

## Key inspection report

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

<b>Name:</b>	Hannacott
<b>Address:</b>	Abbeymead Avenue Abbeymead Gloucester Glos GL4 5GR

<b>The quality rating for this care home is:</b>	Two star good service
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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.

<b>Lead inspector:</b>	<b>Date:</b>
Lynne Bennett	1   6   1   2   2   0   0   9

This report is a review of the 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

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or 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](http://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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## Information about the care home

Name of care home:	Hannacott
Address:	Abbeymead Avenue Abbeymead Gloucester Glos GL4 5GR
Telephone number:	01452 615539
Fax number:	
Email address:	hannacott@googlemail.com
Provider web address:	www.aspirationscare.co.uk

Name of registered provider(s):	Aspirations Care Ltd
Name of registered manager (if applicable)	
Miss Claire Ellen Mustoe	
Type of registration:	care home
Number of places registered:	6

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	6	0
physical disability	6	0
sensory impairment	6	0
Additional conditions:		
The maximum number of service users who can be accommodated is 6.		
The registered person may provide the following category of service only Care home only Code PC To service users of either gender whose primary care needs on admission to the home are within the following category Learning disability Code LD.		

Date of last inspection									
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## **A bit about the care home**

Hannacott is a purpose built home for 6 people with profound and multiple learning disabilities. It is owned by Aspirations Care which has another home next door and other services in Gloucestershire. The home opened in July 2009. People have individual rooms with en suite facilities and overhead tracking. Communal areas are spacious and corridors provide ample space for people who may use wheelchairs. Specialist adaptations are provided throughout the home. There are accessible grounds to the rear of the home. The fees for the home are based on the fair pricing tool with the minimum currently at

	<p>1,414 pounds per week. Each person is given a copy of the Statement of Purpose upon referral to the home. Additional copies are available from the office.</p>

