

Key inspection report

Care homes for adults (18-65 years)

Name:	15 Sorrel Drive
Address:	15 Sorrel Drive Boughton Vale Rugby Warwickshire CV23 0TL

The quality rating for this care home is:	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.

Lead inspector:	Date:
Julie McGarry	0 3 1 1 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

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

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

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

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
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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	15 Sorrel Drive
Address:	15 Sorrel Drive Boughton Vale Rugby Warwickshire CV23 0TL
Telephone number:	01788546310
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Mrs Elaine Sandra Ward
Type of registration:	care home
Number of places registered:	3

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	3	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 3		
The registered person may provide the following category of service only: Care Home Only (Code PC); To service users of the following gender: Either; Whose primary care needs on admission to the home are within the following categories: Learning disability (LD) 3		

Date of last inspection	0	6	1	1	2	0	0	8
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Brief description of the care home
15 Sorrel Drive was originally an adult placement home and was later registered as a small care home for younger adults with a learning disability. It is currently registered for 3 people, with varying levels of physical and learning disabilities.
The home is a detached property, which has been extended to provide suitable and accessible accommodation for people living in the home. Situated in Boughton Vale on the outskirts of Rugby the home is close to local amenities and services.
People living in the home have their own bedrooms and share the home with the

Brief description of the care home

Registered person and her family, as part of the family. The residents have access to all areas of the home and communal rooms include the kitchen, dining room, lounge, conservatory and bathrooms. There is a shower room facility on the ground floor. Three bedrooms are provided are available for people who choose to live in the home. Two on the ground floor of the property and a third on the first floor. At the rear of the property, there is a small, well-maintained garden.

The registered manager has advised the Commission of the fees payable by people accommodated in the home these range from £371 - £420. The fee information given applied at the time of the inspection; persons may wish to obtain more up to date information from the service.

