

Key inspection report

Care homes for adults (18-65 years)

Name:	267 Walmersley Road
Address:	267 Walmersley Road Bury BL9 6NX

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

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

Lead inspector:	Date:
Julie Bodell	1 0 0 6 2 0 1 0

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

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

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	© Care Quality Commission 2010 This publication may be reproduced in whole or in part in any format or medium for non-commercial purposes, provided that it is reproduced accurately and not used in a derogatory manner or in a misleading context. The source should be acknowledged, by showing the publication title and © Care Quality Commission 2010.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	267 Walmersley Road
Address:	267 Walmersley Road Bury BL9 6NX
Telephone number:	01617612484
Fax number:	01617373907
Email address:	
Provider web address:	

Name of registered provider(s):	Pendleton Care Ltd
Name of registered manager (if applicable)	
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						
Additional conditions:								
The home is registered for a maximum of 6 service users to include: up to 5 service users in the category of LD (Adults with learning disabilities) and 1 identified child with a learning disability.								
The service should employ a suitably qualified and experienced manager who is registered with the Commission for Social Care Inspection.								
Date of last inspection	1	4	0	7	2	0	0	9

Brief description of the care home
267 Walmersley Road provides a residential home for up to six young people who have Aspergers Syndrome or 'high functioning autism.'
The house is sited on a main road, has good public transport links and is accessible to community facilities.
The current range of fees vary depending on the individual assessed needs of people.

