

## Key inspection report

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

<b>Name:</b>	Heathcotes Care (Sawley)
<b>Address:</b>	1 Bradshaw Street Sawley Nottinghamshire NG10 3GT

<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>
Brian Marks	2 5 1 1 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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Internet address	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>

## Information about the care home

Name of care home:	Heathcotes Care (Sawley)
Address:	1 Bradshaw Street Sawley Nottinghamshire NG10 3GT
Telephone number:	01159721376
Fax number:	
Email address:	enquiries@heathcotes.net/sawley@heathcotes.net
Provider web address:	www.heathcotes.net

Name of registered provider(s):	Heathcotes Care Ltd
Name of registered manager (if applicable)	
Mr Joseph Muguti	
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:		

Date of last inspection	0	8	1	0	2	0	0	8
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### A bit about the care home

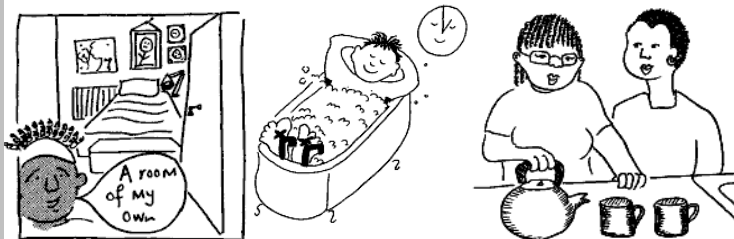
Heathcotes Care (Sawley) is a large detached house.

# Sawley

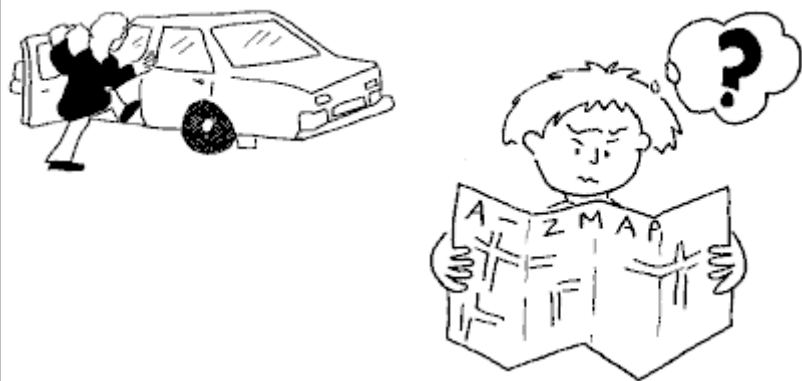
The home is situated in Sawley.



Accommodation in the house is provided for up to six people, and large gardens accessible to residents.



People have their own rooms and there is also shared facilities in the house.



People are encouraged to use community facilities, using the home's transport.

Fees for accommodation are individual to each person.

