

Key inspection report

Care homes for adults (18-65 years)

Name:	Development Centre
Address:	Dorincourt Oaklawn Road Leatherhead Surrey KT22 0BT

The quality rating for this care home is:

one star adequate 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.

Lead inspector:	Date:
Lisa Johnson	0 4 0 8 2 0 0 9

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.

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.

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

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- 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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Information about the care home

Name of care home:	Development Centre
Address:	Dorincourt Oaklawn Road Leatherhead Surrey KT22 0BT
Telephone number:	01372841334
Fax number:	
Email address:	
Provider web address:	www.gefd.org

Name of registered provider(s):	Queen Elizabeth`s Foundation
Type of registration:	care home
Number of places registered:	43

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
physical disability	43	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 43		
The registered person may provide the following category/ies of service only: Care home only - 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		

Date of last inspection	0	5	0	3	2	0	0	9
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Brief description of the care home
The Development Centre is a purpose built residential care home set in the countryside in the outskirts of Leatherhead Surrey. The centre provides specialist support for younger adults with a physical disability, giving them the opportunity to develop skills they require to move on to a lifestyle and location of their choice. Accommodation can be provided for up to forty three people. The Centre provides a range of accommodation including, group living and independence flats. People are supported by a multi-disciplinary team including care staff, life coaching, occupational therapy, physiotherapy and health psychology. The current fees range from £1,224- £2,255 per

Brief description of the care home

week.

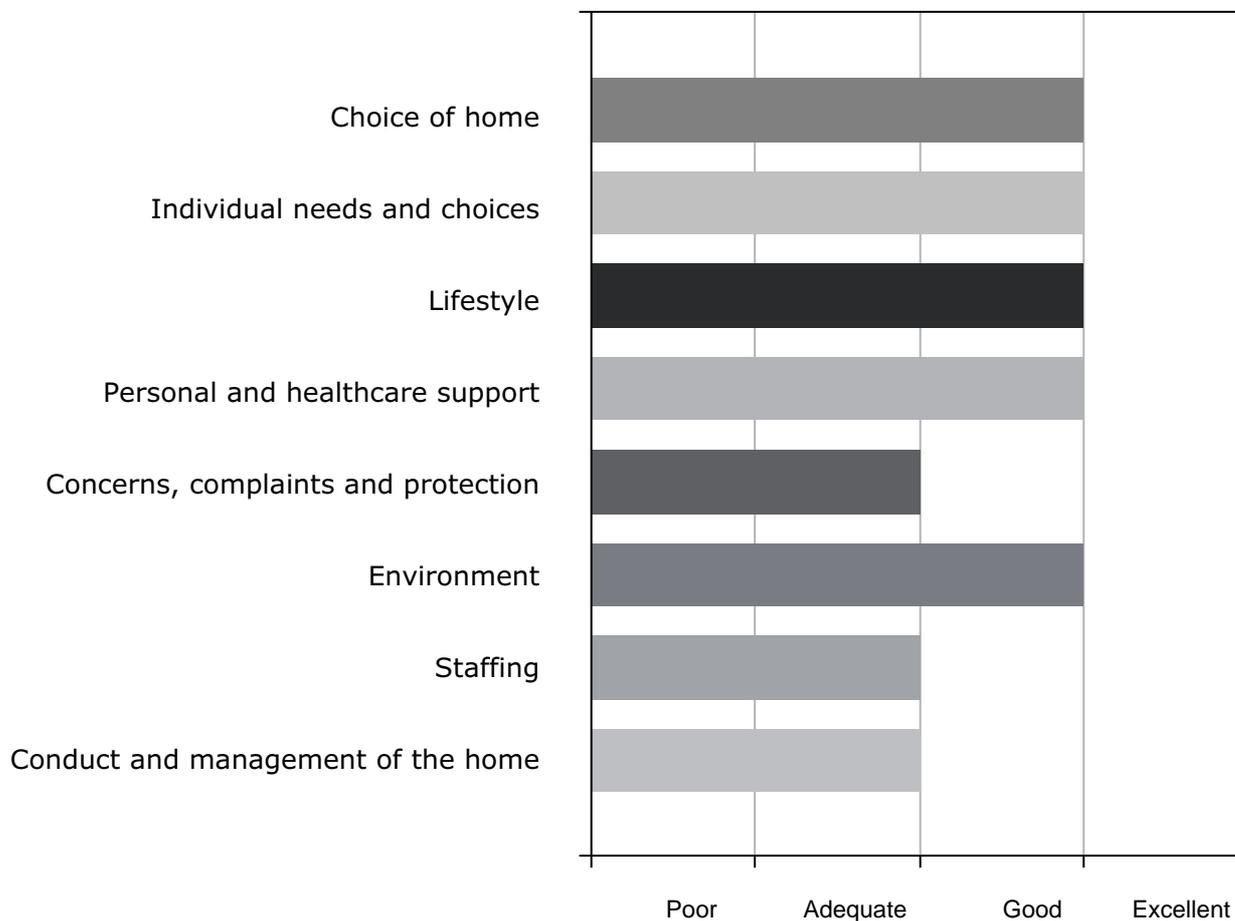
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

