Key inspection report

Care homes for adults (18-65 years)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Wynhill Lodge Short Break Service</th>
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<tbody>
<tr>
<td>Address:</td>
<td>Wynhill Court Bingham</td>
</tr>
<tr>
<td></td>
<td>Nottinghamshire</td>
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<td>NG13 8TE</td>
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The quality rating for this care home is: two star good service

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

<table>
<thead>
<tr>
<th>Lead inspector:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Linda Hirst</td>
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This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

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

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

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

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

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

<table>
<thead>
<tr>
<th>Outcome area (for example Choice of home)</th>
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</thead>
<tbody>
<tr>
<td>These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:</td>
</tr>
<tr>
<td>This box tells you the outcomes that we will always inspect against when we do a key inspection.</td>
</tr>
<tr>
<td>This box tells you any additional outcomes that we may inspect against when we do a key inspection.</td>
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<tr>
<td>This is what people staying in this care home experience:</td>
</tr>
<tr>
<td>Judgement:</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Evidence:</td>
</tr>
<tr>
<td>This box describes the information we used to come to our judgement.</td>
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</tbody>
</table>
We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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<tr>
<th>Document Purpose</th>
<th>Inspection report</th>
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<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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<td>General public</td>
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Information about the care home

<table>
<thead>
<tr>
<th>Name of care home:</th>
<th>Wynhill Lodge Short Break Service</th>
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<tbody>
<tr>
<td>Address:</td>
<td>Wynhill Court Bingham Nottinghamshire NG13 8TE</td>
</tr>
<tr>
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<td>01949838492</td>
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<tr>
<td>Fax number:</td>
<td>01949831608</td>
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<tr>
<td>Email address:</td>
<td><a href="mailto:jane.wardle@nottscc.gov.uk">jane.wardle@nottscc.gov.uk</a></td>
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<tr>
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<tr>
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<th>Nottinghamshire County Council</th>
</tr>
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<tbody>
<tr>
<td>Name of registered manager (if applicable)</td>
<td>Mrs Jane Wardle</td>
</tr>
<tr>
<td>Type of registration:</td>
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<tr>
<td>Number of places registered:</td>
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<table>
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<tr>
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<tr>
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<td>Number of places (if applicable):</td>
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<tr>
<td>learning disability</td>
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<td>Additional conditions:</td>
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<td>Service users shall be within category LD</td>
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<td>Service users shall be within category LD (E)</td>
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<th>Date of last inspection</th>
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Brief description of the care home

Wynhill Lodge provides short term breaks for up to 10 people who have learning disabilities.

The home is in a residential area in Bingham Nottinghamshire. There are ten single bedrooms which all have en suite facilities, two of these are specially for people who have physical disabilities. There is a car park at the front and a garden at the back. There is also a “sensory garden” with lost of things for people to smell and touch. There are two lounge/dining rooms and both of them have kitchens people can use to make drinks and snacks for themselves. There is a sensory room, a main kitchen, adapted bathrooms and toilets facilities and a laundry room.
<table>
<thead>
<tr>
<th>Brief description of the care home</th>
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<tbody>
<tr>
<td>People pay different fees depending on their personal financial circumstance.</td>
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<tr>
<td>A copy of our most recent inspection report is available in the home.</td>
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</table>
Summary
This is an overview of what we found during the inspection.

The quality rating for this care home is: two star good service

Our judgement for each outcome:

How we did our inspection:

The quality rating for this service is 2 star. This means that the people who use this service experience good quality outcomes. The focus of inspections undertaken by the Care Quality Commission is upon outcomes for people who stay at the home and their views on the service provided. This process considers the provider's capacity to meet regulatory requirements, minimum standards of practice and focuses on aspects of service provision that need further development. The focus of inspections undertaken by the Care Quality Commission is upon outcomes for people who stay at the home and their views on the service provided. This process considers the provider's capacity to meet regulatory requirements, minimum standards of practice; and focuses on aspects of service provision that need further development.