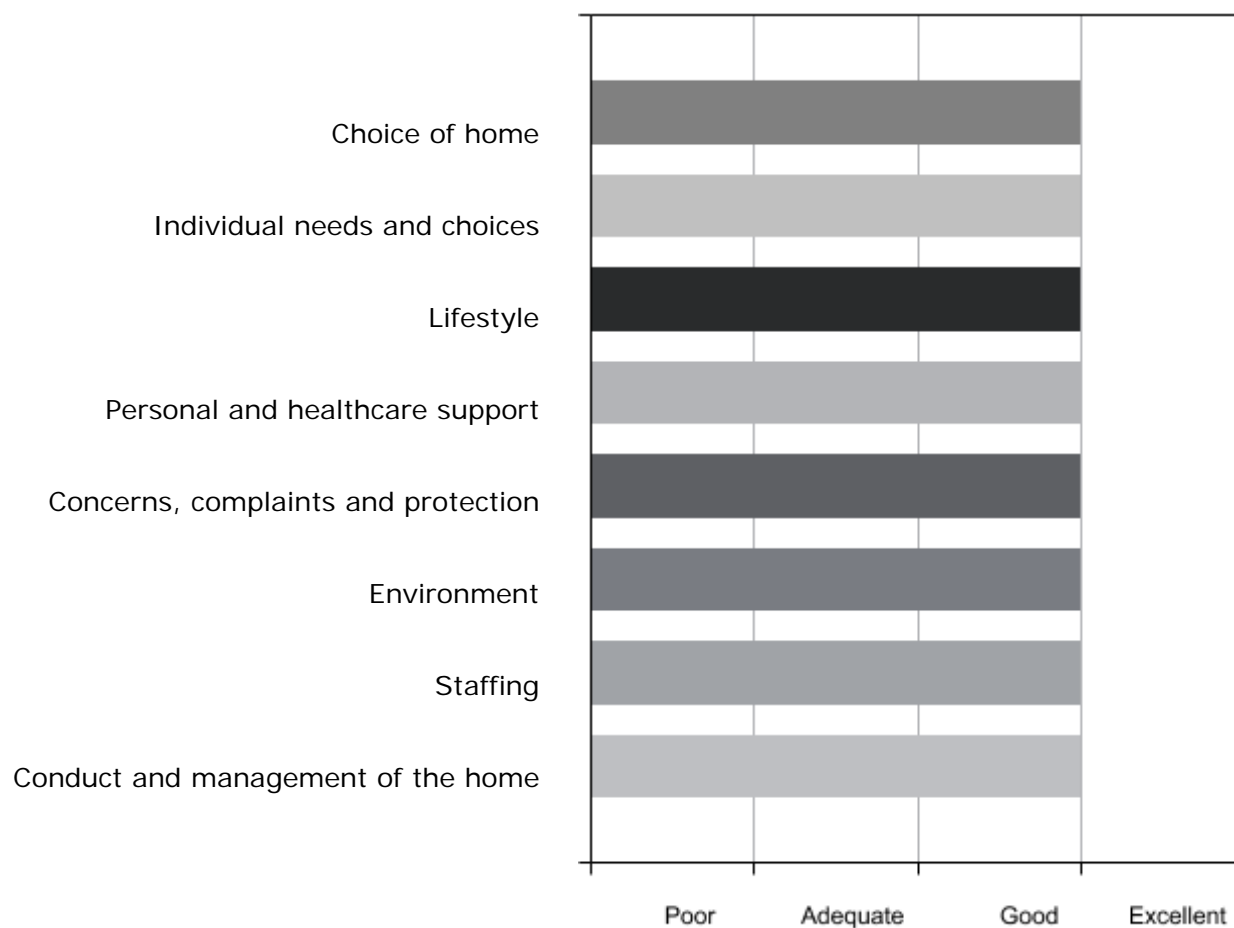
## Summary

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

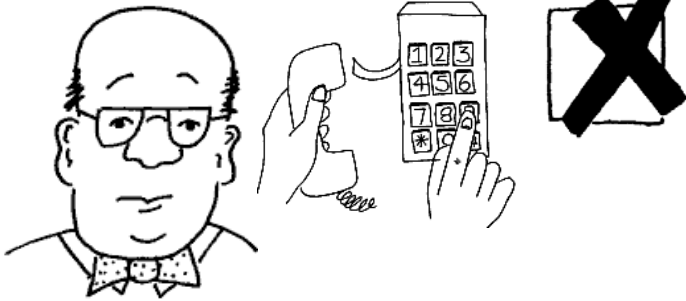
The quality rating for this care home is:

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**

We came to the home without telling the manager before we came and spent part of a day there.

We had received a lot of information about the home from the manager, the staff and people living at the home before we came. The information we received before we came helped us plan what we would do when we arrived.

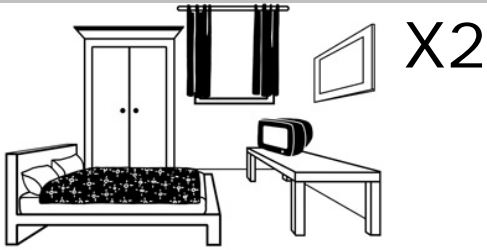


At the home we spoke to the manager who told how things had changed since we last came.

We looked at a lot of papers and documents in the office that told us about the home.