This unannounced site visit was part of a key inspection. We arrived at 9am and left at 6.15pm.

The last key inspection was carried out 29th August 2007. A random unannounced inspection was also carried out on 5th March 2009.

Information was provided to us by the service prior to this visit in the Annual Quality Assurance Assessment (AQAA). This is a self-assessment that focuses on how well outcomes are being met for people using the service. We received the AQAA, which gave us all the information we asked for. Reference is made to this assessment throughout this report.

As part of this key inspection we were accompanied by an expert by experience. An expert by experience is a person who because of their shared experiences of using

services and or ways of communicating helped us to get a picture of what it is like to live in the service and their observations are included in this report.

During this visit the expert by experience spent three hours in the centre and explored people's routines, staff interaction, how people are supported to make choices, their activities and looked at the suitability of the environment .

The expert by experience provided a written report to us of their findings, which are incorporated in this report. Throughout this report they will be referred to as the Expert.

We received six feedback surveys from people that live in the service, eight from members of staff and three from external health and social care professionals.

During this visit we met with four people who live in the service . We met with the head of care and four members of staff.

During this visit we observed the lunch time meal,activities, looked at staff recruitment, and training records, care plans, risk assessments, menus, quality assurance systems, medication administration policies, health and safety records and policies and procedures were sampled. We also reviewed other information that we have received since our previous inspection including notifications.

What the care home does well:

At the time of this visit the centre provided a welcoming and happy environment . Good interaction was observed between staff and people living in the centre. Staff were observed be friendly, respectful and attentive to people.

People were observed by the Expert to be encouraged to be involved in decision making about their daily lives including, their preferred activities.

During this visit four people told us that were happy with their activities. A person told us "I attend see ability, and I have a phone line, computer and sky television in my room". Five out of six people surveyed said that they are able to do what they want to do during the day, evening and at weekends. Comments included, "Good leisure trips"; "I go swimming in the evening, "I attend courses"; "I have achieved a lot", "I like everything", "The staff help me to be more independent" and "I am being supported to make progress".

The use of life skills training is encouraged to support people to increase their Independence. There is a training kitchen , which is widely used and is provided with specialist equipment.

People told us that they enjoyed their meals. Menus viewed during this visit were varied and well balanced and provide choices. People's cultural needs are also respected.

What has improved since the last inspection?

Care plans sampled during this visit had been signed by people to confirm their agreement. Information sampled during this visit indicated that risks had been identified before any person is admitted to the centre.

The service has made significant improvement in ensuring that staff are receiving up to date moving and handling training since the random inspection was carried out

What they could do better:

Risk assessments must be completed where people may be restricted in using their electric wheelchairs.

It is recommended that the complaints procedure is placed in a prominent position to ensure that it is more visible and accessible to people and their representatives.

Care staff must receive training in challenging behaviour to ensure that they are able to support people's needs.

The registered person must ensure that an application is made to the Commission for a manager to be registered.

The service must carry out satisfaction surveys to gain the views of people using the service and their representatives.

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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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 considering the service as a place to stay are provided with information that they need to know and their needs are assessed prior to admission.

Evidence:

The service has a brochure, statement of purpose and service user guide, which provides detailed information about the service and what it is able to offer. This information also includes a support agreement. We were informed that this information is discussed with people and their appointed life coach. This document has been incorporated with pictures to make it accessible for people.