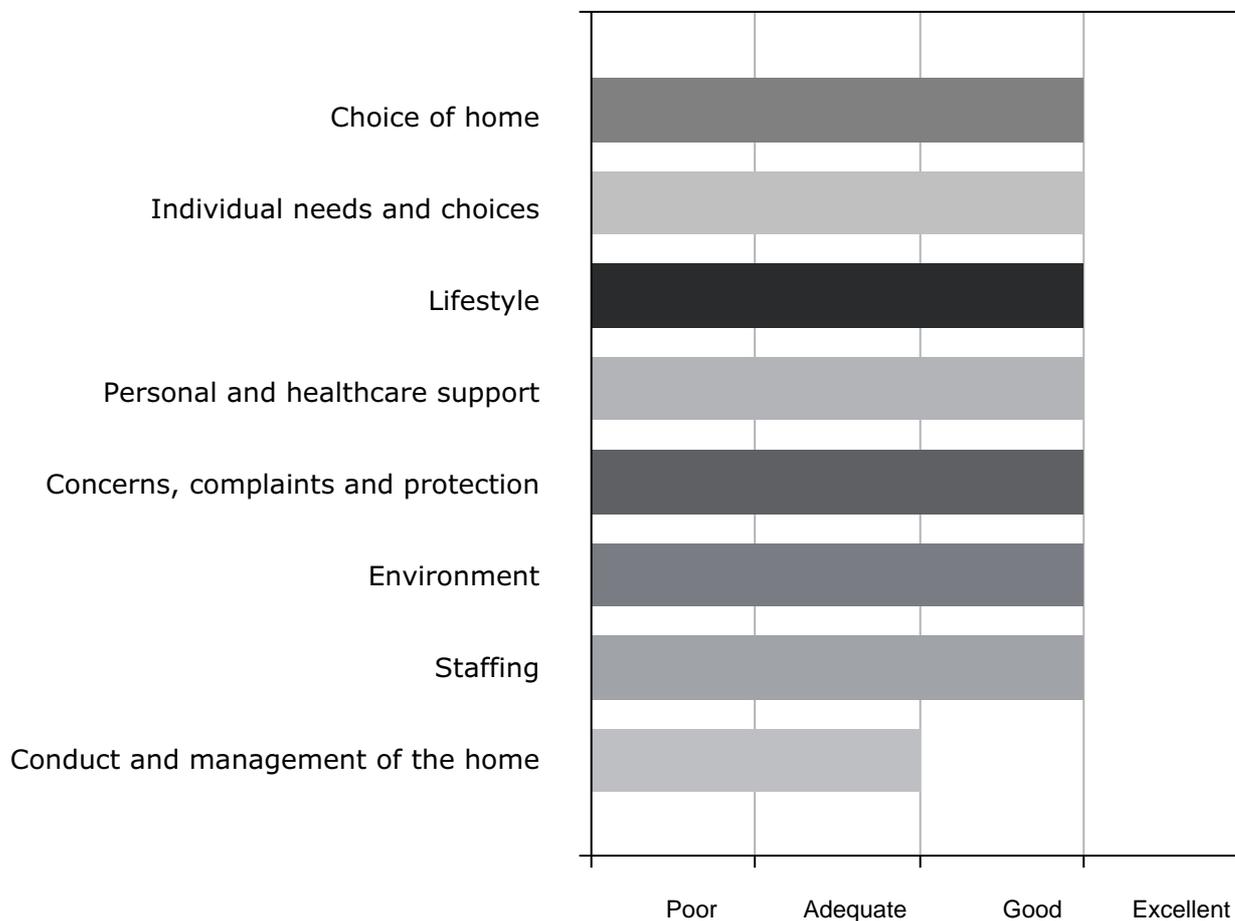
Summary

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 unannounced inspection visit. This is the most thorough type of inspection when we look at key aspects of the service. We concentrated on how well the service performs against the outcomes for the key national minimum standards and how the people living there experience the service.

We carried out this unannounced key inspection over one day. As the inspection was unannounced the registered owner and staff did not know we were going.

Before the inspection we looked at all the information we have about this service such as information about concerns, complaints or allegations; incidents; previous inspections and reports.

Registered care services are required to complete an Annual Quality Assurance Assessment (AQAA). The AQAA provides information about the home and its

development.

At this Key inspection we used a range of methods to gather evidence about how well the service meets the needs of people who use it. Some time was spent sitting with residents individually in the lounge discussing their views on the service, and how people are supported and looked after. Information from these discussions were used alongside other information collected to find out about the care they get from staff. We also looked at the environment and facilities provided and checked records such as care plans and risk assessments.

There were three people in residence on the day of our inspection. Three people using the service were identified for 'case tracking'. This is a way of inspecting that helps us to look at services from the point of view some of the people who use them. We track people's care to see whether the service meets their individual needs.

Our assessment of the quality of the service is based on all this information plus our own observations during our visit.

Throughout this report, the Care Quality Commission will be referred to as 'us' or 'we'.

At the end of the visit we discussed our preliminary findings with the registered manager of 15 Sorrel Drive.

What the care home does well:

People who are considering moving into the home benefit from having an assessment of their needs so that they can be sure the home can meet these needs. People are encouraged to look around before agreeing to move in.

People living in the home are treated respectfully. Each person has a plan of care and access to health care services so that their health and personal care needs are met. People are supported to gain access to advice from health professionals where they need it so their health needs can be met.

The people at the home are being provided with opportunities to get out and about in the local community. This is particularly important for supporting people's good mental health.

The lifestyle people experience in the home matches their preferences. They are supported to maintain their independence and enduring interests that enhances their quality of life. Meals are varied and nutritious.

There are systems in place to respond to suspicion or allegations of abuse to make sure people living in the home are protected from harm. The home is well maintained providing a safe, attractive, homely and clean place to live.

Visitors are made welcome which supports people to maintain enduring relationships.

The atmosphere in the home was friendly and relaxed and staff were available to meet peoples' needs as they required. People are protected by robust recruitment procedures.

Health and safety checks were regularly maintained, so that people's safety and welfare was protected.

Staff were well-trained which means that they are confident in their work.

The home is managed by an experienced and competent person to ensure the service is run in the best interests of people living in the home.

What has improved since the last inspection?

The way the service manages people's medicines has improved which minimises the risk of harm from medicine errors. This meets the requirement made at the last inspection.

Staff have received training in the Protection of Vulnerable this meets the requirement made at the last inspection. This means that staff should know and understand what action to taken should they have concerns about peoples safety or welfare.

Recruitment procedures have been improved to ensure there is a more robust system in place when employing new staff. This should mean only suitable people are employed to work with vulnerable adults.