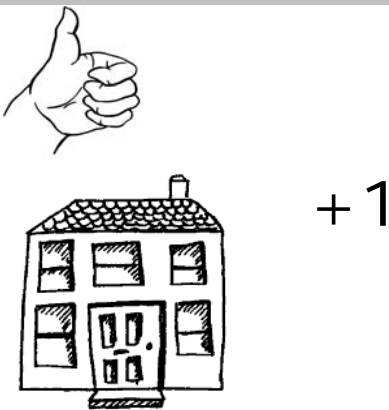


We spoke to the staff who was working during the time we were at the home



We spoke to two people who live at the home about their rooms and how much they enjoy living there.

We walked around the home and saw how it had been improved.  
This is the first inspection of this home since 8 October 2008 - one year ago.



### What the care home does well

The people in charge of Heathcotes Care (Sawley) are making it better for everybody and a new person has recently come to live there.



The people in charge of Heathcotes Care (Sawley) are always listening to the people who live there and have changed things in the ways that they want



People from outside, such as doctors, nurses and social workers, are regular visitors to the home and they have helped staff at the home to look after people properly and to be healthy. Staff at the home work well to give people a good life



and they get regular training to help them do things even better.

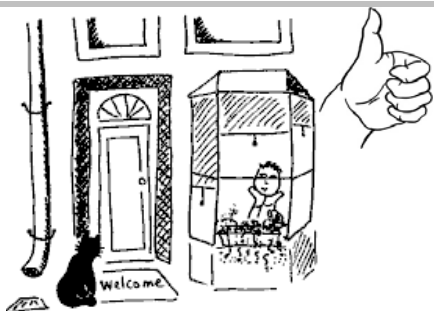
Staff look after people properly and treat them with respect.



The manager at the home does a good job.

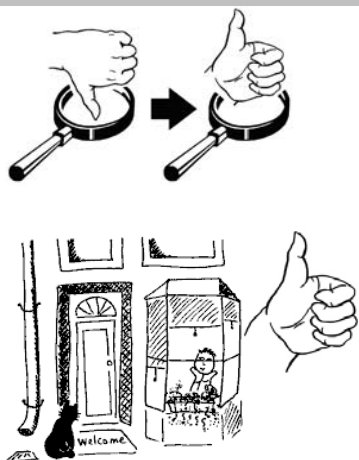


The home has been made a nicer place to live in by improvements to rooms the areas that everybody uses. People living at the home have said what they want changed about the building.



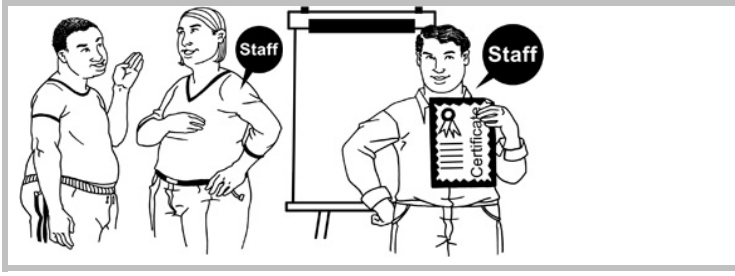
### **What has got better from the last inspection**

The people who run the home have done everything they were asked to at the last inspection and the way they