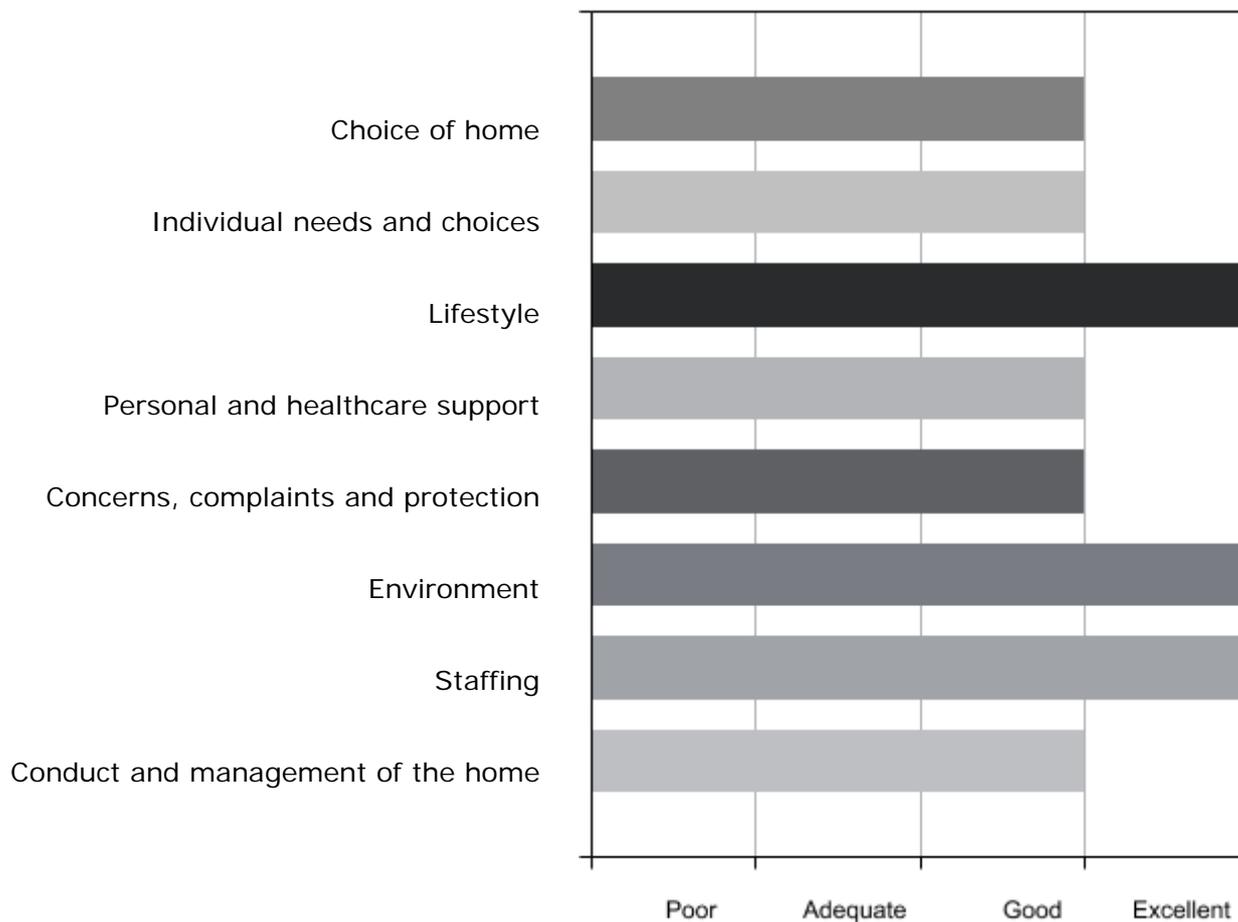
## Summary

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

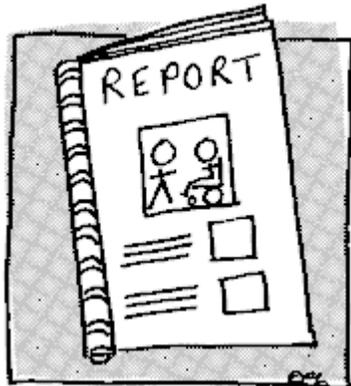
The quality rating for this care home is:

Two star good service

### Our judgement for each outcome:



## How we did our inspection:



### **This is what the inspector did when they were at the care home**

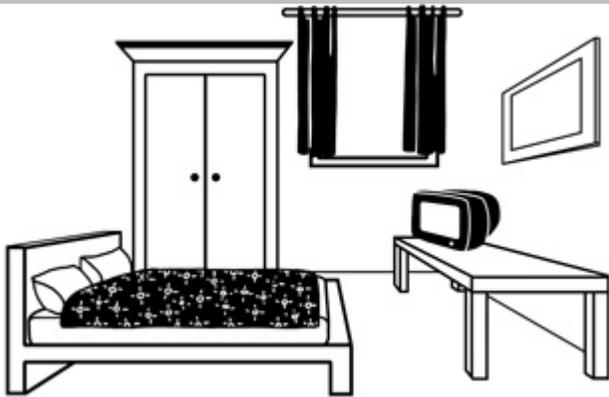
This inspection took place in December 2009 and involved a site visit to the home by one inspector on 16th December. The registered manager was present throughout our visit. She had completed an AQAA (Annual Quality Assurance Assessment) as part of the inspection, providing considerable information about the service and plans for further improvement. It also provided numerical information about the service (DataSet).



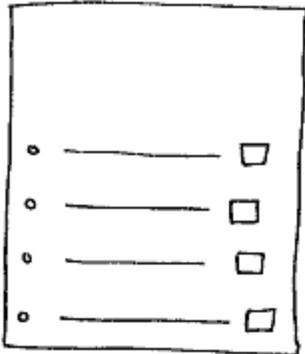
We observed the care of 3 people using the service, and asked staff about those people's needs.



We also looked at the care plans, medical records and daily notes for these 3 people. This is called case tracking.



We walked around the environment and looked at a selection of other records.



These included staff files, health and safety systems and policies and procedures. We had received surveys from one person using the service, two staff, four relatives and five health care professionals.



## What the care home does well



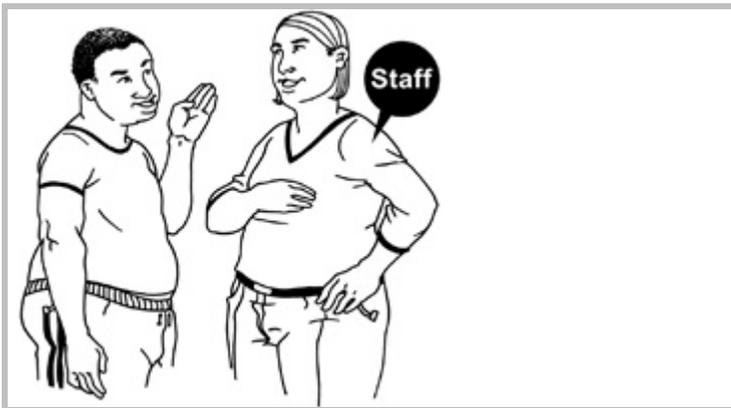
Hannacott provides purpose built accommodation for people with profound and multiple learning disabilities. Specialist equipment and adaptations are provided and staff have access to specialist training.



