum was a ratio of one staff to two people.

The written information supplied by the home stated that 'our bank staff team will be used to give extra support to assist with any short fall in the service. Using our bank team promotes consistence to our service users ,families and staff'.

Two of the three staff surveys responded that there were 'usually' enough staff to meet individual needs and one responded that there 'always' were. One survey commented that 'Derwent View provide an extremely good staff to service user ratio, 1:1' and another said there was an 'excellent staff ratio to service users'.

Staff spoken with also confirmed that there were sufficient staff on duty and two commented that the staff ratios enabled them to 'provide opportunities' for people using the service. One described the staffing as 'fantastic'.

Four of the five surveys received from people living in the home responded that there were 'always' staff available when needed and one responded that there 'usually' were.

Staff records seen and discussions with staff on the day confirmed that supervision took place. The supervision policy stated that it should take place six times per year; in practice, records showed that it was five times per year. All four staff files examined showed that supervision was recorded and included discussion on personal issues, performance and training.

Two of the three staff surveys received responded that they met 'regularly' with managers to discuss work and one responded that they 'often' did. One commented that 'regular supervisions are also carried out which covers all aspects of my performance'.

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

The home had a well structured management team that ensured there was always excellent support for staff and ensured the health and safety of all involved in the home.

Evidence:

The registered manager has had many years experience within the learning disability field and had completed the Registered Managers' Award. She had been registered as manager with the Commission for Social Care Inspection in 2009. There was also a competent regional manager who provided support to the management of the home.

Observations of the manager with both staff and people living in the home was noted throughout the day and demonstrated an open and positive relationship was in place.

Both surveys received from relatives could not suggest any improvements. One commented that 'if the present standards are maintained then we will be more than satisfied' and the other said 'I don't think it could be improved; at this moment in time

Evidence:

I feel that improvements are made constantly anyway'.

A survey received from someone living in the home commented that 'the home is well managed'.

Staff surveys were very complimentary about the management of the home; one commented that the service was 'very supportive towards staff and are willing to help in any way that they can' and another described the management team as 'supportive and caring'. This was also confirmed with discussions with staff during the inspection visit; one said the 'support was there' when needed, another said they were 'really looked after' and another described the managers as 'encouraging'. Another said 'I know that I could approach my manager at any time and that I would be listened to and supported at all times'.

The annual quality assurance assessment provided by the home was clear and comprehensive and gave a good account of how the home intended to improve.

Quality assurance processes had been established and the statement of purpose said surveys would be sent bi-annually. Surveys had been sent to service users, relatives, staff and visiting professionals in September and October 2008. The comments, which were overwhelmingly positive, had been analysed. Some of the comments received were as follows: from visiting professionals, 'good staffing levels', 'well done'; from service users, 'really enjoyed my first year', 'I am a happier person'; from staff, 'excellent service, change nothing', 'good support for staff', 'think we work to a very high standard'.

In addition, feedback was received in 'thank you' letters that were on display in the office reception area. Some of the comments received said 'how well your staff have done', 'such a good home', 'very professional' and 'without doubt choosing Derwent View as a placement has been the best thing I've ever done' and 'you have succeeded where everyone else failed'.

The service is commended due to the extremely positive feedback seen received regarding the management and organisation of the home.

A random sample of policies was examined and showed that a full range was available. This was confirmed in the written information provided by the home, which stated that they had all been reviewed in 2008.

The written information provided by the home also confirmed that maintenance checks were undertaken regularly; for example, bath hoists were checked in 2008, central

Evidence:

heating and the premises electrical circuits were checked in 2006. A random sample of maintenance records examined during the visit showed that fire alarms and emergency lighting in one bungalow were checked in December 2008 and water safety was checked weekly.

Staff spoken with confirmed that health and safety training in areas such as moving and handling, fire safety and food hygiene was made available and this was confirmed in training certificates seen in staff files.

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
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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
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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
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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	34	Application forms should be amended to ensure that employment histories are supplied in months and not years to fully account for any gaps in employment.

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