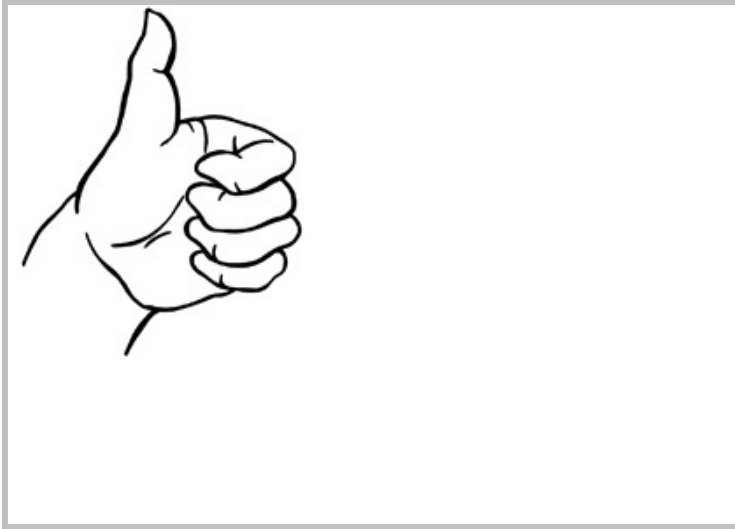




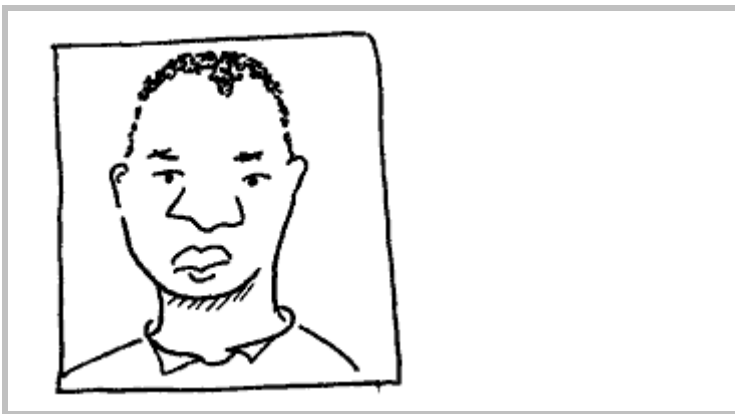
run it has been improved.  
The home is better place to live and this includes the improvements to the building.



Staff have had more training which has helped them do their jobs better and some have achieved an approved qualification.



**What the care home could do better**  
  
No statutory requirements have been made as a result of this inspection.  
Everything is going well at the home and the people who run it don't have to do too much more to improve things.



**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**

Brian Marks  
Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

03000 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

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## Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

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

Judgement:

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

The support and care needs of people are properly identified before they move to the home; this ensures that the home is right for them and that their wishes and needs are properly planned for.

Evidence:

In the AQAA we were told that comprehensive assessments are carried out before a new person moves to the home and that this is started in the various settings that the person is familiar with, and involves other professionals if possible. We were told that trial visits and transition plans are organised and these allow for the person to plan their room, acquire information about the home and the services offered, and to see how well they will get on with the other people living at the home. We were told that people are given a copy of the home's key documents to help with making decisions, and transitional periods have been extended to allow people to have plenty of time with this.

Since the last inspection one person has left the home and another has moved in, so that there were four in residence at the time of this inspection. We looked at the care records of the latter to see how his admission had been arranged. From looking at these records, we were able to confirm that detailed assessments of need are carried out before he

## Evidence:

came to live at the home, including a personal profile and descriptions of healthcare needs and any associated problems. All the important people in his life were involved in the assessment and planning process, and documents were completed by senior staff from the home as well as professionals from relevant health and social care services. Further assessments were completed after he had decided to stay at the home and more recently the parent company has introduced assessment procedures that relate to people's ability to make decisions for themselves under the Mental Capacity Act, which will help make sure that people's interests are fully protected. There was evidence that meetings had been held involving all concerned three months after he moved to the home, which indicates that actions and interventions by staff are based on up to date information. We were told that the style of documentation had been in use for some time and we looked at another person's records that had been completed in new documents that were more 'person centred', less repetitive and which staff told us were easier to use. The manager told us that the new documents would be completed for everyone.

Two of the people living at the home were able to speak to us during the inspection and they told us that 'I enjoy living here and was happy to move in when it was suggested. I made visits to look at the place and I was second to move in. Things are more organised now' and that 'I was the first to move here when it opened, the last place was too big. I like peace and quiet and my room is good for that, although things have improved recently and I use the other rooms more'. In the written feedback we received on behalf of those who couldn't speak out for themselves, general satisfaction was expressed that the home was able to meet their needs and keep them safe.

## 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.

Residents care needs have been assessed, risk factors identified and care planned in ways that reflect their individual preferences and abilities.

Evidence:

In the AQAA we were told that all the people living at the home have care plans, which are detailed, comprehensive and are produced with the full involvement of the person concerned. We were told that the care plans are 'person centred', live documents that are 'holistic' in nature and that staff use creative methods such as pictures to record preferences and to encourage involvement.