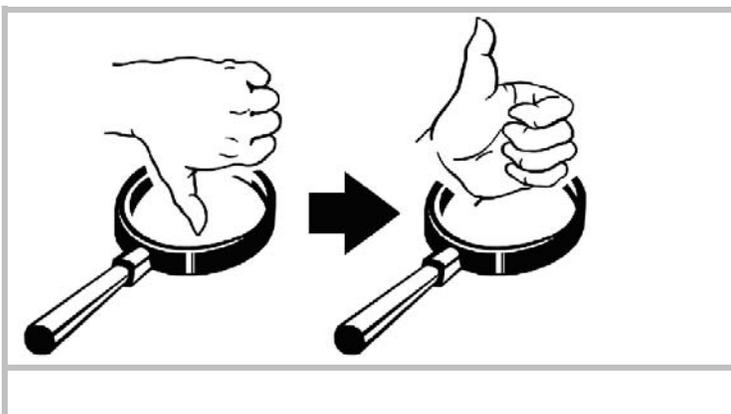
People were observed taking part in a music session and going out for a drive. They have access to a wide range of social, leisure and educational opportunities.



Relatives say they are made to feel welcome and that staff are very friendly, accommodating and have created a family atmosphere.

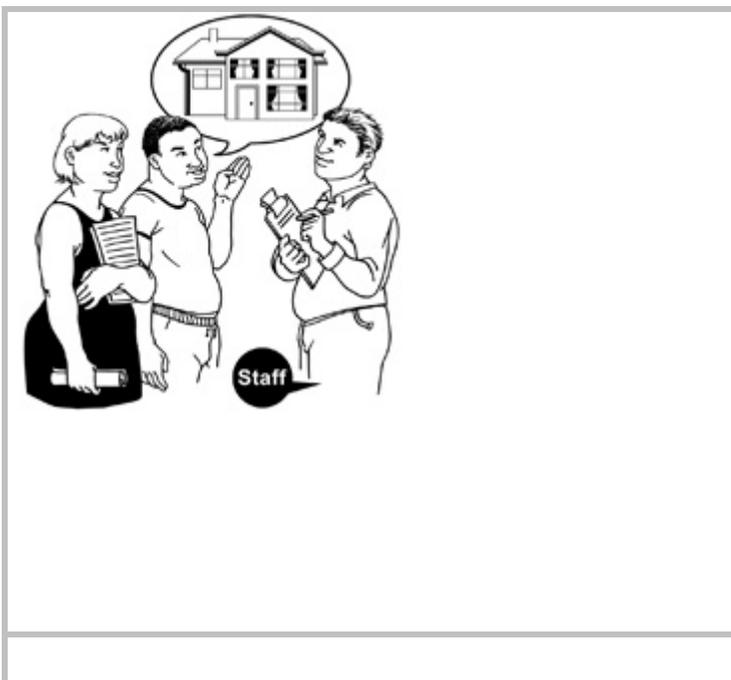


Health care professionals said, "staff were open to ideas, person centred in approach, open and honest."



### **What has got better from the last inspection**

This is the first inspection for the service.



### **What the care home could do better**

The registered manager provided evidence that she and the team are reflective about their practice and monitor systems within the home, adapting and changing as they go along. We have made a few recommendations, some of which were immediately implemented.



**If you want to read the full report of our inspection please ask the person in charge of the care home**

**If you want to speak to the inspector please contact**

Lynne Bennett  
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CQC  
Citygate, Gallowgate,  
Newcastle upon Tyne  
NE1 4PA

0300 616161

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

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line - 0870 240 7535.

## Details of our findings

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Outstanding statutory requirements

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.

The home carries out detailed care assessments and reviews, which ensures that they can meet the individual needs of the person before they move into the home. Working with social and health care professionals during transition makes sure that adaptations are in place and staff have the skills to support people.

Evidence:

The home has a Statement of Purpose and Service User Guide which were reviewed in August 2009. Copies of these were available in the office.

