



Making Social Care
Better for People

Inspecting for better lives

Random 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:	two star good service
The rating was made on:	

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

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

Lead inspector:	Date:
Lisa Johnson	0 5 0 3 2 0 0 9

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:	stuart.fleming@developmentcentre.org
Provider web address:	

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

Conditions of registration:							
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							
Brief description of the care home							
The Development Centre is a purpose built residential care home set the countryside in the outskirts of Leatherhead Surrey. The home offers accommodation to 43 people with physical disabilities The service has undergone a process of redevelopment of some of the buildings. The centre is continuing with its plans for redevelopment both physically and philosophically.							

What we found:

The purpose of this random unannounced visit was to follow up a concern received by us pertaining to an incident involving a person using the service who had fallen down some stairs in their electric wheelchair. This matter was reported following the local authority safeguarding vulnerable adults from abuse procedures which resulted in an inter agency planning meeting which is now closed. We also looked at some other information which pertained to other matters received by the commission since the last key inspection.

During this visit people using were attending a range of activities and one person was accessing their computer in their bedroom. During this visit we had the opportunity to speak to eight people who use the service, the head of care, three carers, two life coaches and a health care professional. We undertook a tour of the premises, we looked at pre admission information, care plans, staff training records and some health and safety documentation.

During a tour of the service it was observed that since an accident had occurred pertaining to a person who fell in their wheelchair the service has taken prompt action by installing lift up barriers across the tops of all stairways to prevent any further incidents of this nature. The service has also implemented further health and safety protocols including one for wheelchair users. The service has informed the fire authority and health and safety executive and are awaiting a response from them. We were informed that new people admitted to the service are informed about safety procedures such as fire.

Information brought to our attention indicated that on one occasion visitors were able to enter the building at a weekend without being challenged and were not asked to sign a visitors book. This matter has been raised to the centre's senior manager who said that this is not the usual arrangement and that this matter has been followed up.

People referred to the centre attend for an assessment period and information is obtained from the persons care manager, health care professional reports and where applicable previous or current placement. This information was seen for one person who had been involved in the accident in the home. The information identified that this person uses an electric wheelchair and has visual impairment but did not identify whether the person required one to one support when moving around. However the service had not completed any risk assessments which identified any potential risks to the person prior to admission to the service.

Each person has a care plan in place and during this visit three were sampled. There is a multi disciplinary approach to care. The service is also currently implementing support plans which are more service user friendly and accessible in approach.

During this visit we looked at one persons health care plan with identified that they have high health and personal care needs and receives one to one care support. This person was identified at being at risk of developing pressure areas and their dietary and fluid intake requires close monitoring. Information seen demonstrated that a risk assessment and a range of management guidelines had been completed which were

supported by turning and fluid intake charts. This person is also visited by external health care professionals. A health care professional within the centre said that health care checklists are currently being developed further and that they maintain links with external health care professionals. There is a key worker system in place and staff are expected to sign to confirm that they have read and understood people care plans. Three care staff spoken with said that information about new people being admitted to the unit is brought to their attention.

During this visit staff were seen to be caring and attentive to the needs of people. People spoken with who use the service were aware of who they would speak to if they had any concerns and said that the majority of staff were caring and respect their privacy. However one person raised a matter to us which they said that they had raised with staff but they were not sure if the manager had been informed. This matter was brought to the attention of the head of care who they said that they will follow up with the person and will take any appropriate action which may be required.

Two people also told us that their preferred times for receiving their personal support is not always followed including bedtime and showering. This was brought to the attention of the manager.

We sampled the staff duty rota and we were informed that the number of staff on duty varies depending on how many people are staying in the unit. This can vary between eleven and fifteen during the day. Staff are deployed using task lists which are provided to each member of care staff on duty and gives them information about the people they will be supporting throughout the shift and the tasks to carry out.

Staff spoken with said that the current staffing levels were satisfactory. We were informed that the service has experienced difficulties in recruiting staff and a recruitment programme is ongoing. The service has their own bank staff and agency staff are utilized. We were told that a number of agency staff were used but the same people are requested to maintain continuity. Discussions with management indicated that they are keen to ensure that provision of the right numbers of staff is given priority. Since our previous visit funding has been made available for some extra senior care posts. During the day people are also supported by life coaches and we were informed that they also attend on Saturdays. We were also informed that extra funding has been requested for one person.

People using the service told us that there is usually enough staff when they require assistance, although three people told us that more staff at weekends would be beneficial to access activities.

During this visit we spoke to three members of staff about the training that they have received this included mandatory training including safeguarding vulnerable adults from abuse, food hygiene, first aid, epilepsy, disability and brain injury awareness. One member of staff said that he received training in visual awareness. Two members of staff confirmed that they had received induction. However one person told us that they had not received moving and handling training and another person told us that they had last received training three years ago.

We have been informed that the current registered manager is leaving shortly and an application has been made from the centre's head of care to register with us.

Staff spoken with said that they felt supported by the management structure in the home . We were informed that regular staff meetings take place and one person said that communication has improved. We were informed that questionnaires have been sent to external health care professionals who attend the service to gain their views in response to some of the comments received which were identified at the last annual service review conducted by the Commission.

What the care home does well:

Each person has a care plan which people using the service have been involved in making. All people spoken to during this visit said that they were aware of their care plan and participate in review meetings and provided with the opportunity to tell staff about things that they would like to do. Each person had signed their individual plan confirming their agreement.

During a tour of the service we were shown some of the environmental improvements made in the centre including the installation of a new laundry room and an accessible training kitchen in the group home. The centre has provided a range of other equipment and adaptations to ensure that the centre is accessible to people with physical disabilities including automatic doors and call bell systems. During a tour of the assisted flats two people showed us their hand control which assists them to enter and their leave their accommodation independently. There is a facilities and safety manager in post who told told us about the plans they have in place for future environmental improvements they wish to make.

What they could do better:

The registered person must ensure that any risks to people identified through pre-admission information are recorded to ensure that unnecessary risks to the health and safety of people are identified and so far as possibly eliminated .

All staff must receive moving and handling training which must be regularly updated ensuring the health and safety of people.

It is recommended as good practice that the peoples preferred times of receiving support is followed by staff as agreed in their care plan

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	<p>The registered person must ensure that risk assessments are completed prior to any person being admitted to the service.</p> <p>This is to ensure that unnecessary risks to the health and safety of people are identified and so far as possible eliminated.</p>	13/03/2009

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	13	13	<p>The registered person must ensure that all staff receive moving and handling training which is regularly updated.</p> <p>This is to ensure that staff are able to provide safe systems for moving and handling.</p>	05/04/2009

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	18	It is recommended as good practice that people receive their personal support at times which meet with their preference which is recorded in their care plan

Reader Information

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

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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Textphone: or

Email: enquiries@cqc.org.uk

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