We had a close look at one care record and there was a comprehensive personal care plan, prepared mainly for use by staff but which was very detailed and individualised to the person concerned. These support plans included detailed actions for staff to take in all key areas of the person's life such as management of anxiety and associated behaviours, creating a structured routine, emotional needs, coping with crowds and self harming behaviours. All of the areas that indicated an element of risk were supported by detailed 'risk assessments' that made sure nobody would come to any harm from the work being

## Evidence:

carried out. We also saw a 'Listen to Me' workbook which described key areas of the person's daily life in first person terms, a detailed Health Action document, again written in the first person and, in the care file that had been 'modernised', a detailed assessment and checklist that identified limitations imposed by the recently introduced Mental Capacity Act. The latter clearly establishes rights and responsibilities and offers protection in a very clear explicit way. We also saw a booklet, that the individual concerned retains for their own use, which summarises the main support plan in an 'easy read' picture style and is used by them to understand and give insight into particular aspects of their support.

There was clear evidence that the person concerned and their representative had been involved in the process of creating plans for care and support, that all the support plans and summaries had been looked at regularly and updated where necessary. In all the records we looked at the involvement of outside professionals was also identified as well as personal profiles, agreements and consent forms signed by, or on behalf of, the individual concerned. The care documentation indicated that staff were working with up to date information and in ways that put the person at the centre of things.

We spoke to two of the people living at the home and they all said how happy they were at the home and how they 'get on well with the others and with the staff; they spend time talking to by myself when I want to'. Another told us that he has 'individual activities as well as some things with the others, I'm now more involved with them and I've no plans to move away from here at the moment'. Staff were all observed interacting in a relaxed and friendly manner with the people living at the home, including a group of three who were planning the morning's outing with one person who is very vulnerable and requires a high level of support both inside and outside the home. We also saw one of the others involved with staff in the kitchen at lunchtime.



## 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 living at the home enjoy improved social and leisure activities, which they choose to do so by themselves or in small groups and with varying levels of staff support depending on their assessed needs. Improving independence and decision making are encouraged and they enjoy as many opportunities as possible.

Evidence:

In the AQAA we were told that people are given the opportunity to access activities of their own choice and get involved in community based activities to encourage inclusion and promote a sense of belonging. They are also encouraged to access vocational activities, work placements and a wide range of leisure activities; adequate staff support is made available to help them achieve this.

Discussion with staff and observations made during the visit confirmed that the daily routines of the home continue to be flexible and residents were seen during the inspection around the home, by themselves or with staff. Since September two of people living at the home have started attending specialist college courses on two days a week;

## Evidence:

these have been popular developments and one of them told us how he enjoyed 'writing and computers'. The two others, who are not able or interested in going to college, have a pattern of activities that encourage them access community facilities, and on the day of the inspection they spent the morning swimming followed by lunch out with staff. Some activities for the more able are focused on improving domestic skills and one we spoke to told us that he tidies his own room and helps with meal cooking and food shopping. We talked with staff about a wide range of leisure activities that people are involved in, both inside and outside the home, and these include music, DVD's, and art and craft as well as visits to the local bowling alley, special social club and the airport for plane watching; this is all with varying levels of staff support. We were also told that visits to local shops, pubs, cinemas and restaurants are regular, and walking in the country parks is popular with some. Records indicated that more thought is given to plan activities and leisure pursuits in advance than was apparent at the last inspection, and each person has an activities plan on file which is usually followed; this indicates structure and less randomness in their lives and allows them to follow more personally relevant lifestyles. Arrangements for holidays have been made and this year two went on a camping holiday and all four spent a week in a caravan.

Contact with their families is varied, ranging from the very regular to hardly at all; one person told us he visits his sister and speaks to her on the telephone every week. The staff we spoke to told us that 'we now have better and more activities' and how they are encouraged to 'suggest new things to try out and to comment on how successful things are and where they have or haven't worked'. One staff member said that 'the keyworker system works very well now and it encourages us to have one to one time to help those who can express themselves verbally to get rid of any frustrations and concerns or problems'. We noted that much of the activities are carried out with individuals but that some choose to develop friendships and do things all together or in small groups.