The AQAA stated that four people had been admitted to the home from July 2009 and the registered manager confirmed that people wishing to move into the home will be assessed in the new year. Each person had a comprehensive assessment of need completed by the registered manager to assess whether the home could meet their needs. This was supported by an assessment of need and care plan from the placing authority and additional information from previous placements. There was evidence that consultation had taken place with other social and health care professionals prior to admission to make sure that any environmental adaptations had been completed and that staff had the skills necessary to ensure a smooth transition and consistency of care.

Evidence:

During the transition period records confirmed visits were made to people in their former placements or at home with family. They were also invited to visit the home. The AQAA confirmed that "Service users were also involved in trial visits to Hannacott, and given opportunities to visit other homes or services within Aspirations Care to allow them to experience how the company operates." Comments from a health care professional included, "the Hannacott manager worked hard to provide a person centred approach to service users 'moving' in."

## 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.

A person centred approach to care planning provides the opportunity for people to take control of their lives. Imaginative use of resources enables people to express their wishes and needs. Risks are being managed safeguarding them from possible harm.

Evidence:

We casetracked three people and sampled the files for the fourth person. Comprehensive records were in place for all people providing a holistic analysis of their physical, intellectual, social and emotional needs. These had clearly been developed from their assessments by staff involved in their care. There was evidence that these had been read to people where appropriate and some people had signed their plans. Plans were person centred providing clear information about the way in which people wished to be supported in areas such as personal care, mobility, leisure and personal safety. Reference was made to people's racial, cultural and religious beliefs. The registered manager said that a key worker was researching how to support a person who came from a Sikh background. Supplementary care plans were being put in place as staff developed a greater understanding of people's needs or as they changed in response to their new home. There was evidence that care plans were constantly monitored and amended to

## Evidence:

reflect this in addition to the formal three monthly reviews which were in place. Placement reviews had taken place and copies of the home's review and the placing authorities assessment of need and review of care were on file. A relative said, "they cater for individual needs however different. They really get to know them and what their needs are."

Staff spoken with had a good understanding of people's needs and said they found the care plans very thorough. Daily records prompted staff to provide evidence of how choice had been promoted throughout people's day. They also indicated how people's individual needs were being adhered to throughout their day. Surveys from health care professionals indicated that people were encouraged to participate in meetings and reviews of their care and that staff enabled people to 'explain in their own words.'

There were excellent systems in place to enable people to make choices and decisions about their day to day lives. Communication systems promoted use of symbols, photographs and text to illustrate records, routines, activities and physiotherapy exercises. Staff had received training in the use of Makaton sign language and said they had learned to adapt this for one person who had developed their own signs. Communication care plans and individual passports were in place. The latter had been produced in two formats one of which was portable and could be taken out with the person. Staff were observed offering people choice by using objects of reference and they confirmed that this was often the most successful way of offering people informed choice. For instance when offering a drink a person was shown the alternatives being offered and they indicated which one they wished to have. A survey from a relative said, "they use makaton sign language, symbol and picture communication with ..... to express choices - we are pleased that this had been taken on board."

We discussed with the registered manager evidencing consent to use some equipment such as lap belts, bed rails and straps on chairs in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS). A policy and procedure was in place in relation to this and care plans indicated the rationale for the use of these measures to safeguard people from possible harm. The AQAA indicated a best interests meeting had been held prior to admission for a person using bed rails. There was evidence that best interests meetings and capacity to consent assessments had been conducted to discuss other issues.

The AQAA stated, "Hannacott advocates service users being able to take calculated risks where it is their intention to do so, and which are specific to their personal circumstances and aspirations." We examined a range of risk assessments identifying hazards and strategies to minimise risks as safely as possible. People were observed being supported to use the kitchen and transport in line with their risk assessments.

## 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 live in Hannacott are able to take part in appropriate activities inside and outside of the home, have links with the local community and pursue a range of leisure interests in order to enhance their lifestyle. People have a nutritional diet and their diverse needs are catered for.

Evidence:

Each person had an activity schedule in place outlining their day to day activities. Daily records indicated whether these had been followed and occasions when people had decided not to participate in the offered activities.

As mentioned people's religious and spiritual beliefs were detailed in their care plans and staff confirmed that people were supported to go to church. A Vicar had visited the home from the local Evangelical Church attended by one person. A copy of Sikh festivals had been obtained and a person was being supported to celebrate these.