What they could do better:

Continued work to develop care plans is needed to ensure all care files are person centred. Person centred care ensures people who use the service are at the centre of their care treatment and support by staff should be carried out whilst ensuring that everything that is done is based on what is important to that person from their own perspective.

All areas of risk identified should have plans in place to tell staff what actions they need to take to minimise any risk. This will ensure the appropriate precautions against the risk are in place.

Temperatures in the staff room should be monitored and recorded so the manager/owner can be sure that medicines are stored below 25 degrees to maintain their stability.

The manager needs to ensure all staff have supervision and annual appraisals to help in staff development and ensure staff have the appropriate knowledge and skills to carry out their jobs.

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

Information is provided for prospective users of the service and their families to help them to decide if the service can meet their needs.

People can be confident that their individual needs will be fully assessed prior to being offered a service.

Evidence:

The AQAA completed by the manager/owner tells us that prospective residents are, 'provided with an easy read statement of purpose and service user guide, copies were also provided to relatives and an advocate. A full assessment is carried out'.

To find out whether this was the case, we looked at the home's statement of purpose and service user guide and the referral process for any prospective residents.

The home's statement of purpose and service user guide were looked at. Both contain detailed information that would enable a person to make a choice about moving into the home. Both the service user guide and statement of propose need to be updated to reflect current fees, staffing and correct details about the Care Quality Commission.

Evidence:

All Information about the service is provided in a format suitable for the people for whom the home is intended.

No new residents have moved to live at this service since the last inspection. The home has no vacancies. The referral process was discussed with the manager /owner, if fully followed this should provide the information they need to determine if the home can meet people's needs before any offer of placement is made. Contracts for people who use the service were not available for inspection. Individual Placement agreements from the local authority were seen, however it is necessary for the service to issue contracts so that the people at the home and their representatives are clear about the service they can expect to receive for their money.

Intermediate care is not provided at this home.

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.

People benefit from choices to enable them to exercise day to day control over their lives and from having their personal care needs met in the way they preferred and with respect for their privacy and dignity.

Evidence:

In the AQAA, the manager states that 'all service users and interested parties are consulted about changing needs and personal goals. They are consulted and participate in care planning and make decisions about their lives. They are supported to take risks as part of independent live styles and information about them is handled appropriately and confidentially. Service users are encouraged to access the community and all attend college / day centres to varying degrees'.

To find out whether this was the case, we looked at three people's care files, talked to two residents and four members of staff.

Each person living at the home has a care file. Care files include important background

Evidence:

information about each person and the plans identify their care needs with any support needed to meet them. Good levels of information about each person's personal routines and likes and dislikes are recorded so that staff are able to support people in the way they like. This is particularly helpful for people who cannot easily say what they want so that their known choices can be respected.

The care plans covered all the main areas of care including medical history, personal care, nutrition, continence and communication. It is evident that the manager has worked hard to develop the care plans, however further work is required to demonstrate a more person centred approach to care planning.

All three people have experienced a change in their needs since the last inspection. The care files have been reviewed and updated to reflect these changes, for example, one person's mobility needs have changed and they now require more support. The care plan informs of this change and advises staff on what action is now required to ensure this person's independence is maintained whilst minimising the risk of falls. Staff spoken to were aware of this change and were able to provide information about how they support this person. Medical professionals have raised concerns that this individual may also be a diabetic, records show that ongoing tests are being carried out to determine this. The home has included a care plan for this need and also accessed information from the health authority about diabetes. Staff spoken to were aware of this concern and were able to advise on changes to this individual's nutritional needs.

Risk assessments are in place addressing hazards associated with everyday living and people's specific needs for example, support with mobility, continence, and nutrition. Further work is however required to ensure risk assessment plans are in place for all areas of risk, for example, one person has a single bed rail on their bed. The manager explained that this is used to protect the individual as their bed is beside a radiator. The home did not have a risk assessment plan in place for the use of one bed rail. We discussed this with the manager who took immediate action to ensure a risk assessment was recorded in the their file, and the manager gave us assurances that other professionals would be contacted to review the best practice for the need for a single bed rail.

From discussions with staff and looking at individual care plans, it was evident that people are encouraged to maintain and develop their independence. On the day of the inspection each person was supported to participate in individual activities of their preference, for example, one person went shopping with staff, another went to college and one person stayed at home to watch television.