The catering arrangements at the home are very domestic and flexible in style and we were told that the four week menu is a guide but that staff more or less follow the plan for the evening meal. The manager described a pictorial menu that was in preparation; this would help the less able residents to have a better idea about the meals coming up. The feedback received was positive about the meals provided although one person was quite blunt in his opinion that 'I don't like all the meals, some of the staff can't cook. I do like shepherd's pie and spaghetti'. Staff told us that some of the people living at the home join in with the weekly supermarket shopping trips, and that eating out and takeaway meals are a regular feature; meals can be changed on the day if the group decides. They also told us that home cooking and healthy eating are the basic principles adopted, and fresh fruit and vegetables were seen in the kitchen store. Overall foodstocks seen in the kitchen and storage areas were satisfactory.

## 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.

The personal and health needs of people at the home are dealt with in a satisfactory way, and they continue to receive good support from outside professionals; they have access to local services like everybody else.

Evidence:

In the AQAA we were told that people living at the home receive personal care in the way that they prefer and that their health and medication needs are met with the involvement of their own GP and other services such as dentist, chiropody, community nurse and psychiatrist. All appointments and their outcomes are recorded in individual care records and their keyworker makes sure that everything that is needed is provided for.

Care records indicated that the people living at the home require differing levels of personal care support or prompting with self care, and two of them require very high levels of staff attendance to monitor their vulnerability and behaviour. One person requires two staff in attendance at all times and three when he out is out in the community. His care records indicated detailed action steps for staff to follow, particularly when his behaviour results in the need for him to be restrained. All staff have been given specialised training that ensures this is carried out safely and properly and those that we observed and spoke to described how they now handle this aspect of their work with confidence but also with respect for the individual. This is in stark contrast to the

Evidence:

situation facing staff at the home during 2008 when deterioration in the home's functioning across a broad front had occurred; the previous poor performance has been replaced with a wholly professional approach. Staff told us that 'we are more confident in managing difficult situations and as we work together in threes with him, the team will always be there to support' and that 'staff are now made much more aware of their responsibilities through all the training we have received, and are more aware of the need to be vigilant and to report things on'.

The two more able people living at the home are encouraged to do as much for themselves as they can and this is reflected in the personal plans we looked at. Care plans also confirmed the involvement of local Learning Disability Services professionals where necessary, and all have support from a social worker and some visit a psychiatrist or specialist clinic where they have needs due to autism or epilepsy. Records indicated that people also have routine access to general healthcare services such as GP but the manager confirmed they were generally all in good health. Individual Health Action Plans are used for documenting all of this activity. As noted above written risk assessments are identified on individual care records and they include such areas as hot water, bathing and receiving personal care, and any medication needs; there were regular monitoring checks taking place on weight and personal care activities.

We saw from written records that everybody receiving prescribed medication require staff help with its management, apart from one who looks after his asthma inhalers. Examination of the arrangements for the receipt, storage and administration of medicines indicated that these were satisfactory, and there were clear protocols in place for staff to use when they administer irregular (PRN) medicines, particularly those used to control severe epileptic convulsions. Medication was stored securely within a Monitored Dosage System for the dispensing of most of the medicines in use and entries in the written records had been made properly. The staff involved in medicines administration had all received training from the home's pharmacist and there was an indication of audit checks being carried out by senior staff.

## 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 living at the home are protected by having their rights to complain upheld and by staff who understand their responsibility to report concerns and to safeguard vulnerable people from harm.

Evidence:

In the AQAA we were told that people are supported to express their views and concerns as they arise and that the complaints procedure is accessible to residents and their families, in a simplified version if necessary. We were also told about staff training in respect of safeguarding vulnerable people and how they are given information about any changes in procedure and legislation.

The home has a comprehensive complaints policy and procedure that is on display, and this includes an 'easy read summary' to make it more accessible. The manager's report in the AQAA and the home's records indicated that there had been six formal complaints made since the last inspection, and all of these had been looked at and resolved properly. The manager told us that he tries to deal with concerns and problems immediately and informally as they arise.