The AQAA stated, "service users are encouraged to integrate with the community and

## Evidence:

fully utilise facilities in the local area, such as accessing our local pub, cafes, supermarkets and churches." Daily records confirmed people were frequently visiting these venues. In addition some people attended colleges or day centres during the day and in the evening. One person had a voluntary position helping out a local charity.

Relatives were visiting the home frequently and said, "we have been made to feel welcome," "there is a friendly atmosphere" and "... is happy to return back to Hannacott after a weekend at home." Care plans and daily records for one person indicated that staff were contacting their relative each morning and each evening to let them know how they were. One person had celebrated their 21st birthday since moving into the home and they had a collection of photographs to remind them of the celebration with their family and friends.

People were being supported to take part in activities of daily living such as observing cooking, baking and cleaning. Some people were able to help out with these tasks and care plans indicated the level of participation from each person in each activity. One person was involved with the baking of mince pies during our visit. Daily records also confirmed when people had helped with their laundry, choice of clothing and helping to clear away.

One person's morning routines had been creatively displayed using photographs to illustrate how they like to start the day. Each person had a booklet titled, "All about Me" providing information about likes, dislikes and routines. Daily and night records indicated bedtimes were flexible and people were being supported to get up as soon as they were awake. The registered manager said that staff rotas had been changed to reflect this soon after the home opened so that people could get up as early as they wished.

Meals were observed at breakfast and lunch time. They were supported by staff and meals appeared to be unhurried and a sociable occasion. Where people needed support from staff this was provided. Some people had special diets and these were catered for. A dietician had been involved where necessary and guidance had been provided for staff. Relatives commented that for one person who had been fitted with a PEG (percutaneous endoscopic gastrostomy tube) staff had "given a lot of thought to distracting ... during meal times." The registered manager and staff described how they were supporting this person with pleasure eating under the guidance of the Speech and Language Therapist. Robust monitoring records were being kept. Menus were reflecting people's likes and dislikes. Alternatives to the main meal were offered. Meals were prepared freshly and vegetables and fruit were provided. Photographs were being taken of each meal so that they could be used to illustrate the menu options. We observed a soft diet being prepared and all ingredients were liquidised together. We discussed this with the registered manager and she said that they did often liquidise ingredients separately and that they would make sure this happened for all meals prepared in this way.

Evidence:

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## 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.

Personal care support is offered in a way that responds to people's needs and preferences, promoting people's dignity. Their health and wellbeing are promoted by satisfactory arrangements for the handling of medication and training of staff in specialised techniques.

Evidence:

People's likes, dislikes and routines were clearly identified in care plans and other records. A relative survey said, "there are considerably high care needs of some, which are met in a discrete, sensitive and professional manner in a way that shows that ..... is considered more than a person needing care." Staff were observed treating people with sensitivity, dignity and respect and communicating in positively with people. We discussed with the registered manager people's preferences for the gender of staff providing their personal care and in particular with reference to the person from a Sikh background. She said that the policy and procedure stated that wherever possible their choice would be respected. Care plans however did not reflect whether they had any preferences.

We discussed with the registered manager how daily notes and conversations with staff indicated how they protected people from developing pressure sores. We observed people spending time out of their wheelchairs. Care plans did not refer to the practice we

Evidence:

observed to be in place. A Tissue Viability policy and procedure was in place. We were forwarded a care plan in respect of Tissue Viability on the day of our visit.

People had been referred to the appropriate health care professionals in respect of any equipment they needed or support with eating and drinking. Specialist adaptations and equipment had been provided and staff had received the appropriate training from health care professionals to use equipment and provide support to people. Guidance and protocols were in place.

Each person had received an annual health check and health action plans were being developed. One person had recently been into hospital and the hand held hospital record had been taken with them. Appointments with a range of health care professionals had been arranged and the record of the outcome of these appointments noted in people's files. No dentist appointments had been recorded for people although there was a reminder for one person that they had missed a check up at school and needed to make a new appointment.

Systems for the administration of medication were examined and found to be satisfactory. Staff had completed training in the safe handling of medication and were also completing a pharmacy open learning pack which cross referenced with NVQ awards. The registered manager said that this also provided the opportunity for the management team to audit staff competency. Each person had an individual profile in place, with a current photograph, allergies and contraindications to medicines recorded. Medication administration records (MAR) were being completed satisfactorily. The record for a person receiving medication via their PEG had this clearly noted by the pharmacy on the MAR. Another person was having medication given to them with their food and again their care plans clearly evidenced the rationale for this and agreement by health care professionals that this was in their interests. The registered manager confirmed that she had asked the pharmacy to indicate this on the MAR. Systems for the safe keeping of controlled drugs were found to be satisfactory. Protocols were in place for the use of 'as necessary' medication and staff had received the training to administer this medication.