Evidence:

Comments by staff demonstrated a detailed knowledge of people's care needs. Staff were able to illustrate examples of good care practices. For instance, staff were able to discuss the safe practices they follow to ensure that one person with mobility difficulties is able to move around freely within the home with minimal risk of falling whilst promoting their independence. And how they support another person when they become anxious by taking them out for a walk in the local area and spending one to one time with them discussing their concerns.

The home does not maintain daily records or minutes of any meetings with residents to record people's preferences. The home needs to ensure records are maintained that reflect what people are supported to do and how they wish their care to be delivered.

The home has an open visiting policy. People are encouraged to maintain links with their family, friends and local community. People living there told us their visitors are made welcome and there are no restrictions on the time of visits.

One person's record states that they wish to have regular communication with their family. This person is supported to spend time with their mother in either their own home or at their mother's house. Another person likes to spend time with their sisters. We are told that arrangements are made to ensure regular contact is maintained.

All the staff spoken with were enthusiastic and had a positive attitude on promoting people's independence. Staff receive training that covers respect, privacy, dignity, equality and diversity. Comments by staff demonstrated a good understanding of people's needs and of the support they are expected to provide.

People met at the inspection were well dressed in appropriate clothing suited to the weather. One person spoken to told us 'I like it here', and said that 'all the staff are nice'.

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.

The people living in this home are supported to make choices about their lifestyle and to develop life skills. Daily activities promote independence and opportunity for people to live ordinary and meaningful lives in the community where they are living.

Evidence:

In the AQAA the manager states that 'Our advantage in this area is that it is a family home as well as a care home. As a small care home service users are able to be integrated into the family and take a full part in family life, living, dining, socialising and even sharing holidays with the family. Residents are encouraged to maintain contact with relatives and friends by phone, letter or visits to the home and given as much privacy and facilities as they need to accomplish this. They are assisted to visit friends and family and often going out for lunch. Service users are fully consulted about meals and are offered a healthy and wholesome diet, complying with their likes and dislikes, and they are encouraged to maintain a healthy lifestyle'.

Evidence:

To assess whether this was the case, we observed the interactions between people and staff, talked to the people who receive a service, and looked at the programme of activities.

The home does not maintain daily records to show that people do different things each day. From discussion with staff and people who live at the home, we are told that people have the opportunity to access a range of activities on a one to one basis with staff or in the local community at college. From looking at the information in the care plans of the two people case tracked, it was evident that the activities people participate in reflect their individual preferences.

The home promotes flexible routines for the people who live there that respect their difference and individuality. People are supported to lead ordinary lives as far as possible and are involved in aspects of decision making on a day to day basis. People are supported to get out and about to shops. People visit local attractions including visits to the theatre and other places they enjoy so that they take part in the local community. One person accompanied the Ward family on their holiday on Spain. Other activities people participate in include bowling, going to the pub, going to the Gateway Club, day services at Towns Thorns and trips to Butlins.

People told us : 'I am happy here', and 'I like shopping and going out'. ' The food is good, I like chicken'.

Some of the people maintain links with their family. There was evidence from photographs that people are supported to keep in touch with friends and relatives.

The home does not employ catering staff. People at the home are encouraged to make everyday choices such as what they do and what they eat. People are occasionally involved in planning the menus however menus are decided by staff and based on what staff knowledge of people's likes and dislikes.

Menus were sampled to establish that a balanced and varied diet is provided that meets people's needs and preferences. A range of food had been offered including Sunday Roasts and chicken dishes that reflect the cultural needs of people living in the home.

All food being stored in the kitchen looked fresh and was well within the use by date.

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 benefit from the consistency of care delivered by staff. Care plans are in place to guide staff, this helps ensure care is provided in the way that meets with each person's own needs.

People can be confident that their medication is stored and administered to them in a safe way.

Evidence:

The AQAA tell us 'care plans are sufficiently detailed to provide information on residents likes and dislikes and their preferences related to personal care. Care records show visits to G.P. Consultants, dentists, optician etc. Specialist advice and support services are accessed for individual service users specific needs and requirements, including for example aids and adaptations (wheelchairs/shower equipment/access.) Social services and health care professionals are also consulted for advice on social and psychological management of service users'.

To check if this was the case we looked at three people's care files, audited the medication records of two people, spoke to the people who live at the home, spoke to staff about people's needs and observed staff interactions with people living at the

Evidence:

home.