The home has a copy of the statutory safeguarding procedures and other national guidance, and records indicated that the manager had attended training or briefing sessions provided by the Local Authority, which had been cascaded on to the established staff. He reported in the AQAA that the subject is regularly raised in staff meetings and in individual staff supervision sessions, and is kept high profile in this way. There has been

Evidence:

one incident, reported at the end of 2008, which resulted in a full investigation under these procedures by Social Services and Police; the manager and staff involved had acted properly to report and protect as they are required. Additionally very detailed records of 'untoward' incidents are now kept at the home although they were almost exclusively the epileptic convulsions record of one resident. These are also linked to detailed records of where restraint techniques have been used, brought about by of the extreme nature of his behaviour, and the risk this poses to himself and to other people. As mentioned above all staff have received training in the techniques to be used and the manager has sought legal authority from the Local Authority under the new legislation, recently introduced.

# Environment

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

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

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

Judgement:

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

People living at the home have continued to benefit from a homely domestic style environment that is equipped to meet their needs.

Evidence:

In the AQAA we were told that the home environment is appropriate for individual needs, is accessible to the local community and is well maintained. We were also told that people's bedrooms are individualised and they are given the choice to decide how they want their bedrooms decorated. We were told how the home is designed to be homely and to avoid any institutional feel or appearance. However we were also told that the entire building has been assessed for risks and any that have been identified have been minimised to make the place safe for people to live in.

We made a brief tour of the buildings and also spoke to the company's maintenance man who was in the home carrying out redecoration work. We found the home clean, tidy and offering domestic style accommodation which people occupy in single rooms with all the required facilities. Good standards of decoration have been maintained and the manager showed us the vacant bedrooms which are in the process of being refurbished. We also saw that the entrance hall had been fitted with a new carpet, as required at the last inspection and this has eliminated the slip hazard in that area. The home had been visited earlier in the year by the Environmental Health and Fire Officers and all their recommendations have been dealt with.

## Evidence:

All the bedrooms are very much to each occupants' individual choice of style and furnishing, and all have televisions and other electric equipment for them to use. One had been completely and creatively decorated with a mural having a motoring theme and this reflects the interests of the person in occupation. Others are personalised with pictures, personal mementoes and photographs and one person has a substantial collection of DVD's on display. The manager described a continuous programme of redecoration and described how the communal rooms are redone every six months. There have also been recent improvements to the garden and the company is planning to erect new fencing to reduce the impact of noise on the neighbours. Another new development has been the issuing of panic alarms and a mobile intercom system to all staff when they are on duty and this has helped them move freely around the building with a feeling of improved safety. Staff are mainly responsible for cleaning and domestic arrangements around the building, but are helped by people tidying their own rooms. The laundry is domestic in style and is in use most days; again some of the people living at the home take some responsibility for their own laundry. Standards of cleanliness and hygiene around the home were good and everybody's clothes were clean and appropriate.



## 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.

The home has a staff team who have become more settled in their work and there are systems of recruitment, training and support in place that ensure the interests of the people in their care are supported with increased professionalism and safety.

Evidence:

In the AQAA we were told that staff levels at the home are maintained in relation to resident assessed needs, and also that staff are recruited using processes that are designed to protect the people living there. We were given details about staff training, induction and qualification and told how overall staff turnover has reduced significantly in the past year and that the staff group has become more or less settled since the last inspection. We were also told about the company's new Training Manager, whose has the responsibility to identify training needs and to find the appropriate training for staff for delivery in a timely way.

The home employs a substantial number of support workers, to ensure that the people living there get a safe level of support and are enabled to access all the service and facilities they can. This has resulted in a minimum daily staff cover of a team leader and four support workers, with additional staff available if specific outside activities are arranged for everybody. This worked well on the day of the inspection with two people going swimming and the other two attending college. The manager is at the home for five days in the week and, together with the team leader on duty, offers support and

## Evidence:

supervision for staff activities. We looked at the recruitment file of the last worker to be employed at the home and this indicated that a standardised procedure is in place and that all the proper references and checks were obtained. The staff records indicated that six staff, out of an established group of twenty two, had left in the past year and this is considerable reduction on the situation that existed in 2008.

We looked at the overall training record for the staff team and sampled some individual files, and these indicated a good standard of achievement across the relevant range of subjects. These included a high success rate with first aid, safe manual handling, safeguarding vulnerable adults, equal opportunities, fire and other key areas of health and safety and, as mentioned above, all staff have received instruction in managing aggressive and violent behaviours. A programme of training about recent legislation concerning people's mental capacity and restraints on freedom has been started, as has awareness training in specific conditions such as epilepsy and autism. The records of newly appointed staff indicated that they now undergo a structured programme of induction to their work and we also saw that these staff are now starting to complete the new Learning Disability Qualification, itself leading to enrolment in the already recognised National Vocational Qualification (NVQ). Records indicated that the target for achievement of the latter had been passed.