## Concerns, complaints and protection

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

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

Systems are in place that enable complaints and concerns to be raised by people using the service or on their behalf. Systems are in place that should safeguard people from possible harm or abuse.

Evidence:

Each person was given a copy of the complaints procedure which had been produced in a format using text, pictures and symbols. Some had copies in their rooms. Our details need to be amended to reflect our new contact details in Newcastle and the registered manager said she would do this. The AQAA stated, "Hannacott uses comments and complaints constructively in order to develop the service to ensure that it provides the best possible outcomes for the service users. " The DataSet indicated the home had received one complaint. We were aware of this.

Staff had received training in the protection of adults as part of their induction programme and had the opportunity to attend 'alerters guide' training with Gloucestershire County Council. The registered manager had completed the enhanced training and MCA/DOLS training. She stated that she had a good understanding of this legislation through Aspirations Care involvement with the Advocacy Trust. Discussions with staff confirmed a robust understanding of safeguarding procedures mentioning the home's whistle blowing procedures, No Secrets and the local safeguarding procedures. Staff were confident that poor practice would be challenged by the registered manager and that the appropriate steps taken to deal with any concerns raised.

Evidence:

Personal finances were examined and found to be satisfactory. People were being supported to manage their finances as safely as possible. The financial procedures had been reviewed since the home opened due to concerns about how to effectively safeguard people from possible financial abuse. New procedures and systems had been put in place. These were being audited as part of the unannounced visits to the home as part of the Regulation 26 required by us.

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

People live in a home that is safe, clean and well maintained which recognises their diverse needs creating an environment that matches their personal requirements. Specialist equipment is provided to those people who need it.

Evidence:

Hannacott is a purpose built home for 6 people with profound and multiple learning disabilities (PMLD). Each person had their own room with en suite facilities of either an assisted bath or wet room. All rooms have over head tracking. The AQAA stated, "It was nominated by Gloucestershire County Council for an award for the Southwest region for its design and build quality." It also indicated that future plans included discussions with people about the best use of communal areas to create either a sensory room or art and craft room. Surveys commented "impressed by the quality of the environment and the quality of equipment requested."

We walked around the home with the registered manager and one person showed us their room and other people gave us permission to look at their rooms. People had been supported to decorate their rooms to reflect their interests and lifestyles. The decor and fixtures and fitting in the home were of a high standard. The home is spacious providing the opportunity for people who use wheelchairs to fully access all areas. There is a shaft lift to the first floor which would be operational during emergencies such as fire.

Evidence:

Specialist equipment and adaptations were in place throughout the home. The AQAA confirmed that, "an intercall listening system, adjustable height table, specialist beds and bathing equipment" had been provided. There was a high low table in the kitchen to enable people to help with cooking and baking. People also had individual equipment for use with their physiotherapy exercises such as a standing frame and trike. Full guidance illustrated with photographs was in place for staff.

Staff confirmed they were completing infection control open learning packs. Good measures appeared to be in place including the use of colour coded cleaning equipment, sluicing facilities on washing machine, clinical waste bins and personal protective equipment. Communal hand wash basins were supplied with liquid soap and paper towels. A cleaning schedule was in place and check lists completed by night staff indicated that these were being followed.

# Staffing

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

**This is what people staying in this care home experience:**

Judgement:

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

Peoples' needs are met by a competent staff team, who have access to a comprehensive training programme that provides staff with the opportunity to gain knowledge about the diverse needs of people living at the home. Robust recruitment and selection procedures should protect people from possible harm.

Evidence:

The home was fully staffed and staff confirmed that staffing ratios were appropriate to the needs of the people they support. Surveys from relatives indicated, "staff have the knowledge and the training has been so good." Health care professionals said, "staff are questioning if unsure and contact us appropriately if they need advice." The AQAA stated, "the staff team received specialist training during their induction provided by the PMLD team and focused on the use of oxygen, assessing a sick person, the administration of rescue medication for epileptic seizures and administering suppositories." We examined the LDQ induction programme completed by staff, which is equivalent to the Skills for Care Common Induction Standards. Aspirations Care is an accredited provider with BILD (British Institute of Learning Disabilities) of the Learning Disability Qualification (LDQ). The DataSet stated that 79 per cent of staff had or were working towards a National Vocational Qualification (NVQ) in Health and Social Care and two members of staff were enrolled in a NVQ 2 in Team Leading.

