

Key inspection report

Care homes for adults (18-65 years)

Name:	3 Cranford Avenue
Address:	3 Cranford Avenue Weymouth Dorset DT4 7TN

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:
Jo Johnson	1 6 0 2 2 0 1 0

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	3 Cranford Avenue
Address:	3 Cranford Avenue Weymouth Dorset DT4 7TN
Telephone number:	
Fax number:	
Email address:	
Provider web address:	www.LCDisability.org

Name of registered provider(s):	Leonard Cheshire Disability
Name of registered manager (if applicable)	
Mr Keith James Brown	
Type of registration:	care home
Number of places registered:	4

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	4	0
Additional conditions:		
The maximum number of service users who can be accommodated is 4.		
The registered person may provide the following category of service only: Care home only - Code PC To service users of either gender whose primary care needs on admission to the home are within the following category: Learning Disability - Code LD		
Date of last inspection		
Brief description of the care home		
3 Cranford Road is a large house in Weymouth. Four people can live in the house. The house is close to the town, beach and shops, and there is a car that people use. Everybody who lives at the home has their own bedroom.		

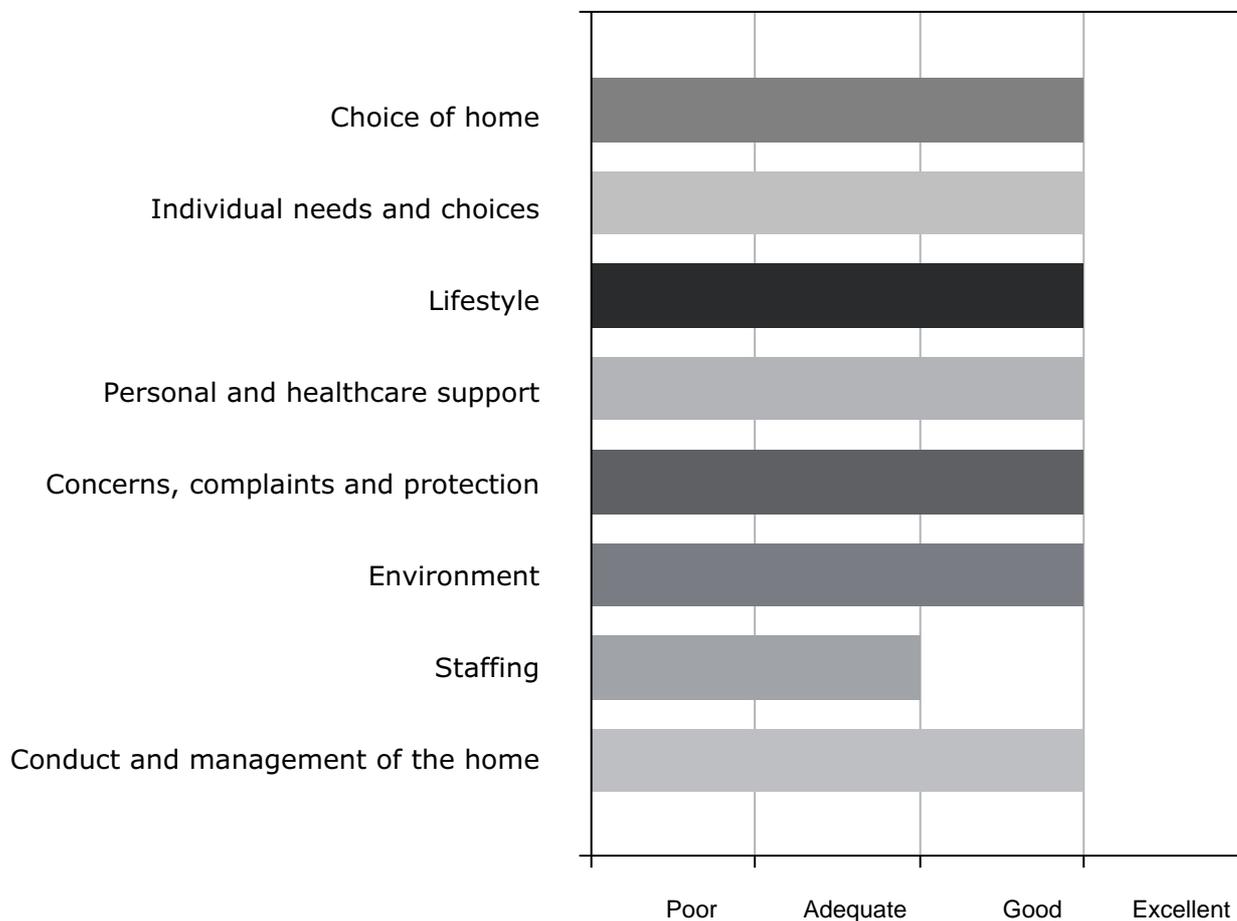
Summary

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:

The inspector looked around the house.

The inspector talked and Makaton signed with people who live at the home.

The inspector looked at some of the paperwork about the home and the staff.

The inspector talked to the staff.

The inspector looked at care plans.