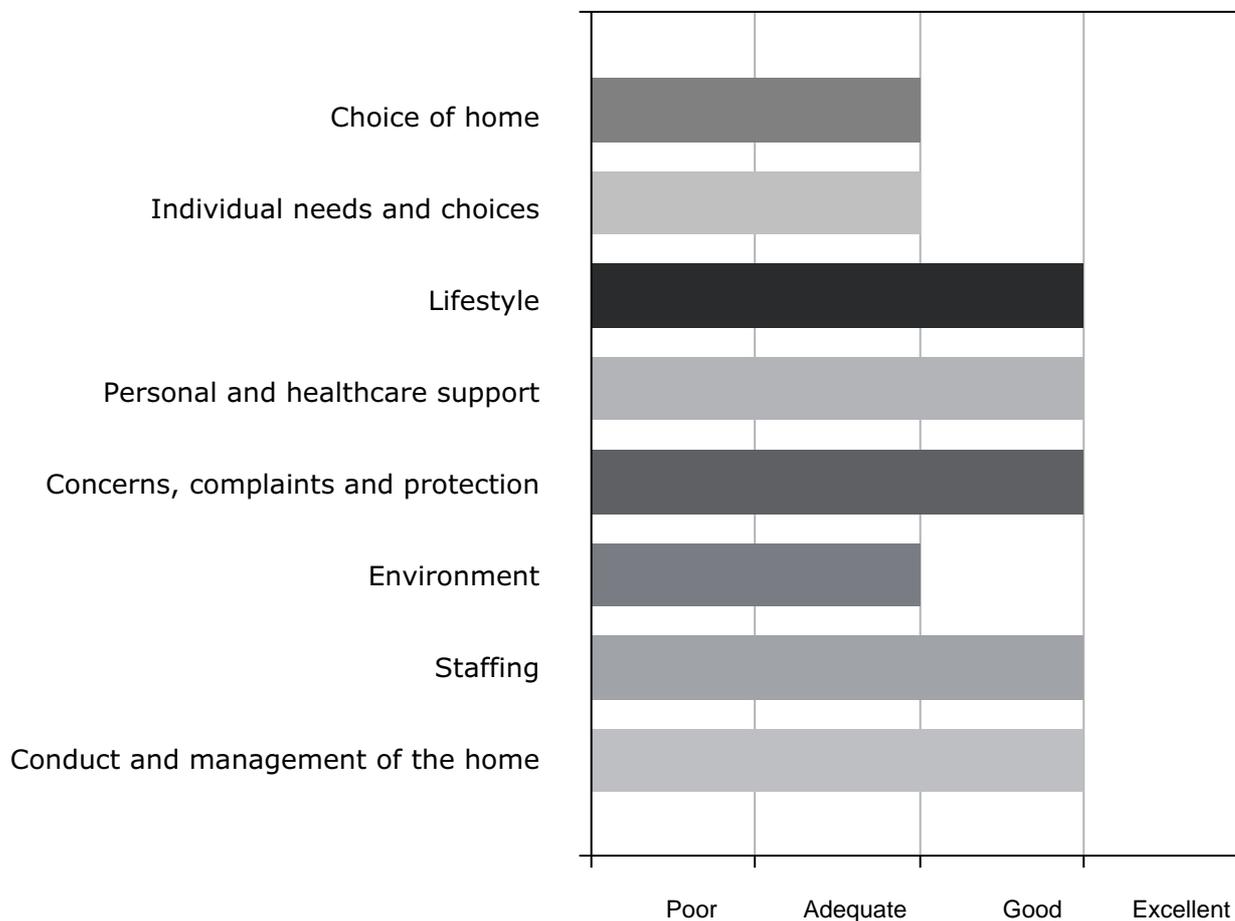
Summary

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 was a key inspection, which included a site visit and took place over one day, for a period of 6 hours. The home did not know that we (the commission) were going to visit. During the visit we spoke with the manager, briefly with the area manager, two support worker and a person living at the home. We looked around parts of the building and at paperwork around people's personal support and healthcare needs, medication records, recruitment files, staff training, supervision and health and safety.

As part of the inspection process the registered providers were asked to complete a self assessment survey called an annual quality assurance assessment (AQAA). This was sent to the home before the inspection and had been completed by the manager and returned to us prior to the site visit. Other information was gathered from the feedback surveys sent out. We received 4 surveys from people living at the home and 7 from support workers, who overall gave positive feedback about the home.

What the care home does well:

People's needs are fully assessed before they move into the home to ensure their needs can be fully met. People who had recently moved in had settled in well and had made good progress around their individual development.

People appeared well cared for and the atmosphere at the home was relaxed and friendly. There was a good rapport between people and their support workers.

One person commented that the home was, "Brilliant and they take you out to places." And a support worker commented in a returned survey that, "267 provides a warm, caring approach to service users within the house and provides a good range of activities throughout the week according to individual service users needs. All the staff have a good working relationship."

People have access to support from two psychologists who work for the organisation if and when they need it.

The house is a very large and spacious detached property with good transport links to Bury and Manchester and many local amenities.

What has improved since the last inspection?

The Statement of Purpose and Service User Guide has been reviewed and revised and people using the service had an individual written contract that gives clear information about what facilities and support they can expect from the home.

The home was more service user focused and people were involved in more activities than before. Two people had been on holiday.

Independence was being promoted and people were being supported to move on to more independent living arrangements and to find suitable employment where appropriate.

Weekly house meetings were also being held so that people had the opportunity to have their say about the running of the home and raise any concerns that they had.

Records in relation to the administration of medication and auditing had improved ensuring information was accurate.

Some bedrooms had recently been decorated and new furniture had been provided. People had been involved in choosing their colour scheme and furniture.

The home had increased their contact with other support organisations and training providers locally, including membership of the local training partnership.

The home had a new manager who was qualified and experienced. The manager had submitted an application to become registered with us. Support workers spoken with said that leadership, direction and efficiency had improved and that the manager at the home dealt with issues, quickly.

What they could do better:

The organisation need to comply with the conditions of registration for the home. An application to change the conditions of registration must be agreed with us and the certificate amended before any 16 or 17 year old people are admitted in the future. There is also a need to remove a condition relating to one identified child who is no longer living at the home.

Although there is a lot of very detailed information about people across a number of care records these could be better organised. This needs to be done so that they are user friendly and must also show that people are actively involved in their development, so that they provide more information about the persons wishes and aspirations.

The home looks tired in parts and plans to redecorate and fit new carpets to many areas of the home must be carried out to ensure that good standards are achieved.

Support workers need to undertake any outstanding planned mandatory health and safety training to help ensure that people are supported and cared for in a safe way.

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

Contents

Choice of home (standards 1 - 5)

Individual needs and choices (standards 6-10)

Lifestyle (standards 11 - 17)

Personal and healthcare support (standards 18 - 21)

Concerns, complaints and protection (standards 22 - 23)

Environment (standards 24 - 30)

Staffing (standards 31 - 36)

Conduct and management of the home (standards 37 - 43)

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

People's needs are assessed before they move into the home to ensure their needs can be fully met, but the registered provider must comply with the conditions of their registration.

Evidence:

The statement of purpose for the home was reviewed and updated in April 2010.

Since our last key inspection visit three new people had moved into the home. All three people had settled in and were getting along well with the two other people who had lived at the home for many years. From discussions with the manager and support workers it was clear that all three people had made progress in terms of their individual development since moving into the home and examples were given.