The centre has a comprehensive pre admission and assessment process. After receiving initial enquiries information is gained from the person, their representative, previous placement, care manager and any relevant health care professionals. People are then invited to attend for a five day stay where people work with and are assessed by all disciplines including, physiotherapists, life coaches and occupational therapy to produce a picture of the person's needs and whether these can be met.

Evidence:

Information supplied in the AQAA states that the service has undertaken a detailed review of their referral and assessment procedure, introducing a more thorough risk assessment prior to and during people's five day stay. A file sampled for a person most recently admitted confirmed that risk assessments had been completed prior to admission ensuring people's welfare and safety.

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.

The service has a plan of care that the person has been involved in making. People's needs and goals are met and they are able make decisions about their life. People are able to take risks as part of an independent lifestyle.

Evidence:

Each person has a support plan in place ,which has been implemented in consultation with them. During this visit we sampled three people's care plans, which had been reviewed and signed by the person to confirm their agreement. The centre has made progress in making plans more accessible. Individual plans cover all areas of people,s life including practical/vocational, daily living skills, personal care/presentation, community/leisure, basic skills.

The centre supports and enables people to make decisions about their daily lives. People are encouraged to participate in a range of forums, including, confidence building meetings and empowerment groups. During this visit the expert observed people being encouraged to be involved in decision making about daily living

Evidence:

including, trips to drop in centres and shopping/entertainment. People have regular one to one meetings and are supported by life coaches to support them to make decisions. During this visit we viewed the life plan for a person who had been supported with money management and had been provided with the opportunity to make a restaurant reservation.

Records sampled during this visit confirmed that risk assessments are in place, which included, showering, self administration of medication , moving and handling and tissue viability. One matter was identified needing improvement .(see standard 23)

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

People's preferences, social, cultural, diverse ,religious and recreational interests are met. People maintain contact with their family , friends , representatives and the local community. People are supported to exercise choice over their lives and are provided with varied and well balanced meals.

Evidence:

People participate in a range of educational, recreational and social activities both internally and externally. At the time of this visit the centre was busy with people participating in a variety of activities. Some people were going out shopping, attending the infazone multi media facility and in the afternoon we observed a group music social activity taking place in the large hall, which people were observed to enjoy.

The service employs life coaches who work closely with people, whose role is to support people with what they would like to do each day, planning leisure trips,

Evidence:

looking for new opportunities and working towards independence. Each person has an individual learning plan.

Information supplied in the AQAA states external tutors are invited to offer sessions to meet people's needs and work experience opportunities are provided within the centre. A life coach told that one person has work experience in a nursery and another person assists with drama classes.

A range of leisure activities are provided internally and externally and we observed some posters on the notice board advertising some events, which included a pub outing, shopping and visits to places of interest. There are opportunities to go bowling, eating out we told the service holds take away nights.

The expert identified through discussion and observations that where people are able they are actively encouraged to gain further education and/or skills training to improve their life skills. The use of life skills training is encouraged for people to move from a supported environment to more independent accommodation.

The centre provides a training kitchen in the group home, which the expert said is very widely used and has specialist equipment to encourage independence amongst people.

During this visit four people told us that were happy with their activities. A person told us "I attend see ability, and I have a phone line, computer and sky television in my room". Five out of six people surveyed said that they are able to do want they want to do during the day, evening and at weekends. Comments included, "Good leisure trips"; "I go swimming in the evening", "I attend courses" "I have achieved a lot", "I like every thing", "The staff help me to be more independent" and "I am being supported to make progress".

However a survey received stated, "Once a timetable is set, there is not much room for change and they need to provide more outings other than the pub next door". A health and social care professional said, "The centre should continue to increase the number of community activities, community access and individualised activities". At the time of this visit the expert observed one or two people wandering around with no direction from staff. The manager told us that is free time for people to have between attending their sessions.

People maintain links with their family and friends who visit the centre and a person told us that they go home at the weekends. Another person told us they have a

Evidence:

boyfriend. The centre has sexuality and personal relationship policy, which provides guidance to staff. The service provides groups on personal relationships, which includes sexual health promotion.