The manager and staff that we spoke to described how the staff team had stabilised through this year, and the staff members told us about their working experiences at the home and said 'the training has been very good, particularly NAPPI which helps you manage difficult situations with confidence. I've also had training in recording and report writing which has been particularly important as we all contribute now', 'all the changes that have been introduced have been for the better. Better quality training has all been very worthwhile and helpful for doing the job better', 'Makaton helps us communicate with him because he has an individual style of communication', 'its much more settled here and although we do have incidents the disruptions are not so often as they used to be', 'we have regular team meetings now and have plenty of opportunities to speak out' and 'people are much happier coming to work now'.

The staff also told us that because they work together for a lot of the time and, as there is always a team leader on duty, they feel that they have access to good support and are able to resolve difficulties quickly. Staff records indicate that they have an agreed contract for formal meetings with the manager or team leader (supervision). These indicated that meetings were taking place but not everybody had received them at the required regularity. We were told by staff that 'informal support from management is good and there's always somebody available', 'management appears to listen a lot more and they are more open to ideas', 'problems and difficulties are resolved immediately', and 'if you need help it's always available'.

## 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 a well-managed and safe environment in which to live and work.

Evidence:

In the AQAA we were told about the arrival of the home's new manager and about improvements that have followed, with new systems in place and a new approach to making sure people involved with the home are happy with what it is being done. We were told how he has made a positive impact on the running of the home and how he has helped staff translate the company's policies into good practice.

During the inspection, the manager confirmed that he is in the process of completing a Manager's qualification at NVQ level 4 in care and management and he told us about other management training he has taken part in. He also confirmed that he has continued to take up training opportunities with the other staff as they have been arranged. The manager completed the registration process with the Commission earlier in 2009 and has experience of managing services for people with a learning disability in other settings. There was a relaxed atmosphere at the home throughout our visit and everybody spoken to was positive about the impact the manager has made on improving things at the

## Evidence:

home. They told us that 'the manager is very open and approachable and has brought in a lot of good things' and 'things have changed this year, and we now plan in advance our activities and outings rather than deciding at short notice. This is much better for the residents and they are happier'. As reported above, he is supported by a staff team that now enjoys improved stability, and the resulting consistency has allowed for time to plan the future of the home in a structured way, rather than just reacting to problems and continuous 'fire fighting'. There is now an Annual Plan for the home that is completed and evaluated by the company's managers.

The manager and regional manager described how people living at the home and their supporters give feedback and how this is now being regularly organised from company HQ. The regional manager is a regular visitor to the home and she completes a monthly report for the company as is required by law. Both managers carry out a number of regular audits and checks, which are fed into the overall management processes of the company. Everybody living at the home has an external evaluation meeting with a social worker, every six months or more regularly, and all key people are invited to contribute to this and give their opinion as to how things are going. One person has made use of an outside advocacy service in the past and staff also told us about the weekly consultation meetings they have with people living at the home; this gives them the chance to have their say and this was confirmed by the people we spoke to. The company has also arranged for formal written surveys to be sent out to staff, people living at the home and their social workers. These have produced a variable number of responses but one social worker who did respond was particularly positive about the impact the home has had. She said that: 'The service has done everything I asked of it and provided the most complex person I have ever had to place with an excellent home. I cannot speak highly enough of the work the staff are carrying out'.

We carried out a brief check of systems in place for managing the money of people living at the home, and these had been maintained to a good standard with regular checks and external audits introduced to ensure safety in this area.

In the AQAA the manager told us about standards of health and safety activity and regular servicing of equipment at the home, and observations made around the building and a sample of fire safety and servicing records indicated that the home was hazard free at the time of the inspection. The process of environmental risk assessment has become a routine basis for this level of activity.

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	36	All staff should receive formal 1 to 1 supervision from their line manager, at intervals of every two months. This will ensure the opportunity for regular consultation about and monitoring of their work.

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