Residents were all smart in their appearance, their clothes were clean and fresh and appropriate to their individual lifestyle and needs.

Residents receive personal support in the way they prefer and require as evidenced through observations during the inspection, discussions with staff, and examination of records. For example, on the morning of the inspection not all residents were up and dressed. Residents arose at varying times and made choices about where to have breakfast and what they wished to eat.

It is evident that the manager has made efforts to improve the quality of the care plans. The manager said that consultation with staff regarding the care plans had taken place and feedback from staff has guided management in the development of the care plans.

The records in people's care plans are dated to show when they were last reviewed or amended. The dates on the records seen indicate that most documents including information about personal care and risk assessments are being reviewed as needs change to keep the information up to date.

During the inspection we found evidence in health records and care plans to show that people who live at this home have access to good quality physical and mental health care support. We read records that show that as part of promoting people's health, staff support individuals to access regular visits from the dentist, optician, specific health consultants, learning disability nurses, their GP, and a chiropodist when needed.

All three care files seen contained a pre-admission assessment undertaken by an appropriate person. Plans of the care to be provided (care plans) were developed when each person moved into the Home. During the initial weeks at the home, each person's care plan was developed to provide detailed care plans. These contain sufficient information to guide staff and included details of needs identified, how to provide care, and the number of staff required to assist.

Preventative measures such as pressure relieving mattresses and cushions were seen to be in use for one resident who is at risk of pressure sores. Ongoing monitoring is in place to ensure this person's skin integrity is maintained. Staff spoken to were aware of the concerns relating to this person's pressure care, and a care plan and risk assessment is in place to support staff in managing this concern. This meets the

Evidence:

requirement made at the last inspection.

Risk assessments developed for care needs generally provide staff with information on how risks should be managed. Greater detailed is required for some plans to ensure staff provide care and respond to any concerns in a consistent way. For example, one file shows that one individual has epilepsy. The records do not state the type of epilepsy nor do they provide clear guidelines to staff on what actions they need to take should this person have an epileptic seizure. The records state 'one to one support for 20 minutes after seizure' and 'ambulance called if any concerns'. Greater details is required to ensure all staff respond in a consistent and appropriate way should this person have a seizure.

Staff spoken with had a very good understanding of resident's individual needs. Information provided by staff reflected that detailed in the care and risk assessment plans. Staff were able to inform us of training they have received that guides them in the way care is to be provided. All the staff spoken with were enthusiastic and had a positive attitude on promoting people's independence.

We examined the systems for the management of medicines in the home.

We audited the medicines of three people by comparing the quantity in stock against the signatures on the medicine administration records (MAR).

Medication management has improved since the last inspection. Medication is now stored in an appropriate location and in a suitable medication cabinet. This meets the requirement made at the last inspection.

Medication policies and procedures are good with medication being stored safely labeled correctly and administered safely. Staff who have received training in medication were knowledgeable about the medicines they were administering and knew where to get further information if required. The pharmacist delivers medication in blister packs. The medication sheets show that the number of tablets received into the home so that they can be accounted for and that staff are signing for the medication given out. A suitable lockable cabinet is in place for the safe storage of medication at the home. The cabinet was well ordered. The temperature of the cabinet is not being maintained to ensure medications are stored below the required 25 degrees. The manager assures us that this will now become standard practice.

The home does not store excess medication. Arrangements are in place for the safe

Evidence:

disposal of medicines that are no longer required.

During the visit it was noted that all people living at this service are treated with respect and dignity. Each person was able to spend time where they choose and it was observed that the staff and those living there had a comfortable and trusting relationship.

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 who use this service can feel confident that they are safeguarded from abuse or harm. Staff training arrangements ensure training in safe working practice is regularly updated.

The home has relevant policies and procedures in place to ensure health safety and welfare is maintained for the people who use the service and for the staff who work in the service.

Evidence:

The AQAA tells us 'systems are in place for service users to express concerns and make a complaint if they wish to. A complaints procedure is in place. All service users are aware of how to make a complaint. resolved to the service users satisfaction. The manager and part time staff have been CRB checked and are fit and suitable persons for the positions'.

To find out if this is the case we looked at the concerns, complaints and compliments folder, viewed staff records and talked to staff about complaints and safeguarding the people who live there.