Before moving into the home people's needs were assessed by the acting manager of the home with either a manager from another home or the area manager. The acting manager told us that the assessment took place over a number of weeks and included discussion with the person, their relatives and social worker to gather as much

Evidence:

information as they could. This information was then used to produce a detailed assessment report. People were able to visit the home before they moved in and have overnight stays to see if they liked the home.

At our last visit we discussed with the area manager information on the certificate in relation to the conditions of registration. At that time the certificate referred to the home providing support to one "identified child" under the age of 18 years. This child is no longer living at the home and an application to remove this condition needs to be made. The area manager also informed us at that visit that the service would like to be able to continue providing support to people of 16 and 17 years of age. We advised the area manager that formal arrangements needed to be made with the Regional Registration Team so that they would be registered to provide this service.

At this visit we found that the home's registration certificate remained unchanged. We were informed that one of the people recently admitted was 17 years old. We could find no information on our system to show that the organisation had made contact with the Regional Registration Team and the organisation could not provide us with information that they had. There were already arrangements in place for the 17 year old to move on in around 6 weeks time. It was agreed with the manager that the certificate would be varied to remove the condition that refers to an identified person from the certificate and that no further admissions of people below the age of 18 years would be made in the future without changes to the certificate being made in advance.

People now had a formal contract in place and a copy of the contract was seen on a person's file.

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

Care records need to be better organised to ensure they are user friendly and demonstrate that people have been involved in developing them so that they fully reflect their needs and wishes.

Evidence:

We briefly looked at a number of individual care files. Information included details about the person and included a personal history, likes and dislikes, communication skills, social interaction, flexibility of thought, sensory skills, medical details and support guidelines around daily routines. Each person had their own communication diary, which was used to share information between the team and was accessible to people should they also wish to read them.

There was a lot of very detailed information on people's files but it was not organised in a way that made it easy to find up to date and relevant information. The manager agreed that this was an area that needed development and was already looking at ways to improve person centred planning and make better use of the information.

Evidence:

Further improvements must be made to evidence that people have been involved in the development of their plans and include their wishes and aspirations. A new computerised system had been installed and eventually all records would be electronically stored with a back up system to ensure that they were securely held.

Risk assessments had also been completed in areas where potential hazards had been identified. Information included the consequences, degree of risk and control measures ensuring people were kept safe.

There was a weekly house meeting held to give people the opportunity to have their say about the day to day running of the home or raise any concerns that they had.

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 have opportunities to become involved in activities and access other support agencies within the local community to suit their individual needs.

Evidence:

Daily life varied depending on the needs and wishes of each person. Every Sunday people planned how they wished to spend their time in the coming week. This information was written onto an activity planner and a copy given to the individual person concerned. The manager said that people could change the activity plan at anytime if they wanted to.

One person was working for a computer company and another person was actively seeking work with the support of the Shawe Trust and BEST an employment service. It was intended that both people would move on to more independent living situations in the future.

Evidence:

Staff encourage and support people with their personal shopping enabling them to learn budgeting skills as well as cooking and household cleaning to help promote their independence. Progress was mapped using the "Pathways to Independence" plan.

One person enjoyed outdoor pursuits including kayaking, rock climbing as well as nature trails. This person was supported regularly in this type of activity and an adventure weekend in Pembrokeshire was planned to take place in the near future. Two people had been on holiday. Others chose not to take up this opportunity and one person had a PSP games console instead.

Other activities included going out for walks, swimming, trips out, bike riding and trampolining. The home had a vehicle which is used for activities and attending appointments. One person commented in a returned survey under what the home could do better, "Get a better car."

People enjoy spending time relaxing at home as well as taking part in activities within the local and wider community. People had access to two communal televisions and a computer. People were said to enjoy watching sport on the television. People also had personal items in their own rooms, such as television, computer and games consoles and music systems, if they wish to spend time alone.

People continue to have contact with family. Arrangements varied depending on the individual wishes of people.

From observations made people appeared relaxed and looked well. One person commented that the home was, "Brilliant and they take you out to places." Feedback from surveys from people living at the home were generally positive. A support worker commented that the home was more focused on the individual needs of people than it was previously. One support worker commented in a returned survey that, "267 provides a warm, caring approach to service users within the house and provides a good range of activities throughout the week according to individual service users needs. All the staff have a good working relationship."

People were involved in shopping for the home. The manager said that shopping takes place regularly to ensure that food was as fresh as possible. People also bought themselves individual food and snacks that they particularly liked and this was kept separately from communal food. People were encouraged to be as involved in the preparation of food as was possible.

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 personal support and healthcare needs were met.