People's culture and diversity is respected. We were told that some people are supported to attend places of worship, which meet with their preference. The service recently recently held a cultural activities day where people and staff shared information. Photographs of this event were seen on display in the center. Information supplied in the AQAA states that training, workshops and interactive sessions take place on culture and diversity. A member of staff surveyed said, "Discrimination is taken seriously"

Information supplied in the AQAA states that they promote people's choices and encourage people to explore all aspects of their lives. People were observed to have access to all areas of the centre. The Expert observed evidence of good interaction between staff and people. Staff were observed to be friendly and attentive towards people and there was a general feeling of good naturdness. Information is made available to people about advocacy services, which was displayed on the on the notice board.

People take their meals in the main central dining room, although people in the group home and flats prepare some of their own meals with assistance where this is required. The centre provides a six weekly menu, which is varied and well balanced. The chef told us that they are aware of peoples dietary needs and healthy eating is promoted. People's cultural needs are respected and halal meat is provided to meet the needs of some people currently residing in the centre. Fresh ingredients are provided, which are sourced locally and freshly prepared for each meal. Three people told us that they enjoyed their meals.

We observed the lunch time meal, which was well presented. The dining room provides coffee and tea making facilities for people to choose and help themselves to. Staff were observed joining people for lunch and tea breaks in the afternoon. Where people required support with their meals staff were observed to provide good support, although there was one missed opportunity, where a member of staff provided limited verbal interaction while assisting one person. Specialist equipment was provided to assist people with eating and drinking.

The expert observed in the training kitchen two people and a member of staff buttering toast and sandwiches on the table surface and did not use plates.

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

People's health and personal care needs are met and their preferences for support are respected. The home supports people with their medication in a safe way.

Evidence:

Four people's support plans were sampled, which included a personal and communication profile. Support plans also provided information about people's likes, dislikes and preferred routines such as times of getting up and going to bed.

One person's care plan identified that they require assistance with moving and handling and require the use of the hoist. Guidelines were in place to provide information how this support is to be provided. Tissue viability and moving and handling assessments had been completed. The centre is in the process of updating health care checklists, although these have not all been completed yet. The checklists identified included information about people's dental, oral hygiene, vision, foot care, health screening and continence needs.

There are a range of therapists based at the centre including, psychology, physiotherapy and occupational therapy. The centre holds weekly multi disciplinary

Evidence:

meetings. People are also supported by a range of external health care professionals including, General Practitioner, speech therapist and Community Team for people with learning disabilities (CTPLD).

Regular events take place in the service to to promote healthy lifestyles including, active fun days to promote sport and fitness, healthy living days and self awareness.

Three external health and social care professionals surveyed said that people's health and social needs are usually monitored, reviewed and met by the service. Comments included, "The service displays professionalism and a caring approach" ;"The service work in a person centered way and there is a small staff team for my client with a specific team to meet their individual needs well, but the service needs to continue to improve on seeking advice from health care professionals and joint working, this could be better to ensure that people are alerted in a timely fashion and people's needs met quickly when they are changing" ;"I have seen improvements and have observed staff that are positive and responsive to service users needs". Another health care professional also commented,""I feel that they have improved their level of awareness of the client's needs for the one client that I see".

Some notifications received by the Commission indicate that there are some people that have some complex emotional needs. A member of staff surveyed expressed concern that staff have not received appropriate training to meet their needs in particular for one individual. The Commission has been made aware of this matter prior to this visit and that notice has been issued and the local authority, are currently pursuing another placement for this person. Another member of staff surveyed also stated, "That there are a small number of people who are not engaging with their programme and a lot of our client's need consistency when it comes to managing behaviour,which is not often shown".

Discussion with the Head of care revealed that some people's needs have changed since admission, which are currently being addressed and not all referrals received by the centre are accepted. A requirement has been made in respect of staff training to ensure that the needs of people who may challenge are met. (See standard 35)

Three people spoken with during this visit said that staff respect their privacy and knock on their doors before entering and one person told us, "I have a key for my room". Information supplied in the AQAA states that health care consultation meetings take place in private and three external health and social care professionals surveyed said, that the service respects people's privacy and dignity.

Evidence:

The centre's medication practices were examined. We were informed that people have a locked facility to store their medication, which is in their bedrooms. Some medication was stored in a trolley, which is kept in the care office. Medication is acquired from a local pharmacy and dispensed using the monitored dose system (MDS). Staff receive medication training and they are currently receiving updated training. We were informed that a list of staff that are authorised to administer medication will be compiled when this training is completed. Systems were in place for the receipt and disposal of medication. Authorisation had been obtained for the administration of homely remedy medicines.