The home has a formal complaints policy at the home to advise people living in the home and their families on how to make a complaint. People are encouraged to raise their concerns with the manager. The policy would benefit from being reviewed to ensure information is available that states the full complaints process, this includes

Evidence:

the timescales in which the manager will respond to any complaints.

Residents were observed to be familiar with the staff on duty and felt confident to make requests. One person told us that they would be confident in raising concerns with staff and felt any concerns would be listened to and acted upon. People told us that they have not had to make any complaints about the quality of care and support they receive. Comments made by people who use the service include: 'I want to stay here', 'I have no complaints' and 'I am safe here'.

Two staff members spoken with were fully aware of how they should respond in cases of alleged or actual abuse. They could explain what would be abuse and were aware of Whistle Blowing procedures. The home's policy and procedures on the safeguarding of vulnerable adults is detailed and up to date, however the policy would benefit from being updated to include Warwickshire's multi agency policy which provides guidance and support for staff in responding to suspicion or allegation of abuse.

Training records show that members of staff who work at the home have received abuse awareness training.

We saw that there are policies and procedures, secure facilities and a suitable recording system for managing money on behalf of people living in the home. We checked the balances of the money held for the three people and found them to be correct. This means that people should be protected from financial abuse.

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 who live here benefit from a home that is well maintained and furnished so that people live in a clean, comfortable environment.

Evidence:

The AQAA states 'A modern well maintained building of recent construction extensively extended and improved for purpose situated near shops and all local facilities. The home is of an excellent decorative standard offering a good homely comfortable and safe environment. Service users have their own private rooms decorated and furnished to their own requirements and embellished with their personal possessions'.

To check that this is the case, we looked at the home people's individual rooms communal areas and the gardens. We spoke to the people who live at the home and the manager.

There is a warm and welcoming atmosphere in the home. Situated in a residential setting, the owners provide accommodation and support services for three adults with learning and physical disabilities. The home is near to shops and other local facilities.

A homely environment is available which is sufficient to meet the needs of the people that live there. The people who live in the home see it as their home. They have their

Evidence:

own bedrooms and the inspector was allowed to view the bedrooms. One bedroom is on the first floor and the other on the ground floor for ease of access. Peoples bedrooms were personalised and reflected their personalities and their interests. One person had a range of photographs and pictures of family and music artists of interest.

The ground floor bedrooms are designed to give level access to all rooms on this floor, and are suitable for two people with mobility needs. Doors have sufficient width to accommodate wheelchair access. A ceiling hoist is in place in one bedroom to meet the needs of one person. The garden to the rear of the home is easily accessible. The garden area is suitably landscaped to provide easy access for both people including when using a wheelchair.

The home has relevant policies and procedures in relation to infection control and health and safety. The home provides staff with disposable gloves and aprons and paper towels. Staff were observed to wears aprons and gloves when providing support with personal care.

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.

People benefit from a well trained staff team who the knowledge and skills needed to carry out their job.

People who use this service are protected by robust recruitment procedures that have been consistently followed to ensure staff are suitable to work with vulnerable adults.

Evidence:

The AQAA tells us 'Mrs Ward and all staff qualifications and experience are certificated and documented. CRB (Criminal Records Bureau) check records maintained'.

To check that this is the case, we looked at two staff files, spoke with two members of staff and the manager.

The staff team consists of the manager/owner, and her husband. There are three members of staff who are employed to help meet the needs of two people who have mobility needs, and a part time domestic worker. From discussion with the manager, staff and observation it was confirmed that there are enough staff available to meet the needs of the people living at 15 Sorrel Drive.

People living at the home are aware which member of staff works on which day, and what systems are in place to cover leave and sickness. The two people met at the

Evidence:

inspection spoke highly of all members of staff.

The personnel files of two recently recruited staff were examined and both contained evidence that satisfactory checks such as Criminal Record Bureau (CRB) Protection of Vulnerable Adult (PoVA) and references are obtained before staff commence employment in the home. Robust recruitment procedures and pre-employment checks should protect the vulnerable people living in the home.

Staff are not receiving formal supervision six times a year. Additionally, no appraisals of staff performance have been carried out. The manager has agreed to implement this with staff.

Information supplied by the manager in the AQAA states that three members of the 5 staff are qualified to National Vocational Qualification in Care Level 2 (NVQ level 2). This is above the national Minimum Standard for 50 per cent of staff to be qualified.