We examined recruitment and selection files for four new members of staff. Staff had

## Evidence:

three files providing evidence of the recruitment process, training and supervision. These were clearly presented and provided evidence of comprehensive processes and systems in place. Recruitment files had a front page checklist providing evidence of when information was requested and when it was returned. There was supporting evidence including copies of at least two satisfactory references, application form with a full employment history and a copy of the Povafirst (now ISA Adult First) checks. One person had been appointed without a Criminal Records Bureau (CRB) check and there was a robust risk assessment in place outlining what the member of staff could and could not do. We discussed with the manager the references being sent out by Aspirations Care. One asked the employer to provide details of the reason the person left their employ and the other was a personal reference. It appeared that for one person this latter reference had been sent out instead of the employer reference. She explained that there had been no response from the first reference request sent out and so a further reference had been requested. She also confirmed that verbal confirmation was being obtained from former employers that they had completed references. Each staff file contained proof of identity and a current photograph. We discussed recommendations in line with the Data Protection Act that copies of birth certificates and the CRB check should not be kept. These can be evidenced as examined on the front sheet. CRB checks for all staff can now be destroyed. We discussed whether people living in the home had been involved in the recruitment and selection of staff and the registered manager said that this had been done informally but they were exploring how to involve one person in the interview process.

Training files contained copies of certificates of previous training completed for staff. The registered manager said that if staff could not provide certificates for previous training they had to repeat the training with Aspirations Care. Individual training records and an overall training matrix for the home confirmed that staff had access to a robust training programme including mandatory training and training specific to the needs of the people they support. Staff spoken with said they had a robust induction programme and access to the training they needed to fulfill their roles.

Supervision files confirmed that a supervision contract was in place and that staff were having supervision sessions every two months. Comprehensive supervision records were in place. Staff also confirmed they were having regular staff meetings and that communication in the home was excellent.

## 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.

People living at the home are benefiting from a manager who is providing clear direction and leadership. Effective quality assurance systems will be developed involving people living in the home. Systems are in place to maintain and monitor the health, safety and welfare of people.

Evidence:

The registered manager has considerable experience supporting people with a learning disability. She has a NVQ in Care at Level 4 and a Registered Manager's Award. She has also continued her professional development whilst in post. She had completed an AQAA (Annual Quality Assurance Assessment) as part of the inspection, providing considerable information about the service and plans for further improvement. It also provided numerical information about the service (DataSet). This was sent to us before the deadline. A survey from a relative said, "the manager is exceptionally caring, friendly, committed and she leads by example."

Management had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff were scheduled to complete this training. There was evidence that the necessary assessments and records would be completed where necessary and that best

Evidence:

interests meetings would be held. No one in the home was subject to a Deprivation of Liberty Safeguard at the time of the inspection. The DOLS policy and procedure was examined.

The registered manager described the processes that were being put in place to develop the quality assurance system for the home. People had access to a suggestions box in the hall and all people involved in the home would be sent a questionnaire as part of the quality assurance process. Formal monthly meetings were being held with one family and regular contact was in place with others. Unannounced visits as required by us under Regulation 26 were in place. We examined records for two visits during our visit and others were forwarded to us the next day from the central office.

We examined health and safety systems and found them to be satisfactory. The home had been inspected by the Fire Service and Environmental Health. They had received four stars from Environmental Health and had implemented their recommendations. Records confirmed that checks were in place for fire, water and food hygiene. Individual room risk assessments were in place. Staff with delegated responsibility for tasks around the home had received the appropriate training for example fire warden training.

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	Description	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	Description	Timescale for action

### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	7	Consent for the use of lap belts, bed sides and straps on chairs should be evidenced in line with the Deprivation of Liberty safeguards.
2	17	Ingredients for people on a soft diet should be liquidised separately and presented tastefully.
3	18	People's preferences for the gender of staff providing their personal care should be recorded in their care plans.
4	18	People should be assessed for risks of Tissue Viability and where necessary care plans put in place to show how these are minimised.
5	34	Copies of birth certificates and CRB checks should not be kept.
6	34	References to former employers of adult or childrens services should be asked why staff left their employ. The correct reference form should be sent to them to obtain

## 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
		this information.

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