

# Random inspection report

## Care homes for adults (18-65 years)

Name:	WCS - Mill Green
Address:	Newbold Road Rugby Warwickshire CV21 1EL

The quality rating for this care home is:	three star excellent service
The rating was made on:	

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 review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

<b>Lead inspector:</b>	<b>Date:</b>								
Julie McGarry	0	1	0	4	2	0	1	0	

## Information about the care home

Name of care home:	WCS - Mill Green
Address:	Newbold Road Rugby Warwickshire CV21 1EL
Telephone number:	01788552366
Fax number:	01788542655
Email address:	
Provider web address:	

Name of registered provider(s):	WCS Care Group Ltd
Name of registered manager (if applicable)	
Mrs Lynn Mary Mills	
Type of registration:	care home
Number of places registered:	15

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
physical disability	15	0

Conditions of registration:								
The maximum number of service users who can be accommodated is: 15								
The registered person may provide the following category of service only: Care Home Only (Code PC); To service users of the following gender: Either; Whose primary care needs on admission to the home are within the following categories: Physical disability (PD) 15								
Date of last inspection								
Brief description of the care home								
Mill Green is a registered care home providing personal care and support for 15 people with physical disabilities, Two of whom can be over 65 years of age. Two of the places available are for respite service provision. Residents accommodation is on the ground floor. The shared space in the home consists of a large lounge with dining area. Each								

## Brief description of the care home

service user has an en-suite toilet to their bedroom with two bedrooms having an en-suite shower facility with WC.

There is one bathroom with assisted bath and two shower rooms, both with WCs. In addition to the main kitchen and laundry of the home there is a domestic kitchenette and laundry room for use by residents. There are two office facilities used by management and staff. There are extensive well-maintained gardens to the front and sides of the home and an internal garden used for leisure activities by residents. All bedrooms over look garden areas. The home is situated in Newbold on Avon, which is in the suburbs of Rugby in Warwickshire, and close to shops, local services and facilities.

Fees per person range from £730 per week, up to £929 per week (any fee information included in this report applied at the time of the inspection), depending on need.

Hairdressing, private chiropody, newspapers and toiletries are not included within the fee but are available within the home for an additional cost.

## What we found:

The quality rating for this service is three star; this means that people using the service receive excellent outcomes.

This was a random inspection undertaken by one inspector over one day, and was unannounced. As the inspection was unannounced the registered owner, manager and staff did not know we were going.

The care of three people living in the home was identified for close examination by reading their care plans, risk assessments, daily records and other relevant information. This is part of a process known as 'case tracking', where evidence of the care provided is matched to outcomes for the people using the service.

Before the inspection we looked at all the information about the home that is held on file by us, such as notifications of accidents, allegations and incidents and complaints. We also sent an Annual Quality Assurance Assessment (AQAA) to the manager to complete. The manager completed and returned the Annual Quality Assurance Assessment (AQAA), containing helpful information about the home in time for the inspection.

A number of records, such as support plans, complaints records and staff training information were also sampled for information as part of this inspection.

### Evidence:

People at the home were seen to rise at their own pace and receive unhurried support to eat their breakfast of choice. Everyone was well groomed and dressed in appropriate good quality clothing indicating they are supported to maintain a good self image.

Three people were case tracked during this inspection. The home is currently reviewing and updating all care files. Three people's care plans were looked at. The care files covered all the main areas of care including medical history, personal care, pressure care, nutrition, communication, continence and mobility. Records show that care plans are evaluated on a monthly basis or more often if needed and changes are made to the care plans if there is a change in the need of the person. Care plans were individually dated and signed so there was a clear audit trail of when the care needs had been identified. This is helpful to know particularly when care needs change so that it is possible to see if a person's health has improved or deteriorated.

Relevant risk assessments are carried out to promote each person's safety. Risk assessments seen in care records sampled are recorded in a format that is personalised and comprehensive. When necessary, specific plans had also been put in place to manage particular behaviours in the best way and to keep residents and other people as safe as possible whilst promoting their independence.

Entries in people's health records show that they are being supported to attend health care appointments to monitor and treat diagnosed health needs. People's records show that they are being supported to attend routine health appointments such as annual health checks, dental check ups, chiropody support and eye tests.

In the AQAA we are told 'Staff at Mill Green recognise the diverse needs of the individuals living here and the complex issues that arise due to their beliefs and disabilities. Where issues in relation to equality and diversity arise then these are addressed immediately.'

People who use the service told us that staff always promote and respect their privacy and dignity. Staff were seen referring to people by their preferred form of address and we saw staff knocking on people's doors and waiting for a response before they entered the room.

People we spoke to commented on their care ' If I had a complaint, I would tell them.. one of the main carers here. I have no complaints'; 'Staff treat with me respect'; 'Food is very good, I am a diabetic, I get bread and butter pudding'; 'I am doing nothing today,.. the way I like it', and 'They observe our freedom, we can go out when we like with help support workers.. staff are friendly, but over loaded at times. Treated as free individuals'.