We sampled four people's administration records, which contained photographs of the person for identification. These were mainly well maintained, although one record identified a gap in signing, which was brought to staff's attention. Two medication administration records had medication recorded on them, which had been hand transcribed by staff and it was recommended that these are signed and checked by two members of staff ensuring people's safety and wellbeing.

People are supported to self medicate where they are able to, which is supported by risk assessments. These were maintained with their medication administration records.

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

If people have concerns they know how to complain, although further improvement is needed to ensure that the complaint procedure is brought to the attention of people's representatives. Policies and procedures are in place, which protect people from abuse.

Evidence:

The service has systems in place to support people to raise concerns. The service user guide contains information about the services complaint's procedure and there is a "red card" system for people to raise complaints. It was recommended that the centre's complaint's procedure is placed in a prominent position in the reception area and on notice boards to make it more accessible and clearer for both people using the service and their representatives.

The head of care was also advised to amend the contact details for the Commission should anybody wish to contact us, as these were not up to date. The service has a range of forums including, empowerment meetings, which provides other ways of raising concerns.

Information supplied in the AQAA states that the service has received seventeen complaints. Detailed records were maintained of all complaints received including actions taken and outcomes. One record sampled identified that a concern had been raised about response times to answering bleeps. Information seen demonstrated that testing and response times of answering bleeps had been carried out.

Evidence:

People spoken with during this visit said that they know how to make a complaint, which was also confirmed by six people surveyed. A person told us, "This is a good place" and another person said, "Staff listen to any concerns that I may have". A health care professional surveyed said, "The service have responded to all my concerns and questions promptly and resolved them quickly and effectively".

The service has safeguarding vulnerable adults from abuse procedures in place The service has obtained the most updated local authority procedure. The head of care has attended train the trainer in safeguarding and up to date training is currently being rolled out to all staff. Three members of staff spoken with during this visit told us that they had received this training and were now much more aware of the procedures. There has been an increase in the number notifications that the service has supplied to us. The current head of care demonstrated that they have awareness of matters, which must be reported both to the Commission and local authority. Five other matters have been reported by the head of care, which were brought to our attention. A number of these have related to challenging incidences involving people living in the service. One matter involving a complaint about a member of staff is still being investigated.

Over the last year three complaints were received by the Commission, which were referred to the the local authority. One matter has been completed and the service has demonstrated that they have taken action to improve some of their procedures and practices. One matter has yet to be concluded.

We received a survey on behalf of a person living in the centre ,which stated,"There have been times when I have not been happy with the way that I have been treated". This matter was followed up and is currently being pursued.

We have also received two notifications in respect of incidences where two people exhibited challenging behaviour, where for their safety to themselves and others a decision was taken to dis-empower their electric wheelchairs as a temporary short term measure. During this visit we viewed the care plan for one of these individual's which included this information in their management guidelines, however a risk assessment had not been completed ,which has been agreed with the person and/or their representatives and social care professionals.

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.

The service has made improvements to ensure that people live in an environment that is safe, comfortable, homely and clean, although there is still room for further improvements.

Evidence:

The service has been adapted and designed to meet the needs of people living there and all areas are accessible to people using wheelchairs. People have their own bedrooms and there are a range of communal areas for people to be able to meet and socialise. One unit has been adapted into a training group home, which has been provided with an accessible kitchen.

Another unit provides assisted flats. We were invited by a person to visit their flat, which had a front door, which they could open independently using a hand held control. The flat provided an accessible kitchen, bathroom and tracking to assist them to maintain their independence. This person told us that they were able to personalise their flat to their choice.

Some areas would benefit from being redecorated particularly outside of the main dining room and the ground floor corridor, which used to be a living area but is now decommissioned

Evidence:

The expert observed that some of the outside areas needed improvement, there were weeds in the paved area and the areas around the independent accommodation and there was some general refuse that had not been binned. In the quadrangle area in the centre of the complex there was a wheel chair cushion, which looked as though it had been left there for some time. A cat flap in one of the external doors had been repaired with a piece of cardboard, which had consequently fallen off.