We looked at all of the information we have received about the service since we last visited and we considered this in planning the visit and deciding what areas to look at.
The main method of inspection we use is called 'case tracking' which involves us choosing three people who stay at the service and looking at the quality of the care they receive by, observation, reading their records and asking staff about their needs. The people living at the home have a wide range of diverse needs and we 'case tracked' people with different needs and of different genders to make sure their needs are being considered and provided for at the service. The staff team come from a wide variety of backgrounds and experiences.

We spoke with six members of staff to form an opinion about the quality of the service being provided to people living at the home. We read documents as part of this visit and medication was inspected to form an opinion about the health and safety of people who live at the service.
What the care home does well:

People told us they like the staff and they like staying at the service.

People who want to stay at the service are visited by a social worker and by someone from the service to be sure their needs can be met properly during their stay.

People make their own decisions whenever they can and they (or their relatives) help plan the care and support they receive.

People who use services make choices about what they do whilst at the service and they are helped to stay independent if they want to.

People have their health and personal care needs met well. They are treated with dignity and respect.

People know they can complain and can if they do this the manager will make sure that she tells them what she has found out about their concern and what she will do to make it better.

People who use the service stay in a home which is clean, bright, homely and well maintained.

There are enough staff working at the home and they have been trained so they know how to help people properly.

The home is generally well managed and well organised.

What has improved since the last inspection?

The manager has made sure that the emergency lighting (which is used if there is a fire) is tested every month to be sure it will work in an emergency.

What they could do better:

Staff could be given training or be given information about safeguarding and abuse so they know what to do, and how to protect people. They could also be given clear advice about what is expected of them so they know how best to help people who stay with their needs.

Staff could make sure people can have privacy in their rooms and that others can't come into their bedrooms unless they are invited in.

The manager could make sure that all staff have two written references on their files to make sure they are ok to work with people who are vulnerable.

The manager must make sure she tells us about all incidents which affect the safety, health and wellbeing of people who stay there so we have a clear picture of how good the service is at meeting the needs of people and keeping them safe.

If you want to know what action the person responsible for this care home is taking
following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.
Details of our findings

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Requirements and recommendations from this inspection
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.

People who want to stay at the service have their needs assessed and they can be sure these will be met at the service.

Evidence:

We looked at three files of people who use the service and found that they have all been assessed by a Social Worker before they came to stay at the home to check their needs can be met there.

Staff we spoke with told us, "people who want to come here have to go through the panel first and they are told how many respite days they are allocated. We are usually full at the weekends with some spare rooms available in the week. We also have emergency beds. The team leader gets the SNAP (Single Needs Assessment Profile,) and the person comes for tea and overnight stays. The team leaders write the care plans. We try and look at who is coming in, where we have people who clash, we avoid them coming in at the same time."

People who stay at the service told us, "I come here for a holiday, I went somewhere..."
Evidence:

else before this. I will come again next year, I think."


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

Individuals are involved in decisions about their lives, and they (or their relatives) play an active role in planning the care and support they receive.

Evidence:

We looked at the care plans of three people to check that these are up to date and have been developed in consultation with people using the service or their relatives.

We found the plans to be very well organised and well written. As some people may not understand written plans, the service also uses signs and symbols to help them realise what the plans mean. We saw lots of evidence that the Speech and Language Therapists are involved in developing communication plans and a range of symbols they use are held in the care plan where relevant. The plans are up to date and we saw evidence that they are kept under regular review. We saw evidence that people sign their care plans when they are able to do so, or their families sign to say they agree with the planned care.
Evidence:

All of the plans we saw are excellent at considering the needs and wishes of the people who use the service. They are person centred and have good detail about what they like and what is important to the person. The plans give good, clear guidance to staff.

Staff we spoke with told us, "When we start each shift, the team leaders tell the staff if there are any new service users, or if there are any changes to the care plans, and we are told to read them before starting work. The plans are easily available, people change and that's why we always review their plans. I think the plans are very good."