Most medication is dispensed via blister packs. Three people's Medication Administration Record (MAR) Sheets were looked at, these alongside additional recording sheets that showed a daily record of numbers of individual tablets remaining, demonstrated accuracy in administering and recording. People, where appropriate, are encouraged to manage their own medication, promoting independent living.

The home has a clear complaints policy and process, which is available in the hallways at the home and in the statement of purpose which is given to people when they are considering a move to the home.

There have not been any referrals made about matters that could affect the safety and welfare of the people living at the home since the last inspection. Required policies and procedures are provided to promote residents welfare and protect them which include multi agency procedures for the protection of vulnerable adults (POVA) recognising abuse and whistle blowing. Four staff spoken with demonstrated a good understanding of the types of abuse they might encounter and to whom they should report any concerns.

The manager informs that audits are being carried out at the home to ensure the quality of care delivered is monitored, for example, 'Regulation 26' visits. Regulation 26 visits must be carried out at least once a month by a registered provider or another appropriate person of the organisation who is not directly concerned with the conduct of the care home. This is to inspect the premises of the care home, speak with residents at the home and with permission their representatives, form an opinion of the standard of care provided in the care home; and prepare a written report on the conduct of the care home. Copies of recent reports of the visits were seen and read, informing of improvements that need to be made.

The AQAA tells us that the home has made the following changes as a result of listening to people who use our services 'A change in menus to offer a wider range of home cooked foods, these menus are rotated during each season; to encourage the residents to participate in cooking their own food on themed nights; an improved variety of activities following consultation with residents, life history work and a pictorial monthly plan; introduction of a senior lead carer role which has been placed for 12 months, assists the care manager to ensure high quality services are delivered throughout the home, playing a crucial part monitoring care delivered against the needs and wishes of the residents;

improvements to the variety of food made available to the residents each day including a range of different suppers and snack; pub lunches and trips out to places of interest, following the choices of residents.'

From the AQAA we were informed that 100% of staff have achieved a minimum of level two in the National Vocational Qualification in care. This is above the minimum level of 50% of staff required. The AQAA states that 100% of permanent staff have received training in safe food handling and no staff are employed without two references and a criminal record check, indicating clear and robust procedures for the recruitment of all staff and volunteers.

From discussions with the manager, staff and records seen, staff are not consistently receiving regular planned supervision or annual appraisals of staff performance. The manager states that supervision and appraisals will become standard practice at the home.

On the day of this visit, the home was suitably staffed, staff were clear on their roles, and of the needs of people and a variety of activities were in place.

We did not inspect the home's environment at this visit, however the AQAA tells us 'The home has a well-maintained environment, which provides specialist equipment. The home is welcoming, clean, safe, and smells fresh. The communal areas have a non-institutional feel. Residents have personalized their rooms. There is a good infection control policy and staff receive training in relation to this. When needed the Home has sought guidance from Public Health'.

The AQAA confirms all necessary checks and servicing are being carried out by staff and or approved contractors including the fire safety system and equipment, electrical appliances, heating, hoists and other equipment. Accident and incident records are kept and notified appropriately to the Commission and relevant other agencies.

Throughout, staff were seen to interact with residents in a warm, positive and individual manner. Staff were observed to stimulate, or soothe people, according to circumstances. In discussion, staff showed their enthusiasm for supporting and enabling people to the best of their ability.

### **What the care home does well:**

Peoples' support plans are detailed and informative, ensuring that staff are able to meet individuals' assessed needs. People are actively supported to make decisions about their lives on a daily basis. Consideration is given to peoples' interests, hobbies and leisure pursuits when planning activities. The involvement of relatives, families and friends is encouraged by the home.

Good medicine management helps ensure people using the service are given their prescribed medicines correctly to promote their health and well being.

The home has both a complaints policy and an adult protection policy in place. The complaints procedure has been provided in a format that is meaningful to people. Staff are aware of their responsibilities with regards to protecting people from abuse.

People are supported in a respectful manner and their personal care needs are met. Staff are knowledgeable about the people who use this service. They have a good understanding of their roles and responsibilities.

### **What they could do better:**

We have not made any requirements as a result of this inspection, however we have made the following good practice recommendation.

All staff should have supervision at least six times each year and an annual appraisal. This is to help in staff development and ensure staff have the appropriate knowledge and skills to carry out their jobs.

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 2.

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, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, 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

### 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	36	All staff should have supervision at least six times each year and an annual appraisal. This is to help in staff development and ensure staff have the appropriate knowledge and skills to carry out their jobs.

## Reader Information

Document Purpose:	Inspection Report
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Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Adults (18-65 years) can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or got 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](http://www.tso.co.uk/bookshop)

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