The expert observed that the main dining room tables had damaged edges, which should be addressed as these could pose a safety matter to people. There were some cleaning supplies and equipment were left in the corridor, which requires attention. This matter has been discussed with the centre's facility manager who said that he would follow up this matter. The expert observed that people's doors on the ground floor were left open during the day, which could be a security concern for their property.

Due to an accident, which occurred earlier in the year barriers have been installed at the tops of staircases to ensure the safety of people using wheelchairs and risk assessments have been completed.

During this visit we spoke with the service's facilities manager who told us that there is a continuous refurbishment and maintenance plan in place. It is intended that the decommissioned corridor on the ground floor (Meadway) will be adapted to provide further therapy areas. Work in this corridor has been delayed due to the installation of a new roof. A new roadway and wheelchair friendly paths have been provided around the site. Plans are also being considered to provide a hydrotherapy pool. Information supplied in the AQAA states that people are consulted about environmental developments and their preferred colour schemes. The expert spoke with one person who suggested that, "When redecoration is carried out it would be good to make the building more cheery by painting it in something other than green and cream".

At the time of this visit the service was seen to be clean and hygienic and hand washing facilities were available. Five people told us that the home is clean and fresh although one survey received stated, "in my room the surfaces are very seldom dusted".

Information supplied in the AQAA stated that further improvement had been made with the provision of sited hand anti bacterial cleansers and belt worn cleansers for all staff. Two staff surveys received indicated that procedures may not be followed by all staff in respect of a person that has an acquired infection. This matter was discussed with the head of care, who stated that initially there were some issues, but

Evidence:

this has now improved by maintaining specific staff to support this person, who are aware of the procedures in place.

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

People were supported by sufficient numbers of staff at the time of this visit. The service provides a range of specialist training, although further development is needed to demonstrate that staff receive training that supports the specialist needs of people who may challenge. People using the service are protected by their recruitment policies and practices.

Evidence:

At the time of this visit the centre was supporting thirty eight people and there were thirteen care support staff on duty. We were informed that staffing levels are based on people's needs and the numbers of people staying at the centre. People are also supported by a range of other staff and professionals during the day that are based within the Centre including, life coaches, health psychologist, physiotherapist and assistant.

At weekends some people go home thereby staffing levels are reduced but we were informed that there are usually twelve members of staff and we were informed that life coaches are also available at weekends to support people with activities. Each shift is headed by a senior carer and assistant senior. Further assistant posts have been created ensuring that there are more senior staff on shift.

Evidence:

Information supplied in the AQAA stated that several new specialist support worker posts have been created, which enables focused one to one work with people who have specialist needs. Information supplied in the AQAA indicates that there has been minimal staff turnover in the last year. Staff are provided with task lists, which identifies the people that they will be supporting and the duties to be carried out.

The service employs a range of other staff including health care professionals, catering, maintenance and administrative personnel. The head of care also told us that a care department administration post has been created, which will free up senior staff to spend more time out of the office. Two members of staff spoken with thought that the current staff levels were generally sufficient, which was also confirmed by five out of eight members of staff surveyed. However some staff stated, "sometimes there are not enough staff to do all of the activities we would like to do" "It would be nice if there were more staff"; "Have more permanent staff instead of having agency" and one person said, "People that are on a one to one seem to have more things to do and get treated differently and get more to do".

We were informed that there have been some difficulties in recruiting staff and there is an ongoing programme. The service is planning to use some accommodation that is currently unused and converting this into staff accommodation, which may assist in recruitment. The service has a bank system and uses agency staff to cover any shortfalls, although the service requests the same staff to maintain continuity.

New staff receive induction following the Skills for Care induction standards, which was seen during this visit. staff on duty told us that staff work with a second member of staff during their induction period. Currently twelve out of twenty nine care workers hold National Vocational Qualifications (Level 2) or above and we were informed that two other carers are completing the qualification.

The head of care since taking charge has identified that staff training could be more organised and that further improvement is needed. The service is demonstrating that progress is being made to ensure that staff have received updated manual handling training and safeguarding training updates are currently ongoing. The service also provides a range of specialist training including, disability and brain injury awareness, epilepsy, eating awareness, makaton sign language and communication, although records need to be updated on the training matrix as there were a number of gaps.