Evidence:

Prompts and encouragement were provided with regards to personal care needs depending on each person's individual needs. Arrangements had been made so that people were able to access all health care services so that their health and well-being was maintained. People were registered with a local GP, dentist and optician. Where additional needs are identified referrals would be made so that the appropriate intervention and support could be provided. On the day of our visit one person was attending one such service.

Support and advice also continued to be provided by the two psychologists from the organisations behavioural team, as and when necessary. This includes input with regards to communication skills and management of behaviours. Where necessary intervention strategies were developed so that people are supported in a way which ensures their safety and minimises any risk to themselves and others. There were no concerns around behavioural management or any physical interventions being used at the time of our visit.

Evidence:

The medication system was examined. Lockable spaces were provided ensuring items were stored safely. Overall medication practices appeared to be safe. MAR (medication administration record) sheets were properly completed. A controlled drug was being correctly stored and a controlled drug book was in use. The home was in the process of transferring medication supplies to a nearby pharmacy. We discussed with the manager ways to adapt the present auditing systems so that all the information about medication could be written on the MAR sheets to reduce duplication. This would be considered by the manager. There was a medication policy and procedure in place. The manager was in the process of reviewing all the home's policy and procedures and so the medication procedure was not looked at in detail.

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.

People knew who to talk with if they had any concerns and support workers had received some of the training they needed so that they knew what action to take in the event of an allegation of abuse or harm.

Evidence:

Information provided on the homes annual quality assurance assessment (AQAA) showed that there had been no concerns, complaints, notifications or safeguarding allegations at the home since our last key inspection visit. No issues had been raised directly with us.

Information was provided on the staffing training matrix to show that staff had completed adult protection training and Mental Capacity Act training which included Deprivation of Liberty. We talked with the acting manager about attending safeguarding training around the local authority procedure. The staff team would benefit from local authority safeguarding training to ensure that they knew what action to take in the event of an allegation of abuse or harm. The manager said that she would pursue this training with through the local training partnership.

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

Planned work must be undertaken at the home to ensure that it reaches a good standard for people to live in.

Evidence:

267 Walmersley Road is a large detached domestic dwelling offering spacious accommodation. It is situated on a main road and easily accessible for local transport and amenities. It is furnished to a good standard reflecting the age group and the needs of those living there.

Accommodation comprises of a large through lounge, dining room, kitchen, bathroom, utility and staff office on the ground floor. There were six single bedrooms and 2 bathrooms on the first floor. Some bedrooms had recently been redecorated and new furniture had been provided. People were involved in choosing the furniture that they wanted and colour schemes.

Communal areas of the building looked tired. The manager advised us that a budget had now been set by the providers to replace the carpets to the hall, landing and stairs, which were heavily marked and to repaint the same areas. Leather suites were to be purchased for the lounge areas. This will enhance the property further so that people would be provided with a good standard of accommodation.

Evidence:

There was an enclosed rear patio area. Outside furniture had been provided so that people could relax outside and there were flowers in pots. There was also a vegetable patch that people had been tending and a basketball hoop for people to use.

Suitable arrangements were in place with regards to domestic tasks. These are generally carried by staff with the assistance of people living at the home. The laundry area was sited away from the kitchen and hand washing facilities were provided to prevent any cross infection. During the visit the home was found to be clean and tidy. No malodours were detected.

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

Support workers were properly recruited and had received most of the health and safety training they needed to support people, safely and effectively.

Evidence:

There had been a number of changes to the staff team since our last visit. The staff team appeared to be settled and working well together. The current team comprises of the acting manager, 6 support workers and one regular bank worker who knows the home well as well as two waking night staff. There were two vacancies for senior staff, one of which had been recently advertised. The support workers had on call access to the manager at all times.

The home was now only supporting one person through the Outreach service. At our last visit we were told that the plan for the Outreach service was to run it through the development centre which the organisation was looking for a suitable premises for in the local area. Plans for a development centre have now been dropped. We discussed the person currently using the Outreach service. There was a clear plan around the support arrangements for this person and they no longer visited the house but were supported from their own home. It was agreed with the manager that it was important to maintain ongoing commitment to this person for as long as necessary, but that the home would not provide Outreach support to any new people in the future.

Evidence:

Staff personnel files were held at the home. We looked at the files of two people recently recruited by the home and found that the relevant checks were being made. The manager confirmed that all relevant recruitment checks were carried out in line with children's and adult regulations so that people were only supported by those suitable to do so. Support workers complete Skills for Care induction training when they start to work at the home.