A training record is maintained and used to record staff training and to identify any gaps in learning. Records demonstrate that staff complete an induction programme and receive mandatory training in food and hygiene, infection control, first aid, abuse awareness and fire safety. The training program is ongoing. This should mean that staff are updated in safe working practice.

Conduct and management of the home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People benefit from being supported by a service that is consistent, well planned and managed.

Evidence:

The Annual Quality Assurance Assessment (AQAA) completed by the service manager. It states 'We consider that service users benefit from living in a home that is organised and considers their best interests. There are procedures in place that support the home to run well and ensure that all service users, family members and staff have guidance as to acceptable practices and behaviour in the home. Service users are consulted about all relevant matters. There is a positive relationship between all parties and all feel comfortable and safe in the environment. The health safety and welfare of service users are promoted and protected. The premises are kept clean and hygienic'

To see if this was the case we looked at records, spoke to the manager and staff.

There are procedures in place that support the home to run well and ensure that all

Evidence:

the people who live there, family members and staff have guidance as to acceptable practices and behaviour in the home. Service users are consulted informally about all relevant matters.

The Annual Quality Assurance Assessment (AQAA) completed by the manager was completed to an adequate standard. Information provided could be better supported by a greater range of evidence. The Annual Quality Assurance Assessment (AQAA) informed us about the development of the service and future plans for improvement. During the visit staff appeared confident in their roles, the home was relaxed and the people who live here appeared at ease and comfortable.

People who live at the home are consulted on how they want the service to go forward on informal basis, there are no formal house meetings or one to one meetings between staff and residents. The manager informs us that the annual quality questionnaires are due to go out to people living at the home to further seek their views on the service. The manager states that this information will be collated and any areas identified for improvements will be actioned through an action plan.

The service has access to equipment and resources to ensure the service runs efficiently for the benefit of the people of use this service. There is good and safe storage for records and sufficient space and equipment such as telephones and computers to enable the manager and staff to conduct their duties efficiently.

The health and safety of people living in this home is protected by good staff training up to date safety checks and regular maintenance of the building and equipment. We sampled some of the safety certificates and found them to be in order. Fire procedures and fire checks were all up to date.

There are no records show that there are regular staff meetings, support is provided on an informal basis, and no formal supervisions take place. The manager needs to ensure that staff are supervised at least six times a year. Staff spoken to were complimentary of the home, one stated definitely supported by management and training is encouraged.

Information provided by the manager in the pre-inspection questionnaire indicates that relevant Health and Safety checks are being carried out at the home. Additionally, all necessary checks and servicing are being carried out by staff and or approved contractors including the fire safety system and equipment electrical appliances, heating, hoists and other equipment.

Evidence:

There are comprehensive policies and procedures in place however these would benefit from being updated for example, the safeguarding policies would benefit from including Warwickshire protocols as two people at the home have been placed there by Warwickshire Local authority.

As previously mentioned, the personal monies of the three people were audited. The home was able to demonstrate good and safe practices in the management of people's monies.

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	42	13	<p>The manager must ensure that all areas of risk are identified, and appropriate plans in place to minimise any risk. This relates specifically to management of epilepsy and use of bed rails.</p> <p>This will help ensure staff take the appropriate actions to support people should they have a seizure and appropriately support people who need bed rails.</p>	18/12/2009

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	1	The Statement of Purpose and Service User Guide should be up to date to inform current and prospective residents of the services available.
2	5	People should be provided with contracts by the home detailing the terms and conditions of their stay at the home and what they can expect to receive for their money. This

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
		is necessary so that everyone is clear about what they have to pay for and so that their rights may be upheld.
3	8	Daily records should be completed in sufficient detail to give a reflection of the persons health so that it is clear care needs identified are being met.
4	18	Continue with the development of care plans to demonstrate a person centred approach to care planning.
5	20	It is recommended that the clinical room temperature is monitored and recorded so the provider can be sure that medicines are stored below 25 degrees to maintain their stability.
6	22	There should be a clear system in place for staff to record any complaints they may receive in the absence of the manager. This is to ensure these are clearly identified and can be followed up accordingly.
7	35	All staff should have supervision at least six times each year and an annual appraisal. This is to help in staff development and ensure staff have the appropriate knowledge and skills to carry out their jobs.
8	39	The management should ensure the Annual Quality Assurance Assessment is legible or completed in a format that can be accessed by the commission.

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