If the staff believe that people cannot make a decision, they assess the person's capacity, they also assess whether they need to take action, and whether this is in the person's best interests. There have been situations where the staff have been concerned that they may be depriving someone of their liberty and they have made a referral for advice and assessment. They have been advised that no authorisation is needed, but they have followed the correct legal process and this shows a good understanding of both the Mental Capacity Act and the Deprivation of Liberty Safeguards.

The service hold service user meetings, and there are standing agenda items. The agenda items have signs and symbols, but not the outcomes of discussions are written, which may make it hard for people to understand what has been said. When we spoke with the manager, she told us it is hard to make the meetings meaningful with a group of people who only come to the service for respite. We have suggested she review this and consider ways to involve people which are more relevant to the service being provided.

Staff we spoke with told us, "we do have people who come to stay who can't make their own decisions. I personally have not had training on the Mental Capacity Act, but I think the team leaders have because they fill in a form about capacity and whether what we do is in people's best interests."

People who we spoke with told us, "I like it here. The staff ask what you like. I do what I want really."

We looked at whether the service identify the risks people face and how they try and reduce the risk of harm or upset. We found that there are very good risk assessments in place, and the behaviour plans are very comprehensive, covering, risks, triggers, and telling staff how to monitor and record behaviour. We found that the staff know which service users may present behaviours which challenge the service and they...
Evidence:

talked us through how they would respond. This was in line with what is written in the plans of care.

Staff we spoke with told us, "(a nurse) writes the behaviour plans and I find what she writes in the plans for us to do to manage behaviour works. We know which service users respond better to men than women."

We observed interactions between staff and people using the service and found that issues are dealt with in a low key manner.
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.

People who use services are able to make choices about their lifestyle, and supported to develop their life skills. Social, educational, cultural and recreational activities meet individual's expectations.

Evidence:

Each person has a leisure and activity plan which tells the staff what they enjoy doing, and in addition to this there is information about people's likes and preferences. When we arrived at the service very few people were in, as they were out in Bingham, shopping and having a walk.

The staff we spoke with told us, "we try and plan what we are going to do around the people who are coming in. We try and cover a range of needs, we have done an Australian weekend, where we made food, did painting, made flags and flowers. we do lots of day trips out and we have a bus available every three weeks. We look at
Evidence:

people's abilities, preferences and try and incorporate different activities. We try and check people will be ok with our plans through pre stay calls to their home. We try and give choices by using an activity board. We go to the pub, to the market shopping, to the cinema, Wollaton Hall, and bowling. We are doing lots of football themed things and we are exploring different cultures, for example a Mexican themed night."

People we spoke with told us, "I don't like to be outside a lot, it's hot when I go outside. I went into Bingham today, I got some books, I bought them. I like the telly magazine, I like the football and watch the England games."

The care files we looked at showed that if people live with carers the service contacts them before they come in to see if there have been any changes or if there is any information they need to know. The staff also ring people afterwards to make sure that any important information about their stay is passed on and to make sure everything is going well. We saw evidence that relatives have been consulted about care plans when people lack the capacity to do this themselves.

No relatives or carers were visiting during our inspection, but we would not really expect this as the service is provided for respite.

Staff we spoke with told us that they are aware of the people who are sexually active but they say that they get advice about sexual health and the prevention of pregnancy from the community based services as people do not live permanently at the service.

The care plans document people's routines and preferences. Where routines are important to people this is clearly stated in their plan of care. Staff we spoke with are aware of the routines of the people we "case tracked" and they told us, "some people have set routines, and these are generally people who have needs on the Autistic Spectrum, but most people get up and go to bed when they like. People have plenty of choice, they can have keys to their room, they can help with cleaning and can make their own snacks and drinks (but there will be a care plan in place for this.)

People we spoke with told us, "I have a key for my room. I get up at 8.30 but I stay up until 10.00. The staff make me a drink whenever I want one." Another person told us, "I get my own drinks and snacks, I make my own."