What the care home does well:

The home is welcoming, relaxed, clean, and tidy.

People and staff get on with each other. People know the staff that support them.

People who live at the home are given support to work, enjoy their leisure time and do things in the community.

There are good care plans so that staff know what support people need.

Staff have been trained in how to care for people.

Staff have regular support meetings with their managers.

What has improved since the last inspection?

This is the first time that the home has been inspected.

What they could do better:

Information about who staff are needs to be kept.

Staff should help people to keep 'life story' works and involve them in their reviews. This is so people can see photos, DVDs and other things that show what they have done in their lives.

Pictures and photographs will make information easier for some people to understand.

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

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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.

Peoples care and support needs are comprehensively assessed to ensure that individual needs can be met.

Evidence:

We looked at the assessments for two of the four people that have moved in since the home opened.

There were comprehensive assessments completed by both the home and the funding authority. As people who live at the home have complex needs each admission was planned to meet the needs of the individual and the other people who were moving into the home.

Staff told us that they worked with people for a number of weeks in their previous homes before they moved in to the home. The admissions were well planned and the people who were moving in had the opportunity to meet with their new house mates. Two of the people moved in to the home together a week before the next two people moved in.

Evidence:

Staff told us and records show that the assessments of each individual, admission and introduction to each other was well planned. This meant that people settled in very well.

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.

Peoples' needs and goals are reflected in good quality person centred plans. People are supported to make decisions and to take risks and this means that they live a full, active and independent lives.

Evidence:

Each file contained a care plan detailing personal, health, social, communication and emotional care needs and how staff are to meet and support those needs. There has been some goal setting with people, this should continue to be developed and reviewed on an ongoing basis.

There are descriptions of how staff are to support people to make choices and decisions and promote their independence in their every day lives. Makaton signing and a picture passport communication aid is used for one person to make sure that they are actively involved and informed of what is happening in their lives.

There were clear records of any incidents of challenging behaviour with details of the

Evidence:

circumstances and consequences. Body maps are completed following any accidents or incidents.

Peoples' plans should reflect how they express their sexuality and how staff should support them to do this in a safe and appropriate manner. This is so that people are given clear accessible guidance and kept safe from harm and or inappropriate behaviours.

People's risk assessments and care plans had been formally reviewed monthly and had also been amended as and when people's needs have changed and or staff have found new things out about individuals.

At the moment people are not involved in the reviewing of their care plans. Individual ways of including people in their monthly reviews and their care plans should be developed. This should include investigating different recording mediums such as photographs, communication in print, DVDs, audio and the computer. This is so people are involved with the records kept about them and have this information in a format or medium that is accessible to them.

Positive interactions and relationships were seen between the people and staff. People and staff clearly enjoyed each other's company. The staff were positive about the strengths and skills of the people they support and all commented that they enjoy their time together.

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:

People's activities are wide and varied and meet their individual, social and cultural needs. One person told us that they were going 'out to do some shopping at Wilkinsons and then we are going bowling'. They told us 'I work in the walled garden and feed the animals'.

At the start of the inspection one person was at home , one was at community day service and two people had gone for a walk on a beach. The two people who were out for a walk returned late morning to prepare their lunch.

Evidence:

One person has a voluntary job at a local charity shop and is supported by staff whilst at their job. They told us that they 'serve the customers and now I work the till'.

From discussions with staff and the acting manager, people's relationships with their families and friends are supported and maintained. People's family members are actively consulted and involved in the care of their relative, this is particularly important as some of the people are not able to verbally communicate their views. We spoke with one relative during the inspection who spoke very positively about the home, how their relative was being supported and how they had settled in.

People are supported in accessing a wide variety of services and facilities within the community such as shops, cinemas, libraries and leisure centres.

The records show that people are provided with a well-balanced, nutritious and healthy diet. All food being stored in the kitchen looked fresh and was well within the 'use by' date. Some people go food shopping with staff support at least once a week. People are actively encouraged and participate in meal preparation and cooking.

At the moment the menu is planned on a monthly basis and is a written format. This is accessible for three of the people who live at the home. However, one person uses pictures, photographs and makaton to communicate. A photographic menu should be developed for this individual and photos and pictures should be used so that they can make choices about meals that are included in the menu.

People are encouraged to take part in the day to running and cleaning of the home. One person said 'I like hoovering'.

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 health and personal care that people in this home receive is based on their individual needs. Staff respect the people and promote their dignity and privacy. Medication systems in place are safe.

Evidence:

There were positive relationships and interactions observed between staff and the people who live at the home. Staff respected when people wanted their own space whilst encouraging them to be occupied. People and staff clearly enjoyed each others company, smiled, and laughed with each other.

When asked about staff, one person Makaton signed 'happy' and 'like it'.

All four of the people have autism and one person does not use verbal communication. There are very clear behaviour management plans in place that are based on diffusion techniques, staff observed were calm relaxed and consistent in the way they worked and approached individuals. There is a positive attitude and focus on the individual's strengths and abilities and not their behaviours.