During this visit we sampled four members of staff's training records, which confirmed that they had received statutory training except one where minimal information was recorded.

Evidence:

The staff matrix did not identify whether staff have received appropriate training in challenging behaviour. This matter was discussed with the head of care, who has identified that this training needs to take place. The head of care has also completed training in the mental capacity act and deprivation of liberty safeguards, which they intend to provide to care staff.

Staff recruitment is based on equal opportunities. During this visit we sampled four members of staff personal files. These contained the required information including, fully completed application forms, two written references and enhanced criminal record bureau checks (CRB.) Information seen also demonstrated that written confirmation had been obtained from agencies for staff that work in the centre to verify that the appropriate checks had been undertaken ensuring people's safety and wellbeing.

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

The home does not have a registered manager in post. The service need to further develop their quality assurance systems to gain the views of people using the service and their representatives. People's wellbeing and safety is protected.

Evidence:

Since the last key inspection the registered manager has resigned. There has been no registered manager since March 6th 2009. The service is currently being run by the head of care who has obtained their criminal record bureau check required by the Commission, but they have not yet submitted their application to register with us, which must be completed. The head of care has past experience of working in social care settings and have obtained a post diploma in care, policy and management and has applied to complete the registered Managers award.

Two members of staff spoken with during this visit said they felt supported by the current management arrangements, that the head of care is approachable, fair and takes action. One member of staff said "morale is good". Two members of staff surveyed said, "The centre has a warm and friendly environment and is a lovely place

Evidence:

to work" and "I really enjoy working at the development centre". However another member of staff surveyed said, "The manager should be more visible".

Three staff surveys received indicated that there are some communication difficulties between departments. However staff spoken with during this visit thought that this has improved, which was also confirmed by a staff survey that was received. Information supplied in the AQAA states that regular team meetings take place and the service has two weekly operational meetings when all the managers of the different departments come together, which has greatly improved communication and cooperative working.

Monthly quality monitoring visits are conducted by the provider, which were available for viewing, although we were informed that two were not available as these were still to be typed. The monitoring visits would benefit from including the views of people living at the centre spoken with during these visits. The service provides a range of forums including empowerment groups for people to be able to raise their views.

In a response to some matters raised from external health and social care professionals last year, feedback questionnaires were provided to them to gain further information to identify where further improvement needs be made . We sampled some of these feedback questionnaires during this visit, which also resulted in meetings taking place with them to look at some of these issues. We received three surveys from external social and health professionals who commented, " I have seen recent improvements" and "I feel they have improved their communication, which was quite poor".

Discussions revealed that the service has not undertaken recent satisfaction surveys to gain the views of people and their family or representatives to identify how the service is achieving their aims and goals. Therefore it is required that that is carried out and that the results are made available to prospective people and their representatives.

The service employs a facilities and health and safety manager. There are a range of health and safety systems in place including, health and safety action plans and regular water monitoring. The service has received a visit from the health and safety executive, where some requirements were made, which the service has demonstrated that they are complying with.

Staff training records sampled indicate that the service is making progress in ensuring that staff are receiving up to date mandatory training including, manual handling, food

Evidence:

hygiene and infection control. One health and safety matter was identified that needs attention. (Refer to standard 30)

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

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, 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
1	23	13	<p>The registered person must ensure that a risk assessment is completed in respect of people's needs where they may be restricted using their electric wheelchair.</p> <p>This is to ensure that that the rights and best interests of people using the service are protected.</p>	04/09/2009
2	35	18	<p>The registered person must ensure that staff receive training , which supports the needs of people with behaviour which challenges.</p> <p>This is to ensure the needs of people are met.</p>	28/10/2009
3	37	9	<p>The registered person must ensure that an application is made to the Commission to register a manager for the service</p>	10/09/2009

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
			This is to ensure their fitness to manage the service.	
4	39	24	The registered persons must ensure that satisfaction surveys are conducted to gain the views of people living in the service and their representatives This is to ensure that the service is meeting their aims and objectives.	06/11/2009

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	20	It is recommended that where medication is hand transcribed by staff on the medication administration record that these are signed and checked by two members of staff.
2	22	It is recommended that the service's complaint procedure is displayed in a prominent position , which is accessible to both people living in the service and their representatives.

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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