We observed tea, the people staying at the service sit in small groups to eat and they chat with each other and staff. People are offered extra drinks and food if they want it. People appeared to be enjoying their meal and several asked for more and were given this.
Evidence:

Staff we spoke with told us, "people get plenty of choice, at tea they always have two options and a vegetarian male is always available if people want this." The catering manager showed us a file she keeps in the kitchen with the eating and drinking care plan for every person who stays at the service, along with Dietician and Speech and Language Therapist's guidance where relevant. This is very good practice.

People who are staying at the service told us, "I like my food quite soft so it doesn't hurt my throat, they give me nice food." Another told us, "I like the food, the staff come and ask what we like."
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.

The health and personal care that people receive is based on their individual needs. The principles of respect, dignity and privacy are put into practice.

Evidence:

People's care and support plans have very detailed information about their preferences in terms of personal care, including whether they have a preference for assistance from male or female staff and whether they prefer to wash or shower.

Staff we spoke with are very much aware of issues of privacy and dignity and the need to make sure these principles are put into practice. They told us, "people need different levels of help, some need lots of encouragement, others need monitoring. Usually male staff assist the men and female staff assist the women. I have had lots of training and information about dignity, we as a staff group ensure people's dignity, I feel the staff are absolutely excellent preserving dignity and the practice here exceeds my expectations."

People who stay at the service did not raise any concerns around personal care, issues of privacy and dignity. One person said they did not get on as well with their
Evidence:

keyworker as other staff and we brought this to the attention of the manager for her to decide what action is needed.

We found that health care needs are being properly recognised, referred to outside agencies, assessed and treated. We saw evidence that people have been seen by Speech and Language Therapists and Dieticians and that their advice is clearly stated in their care plans. The Nurse writes plans about specific learning disabilities and other physical health needs. These are comprehensive and well written.

Staff we spoke with told us, "there was a situation where I was concerned about (a named person's) feet, the manager rang the social worker and found out an appointment had been missed. The District Nurses sometimes come in for issues to do with continence and we have a community nurse based here. Her training is quality. Some of the service users have specialist diets and we refer to the guidance we have been given."

People who stay at the service told us they are well, healthy and well cared for by staff.

We looked at the storage of medication to make sure this is safe, secure and makes sure medication retains it's potency. We found this to be safe for all of the medicines we looked at. The staff are careful to record temperatures and make sure the medication is stored in accordance with the manufacturer's instructions. The medication room is clean, tidy and well organised.

We looked at the Medication Administration Records and found these to be very well recorded, with no gaps evident. There are photographs of the person (which is very important in a service with such a high turnover of people staying.) There is information (with pictures) to guide staff on how to administer certain medications in an emergency, and each person has been assessed under the Mental Capacity Act to see whether they are able to self medicate. This is very good practice.

All of the medication is boxed as people only come to the service for short stays, the service will only accept medication which is in the original box for safety reasons. We checked the amount of medication held at the service against the records of receipt and administration and found these tally in all cases. Medication is very well managed and safe.
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:

<table>
<thead>
<tr>
<th>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.</th>
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<tr>
<td>There are no additional outcomes.</td>
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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.

People are confident to complain and can be assured their concerns will be responded to. Staff are committed to protecting people staying at the service but may need further training and guidance to make sure they are up to date with best practice in this area.

Evidence:

The manager told us that people who come and stay at the service are given a picture version of the complaints procedure in case they cannot read and one is also sent to their relative. We looked at the record of complaints and found that there have been four made to the service within the past year. Two were about missing items, one about a missed post stay feedback and one about a booking error. These have all been recorded, acknowledged, investigated and outcomes and actions have been recorded and fed back to the complainant.

Staff we spoke with told us, "I have never handled a complaint, if relatives raise any issue we try and deal with it straight away, but if anyone made a complaint I would record and report it, I am sure the manager would deal with it."