All support workers either held an NVQ Level 2 or 3 or were undertaking NVQ Level 2 training. Of the 6 support staff one support worker held an NVQ Level 3 and two support workers had NVQ Level 2 and were undertaking Level 3.

The manager confirmed that as well as accessing Potens in house training that the home had become a member of the local training partnership and the staff team were now also accessing training through Bury PCT. The two psychologists from the organisations were delivering specific Autism and Aspergers training. An up to date training matrix was provided. This showed that support workers had received most of the mandatory health and safety training that they need to support people effectively and safely, but there were a number of shortfalls, mainly with new staff. The acting manager needs to ensure that all planned outstanding mandatory health and safety training was completed.

The manager holds regular supervision sessions with support workers, usually every month. Staff feedback was very positive. They confirmed that communication systems were good, generally there were enough staff available and that they received enough support from the manager.

Conduct and management of the home

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

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

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

The home is well managed and the health and safety of people is promoted.

Evidence:

Since our last key inspection visit a new manager had been appointed to run the home. The new manager commenced employment on 24th August 2009. The acting manager informed us a few days following our visit that she had sent in her application to register with us. The acting manager had 14 years management experience and held NVQ Level 4 in Care, the Registered Manager's Award and NVQ Level 5 in Operational Management.

In the last 12 months she had undertaken updated training in safeguarding, medication and assessing recruitment documentation for example visa's. The manager said that her main priority since coming to the home had been to improve the day-to-day management at the home and ensure that the staff team were clear about their roles and responsibilities and that the home was running in the best interests of the people living there. The manager received regular support and supervision from the area manager.

Evidence:

We talked with two support workers who confirmed that the manager had ensured that the focus of the staff team was on support the individual needs of people living at the home. They said that leadership, direction and efficiency had improved and the acting manager dealt with any issues, quickly and investment was now being made to upgrade the property. Outstanding requirements had been addressed. A new computer system had been installed at the home creating better and more efficient links to the organisation.

267 Walmersley Road had a change in ownership in September 2008. We were informed by the area manager that there were still some legal issues to be addressed with the former owners, Pendleton Care Ltd. We advised that this needed to be resolved quickly as the legal entity of the organisation might be an important factor when 267 Walmersley Road came to register with us under the new Health and Social Care Act.

Systems were in place with regards to monitoring the quality of the service provided. Monitoring visits in line with Regulation 26 were carried out by the area manager and records completed. Staff team meetings and supervisions were held regularly. The manager intended to carry out a quality review of the service in the near future now that her priority to improve the day-to-day running of the home had been completed. The home was continuing with plans to register with the National Autistic Society.

Information in the annual quality assurance assessment sent to us declared that all maintenance checks and certificates had been carried out. Further in-house checks were completed. These included weekly health and safety checks to the general internal and external environment, fire checks, temperature checks and vehicle checks. The manager said that the home had a good relationship with the housing association who owned the property and that maintenance issues were dealt with quickly. She confirmed that problems with the water pressure to the baths had been resolved.

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	6	15	<p>Person centred plans and risk assessments must be better organised and demonstrate that the person concerned has been involved in there development.</p> <p>This must be done to ensure that information can be used effectively by support workers and that they reflect people's wishes.</p>	30/07/2010
2	24	23	<p>Plans to make improvements to the property must be followed through.</p> <p>This must be done to ensure that people live in a comfortable and well maintained home that reaches a good standard in all areas of the home.</p>	31/08/2010

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	1	The registered provider needs to ensure that they have the appropriate conditions in place before they accommodate a child at the home. This must be done to ensure the welfare and protection of children.
2	1	The registered provider needs to ensure that they apply to remove the variation to accommodate the "identified child" who no longer lives at the home.
3	23	The staff team would benefit from local authority safeguarding training to ensure they know what local procedures they need to follow in the event of an allegation of abuse or harm.
4	35	The registered provider needs to ensure that the outstanding health and safety training support workers need to help ensure that they are competent to carry out their roles safely and effectively, is undertaken.
5	39	The acting manager needs to carry out a quality review to help ensure that the service is being run in the best interests of the people who live there.
6	39	Any legal issues relating to the home's previous ownership need to be resolved so as not to compromise the registration of the home under the new Health and Social Care Act.

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.

© Care Quality Commission 2010

This publication may be reproduced in whole or in part in any format or medium for non-commercial purposes, provided that it is reproduced accurately and not used in a derogatory manner or in a misleading context. The source should be acknowledged, by showing the publication title and © Care Quality Commission 2010.