People we spoke with told us they have not made any complaints but they knew they should talk to the boss about it.

Within the last year, we have been made aware of a complaint about access to respite...
Evidence:

care at the service which formed part of an independent complaints investigation. The issues were more to do with the Local Authority than the service, though some issues were addressed about the manager's speed of communication. This matter has been addressed through another part of our Regulatory functions.

There have been two major whistleblowing allegations within the past year, possibly by the same person but about the same issues; these concern the conduct of staff and the manager, issues of choice, dignity and neglect. These have been thoroughly investigated by the Local Authority and have not been substantiated, though specific actions are being taken in relation to one issue.

We spoke at length to staff (both new and longer term staff of different designations) during this inspection to see whether they have any concerns about the culture at the service and found that without exception they do not. They told us, "I feel staff are approachable. I feel 110% confident that service users are safe and treated with respect. I will challenge people because I believe people should be shown the right way to assist, if I saw anything inappropriate I would deal with it and I have done." This member of staff believes that the whistleblowing could have resulted from some staff "misinterpreting," the actions of others and shared jokes between people staying at the service and staff.

Another person told us, "on occasion we have had one service user abuse another, we talk to people calmly but we try and prevent it from happening by being careful about bookings and keeping people who don't get on apart. If I ever saw someone abusing someone else I would report it, I would consider verbal nastiness to be abuse, but sometimes it is difficult to know where the line is. If a staff member is in someone's face being quite nasty. I feel confident that people are well treated." When we looked at the training files, not all staff have had recent training on safeguarding and whistleblowing.

A more recent member of staff said, "this is my first care job, I have done safeguarding training. I didn't know about the whistleblowing but I was very shocked by it, it felt like the staff were very upset by it and quite emotional. For me and what I have seen, I feel proud to be part of the service, the care afforded to people has exceeded my expectations."

People who stay at the service told us, "I like the staff, they look after me." They also told us they would visit the service again, they did not tell us anything which would worry us. Our own observations of staff interactions with people using the service suggests there is a relaxed and "chatty" relationship, and that they joke with each
Evidence:

other. We did not observe anything inappropriate in these interactions, and equally staff make sure that people have what they need when they need it.
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.

People who use the service stay in a home which is clean, bright, homely and well maintained.

Evidence:

We did a partial tour of the accommodation, including all communal areas to make sure the service is clean, comfortable and well maintained. We found that the home is bright, clean and homely throughout. As people only stay for short periods, the bedrooms are not as personalised as those we see in other care homes, but people do bring in items from home to make them feel comfortable during their stay, and during our tour, staff were encouraging them to put them on the walls.

The service has plenty of equipment to move and handle people and specially adapted bedrooms with track hoists if needed.

Staff we spoke with told us, "I am a bit of a 'clean' freak, I have not had any training in infection control, and we would be told if anyone has any transmissible infections. I think we have a homely home, people can go where they want."

People who are staying at the service told us, "my room is ok, I would like a telly in there though, people come into my room and I can't find my key so that's annoying."
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:

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>People are supported by an effective staff team who understand and do what is expected of them.</td>
</tr>
</tbody>
</table>

This is what people staying in this care home experience:

Judgement:

<table>
<thead>
<tr>
<th>People using this service experience <strong>good</strong> quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff in the home are trained, skilled and in sufficient numbers to support the people who use the service.</td>
</tr>
</tbody>
</table>

Evidence:

We looked at the training record for staff who work at the service and found that recent training includes; Team Leader updates, Challenging Behaviour (for new starters), Dementia, Autism, Mental Capacity Act, Qualified First Aid training, Epilepsy, Diabetes, Moving and Handling, Fire Safety, Health and Safety, Managing Actual and Potential Aggression, Food Safety, Learning Disability Qualification. The service employs 20 care staff, of these 16 have completed their National Vocational Qualification Level 2, 3 people are doing this at present. This means the recommended standard of 50% has been exceeded.

When we spoke to staff about their training they told us, "we get good quality training. I have done my Learning Disability Qualification, safeguarding, Moving and Handling, First Aid, Food Safety, Challenging behaviour training and I would like to do my National Vocational Qualification training but I can't as I am on a short term contract."

People we spoke with told us the staff "seem to know what they're doing."
Evidence:

We looked at three staff files to check that they have all of the information and documents required by Law to make sure they are suitable to work with vulnerable people. We found these to be acceptable in all but one case, where a person who has worked at the service for a long time has no written references. When we spoke with the manager about this, she said these would be held at County Hall. There must be copies of these on the person's file.

Staff we spoke with confirm that they have all of the necessary checks, "before I started I did my job application, Criminal Records Bureau check, supplied two written references and had a health check. I did my induction straight away, but it took three months for all my checks to come through and I couldn't start until they had."

Staff we spoke with told us, "I like it here, they look after me here," another person said, "I like the staff, I get on with them fine."
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 **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is generally well managed and well organised.

Evidence:

As can be seen from this report, in the main, the home runs well, record keeping and systems are generally maintained to a high standard. The one exception to this is that we found from our evidence gathering that the manager is not notifying us of all the incidents she is required to by Law.

The whistleblowing raised issues about the manager and we spoke with a range of newly appointed and existing staff of different designations and people who use the service about her style and whether the home runs well. They were all very positive about the manager.

Staff we spoke with said, "I admire her, it is a hard job, since the whistleblowing she has wanted to be out on the floor more. I find with her I can go in and sound off or I can make her aware of things which are happening within the service. I think she deals with issues, if things need to change, depending what these are she will either..."
Evidence:

raise it individually through supervision or in a staff meeting."

Another person told us, "I feel confident that my manager would deal fairly with any issues. I think the manager is great, she is easy to talk to and as far as I know she deals with issues."

A new member of staff told me, "Supervision is available whenever you ask for it as well as formal arrangements. I have been told to take any issues of concern directly to (the manager) or my supervisor. I think the manager deals with difficult issues privately and discreetly. During the recent whistleblowing she maintained her leadership in spite of all the upset."

People who use the service told us, "I like (the manager) she is my favourite."

We looked at the records of Health and Safety testing and servicing and found that with the exception of overhead hoists and the gas boiler, all servicing is up to date. However, the manager has since written to us to provide confirmation that the service on these have now been completed.
Are there any outstanding requirements from the last inspection?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
</table>
## 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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

### 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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23</td>
<td>13</td>
<td>All staff should be given up to date training or information on abuse, safeguarding and whistleblowing. To ensure they are working in line with best practice guidance to ensure people are fully protected.</td>
<td>20/09/2010</td>
</tr>
<tr>
<td>2</td>
<td>34</td>
<td>19</td>
<td>The staff files must all contain two written references. To ensure they are suitable to work with vulnerable people.</td>
<td>31/08/2010</td>
</tr>
<tr>
<td>3</td>
<td>37</td>
<td>37</td>
<td>Going forward, all incidents which require notification (as indicated in Regulation 37) must be sent to us in writing. To enable accurate monitoring of risk to people using the service.</td>
<td>23/07/2010</td>
</tr>
</tbody>
</table>
## 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Refer to Standard</th>
<th>Good Practice Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7</td>
<td>Consider alternative ways to involve people who use the service which are relevant to the service being provided. To enable the service to continue improving and developing.</td>
</tr>
<tr>
<td>2</td>
<td>23</td>
<td>Staff need clear guidance on what is acceptable behaviour and what is not to ensure that they deliver care appropriately.</td>
</tr>
<tr>
<td>3</td>
<td>26</td>
<td>Take steps to make sure people can secure their private bedroom space at all times so that their privacy and dignity is maintained.</td>
</tr>
</tbody>
</table>
Helpline:

**Telephone:** 03000 616161  
**Email:** enquiries@cqc.org.uk  
**Web:** www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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