Evidence:

People's health records and care plans showed that their right to good-quality physical and mental health care is being promoted. The records show that as part of promoting their health people make regular visits to a dentist, optician, specific health consultants, speech and language therapists, and their GP when needed.

Medication is stored securely in people's bedrooms. We looked at the medication systems and administration records. Medication was stored and administered safely. There are no controlled drugs in use at the home. There were PRN 'as needed' plans in place where needed.

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.

Complaints procedures make sure that people's relatives and representatives concerns and complaints are listened to and acted upon.

People are supported by a staff team who have a good knowledge of how to respond to any suspicion of abuse.

Evidence:

There have been no complaints made to the Commission about the home since the home was registered.

There is a written complaints procedure that is available to people and their families or representatives. There is complaints information within the service user guide that is supported by pictures. However this information is not easily accessible.

People who live at the home communicate in complex ways and written information is not necessarily accessible to all of them. There are good descriptions in people's plans as to how they let people know when they are unhappy and unsettled. However, further consideration should be given to developing ways of each individual having accessible information about how they can complain or let staff know they are unhappy.

Observation of people showed that they felt calm and relaxed with the staff supporting

Evidence:

them. This may indicate that they feel safe with the staff.

Staff have been provided with adult protection and safeguarding information during their induction programme.

There should also be safeguarding information made available to the people who live at the home in a format that is accessible to each individual. This is so that they know who they can communicate with if they do not feel safe or they are worried about abuse.

At the moment none of the people who live at the home are supported to manage or budget their own finances. At the moment if people want money they get this from the office rather than go to the bank. Ways of promoting people's independence in managing elements of their finances should be explored.

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.

The home is well maintained and furnished so that people live in a clean, comfortable environment.

Evidence:

The house is a detached property with five bedrooms. There are three large reception rooms and a large kitchen / diner. The property also has two large bathrooms and a bedroom with en suite facilities. Also there is a separate utility room and a large double garage.

The accommodation is set over 3 floors, it a large lounge, dining room and a spacious kitchen diner.

People have been choosing to eat their meals in the kitchen diner and are now looking at converting the dining room to a sensory area.

There is a separate utility room, a converted attic room to use for a variety of activities, large garden, ample road parking and a large landscaped garden.

There are 3 bathrooms and another en suite.

Evidence:

The house is situated near to Weymouth college, close to local shops and services, yet the area is still quite quiet. The beach and local nature reserve are in close walking distance.

The environment has been adapted to withstand the heavy wear and tear from some of the people who live there. People's bedrooms have been sound proofed as people with autism can very sensitive to noise.

All of the bedrooms are very personalised and people have chosen the furnishings.

One of the people showed us around the house with member of staff. They have a large trampoline in the garden and they told us that they were looking forward to being bale to use the garden in the better weather.

There is a warm and welcoming atmosphere in the home and at the time of the visit, it was homely, comfortable and safe. People living there were able to move around easily and freely and to go to their bedrooms if they chose.

People at the home are involved in cleaning and tidying alongside staff. The staff help them with their laundry.

The home is well maintained and reflects the personalities and interests of the people who live there.

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

The shortfalls in some areas of recruitment means that full information is not held about all of staff that work in the home.

The people living in this home are supported by a skilled and competent staff team.

Evidence:

The home has had a very stable staff team since it was registered. Staff sickness levels are also low and this means that a consistent staff team that they know well supports the people living at the home. This is particularly important as people living at the home have very complex needs and some different ways of communicating.

It is recommended that a photographic rota be produced so that the people in the house that do not read know who is going to be on duty.

We looked at the recruitment records for four staff. There were CRB (Criminal Records Bureau) and POVA (Protection of Vulnerable Adults) checks and two references. However, there was not any evidence of references being verified by telephone. For one staff the references identified that the individual had been subject to previous disciplinary action and another reference that indicated that they were unreliable. There was no evidence that these references had been followed up to obtain further

Evidence:

information.

Three of the four staff files did not have any identification. This means that we were not able to verify the identity of the staff.

Staff told us that as they all started at the same time and completed their induction together that they have gelled well and work well as team.

There is a comprehensive induction programme that meets skills for care induction standards. Staff have accessed training in the full range of mandatory, health and safety related training, (e.g. adult protection and whistle blowing, first aid, food hygiene, infection control and fire safety) as well as specialist care courses, such as autism, disability and equality, and communication.

There are regular staff team meetings and the minutes of these were seen.

Staff and records told us that staff have regular supervision. Staff spoken with told us they felt well supported by the management team at the home.

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 run in the best interests of the people who live there.

Evidence:

The manager is registered with and has experience of managing other care homes within the organisation.

During the visit staff appeared confident in their roles, the home was relaxed and people appeared at ease and comfortable.

The manager completed the AQAA (Annual Quality Assurance Assessment) to a good standard and was able to identify what the home does well, how they can evidence this and identified areas for improvement.

The manager was not present during the inspection so we were not able to fully assess the quality assurance systems in place. There are monthly regulation 26 visits undertaken by the service manager.

Evidence:

At the moment there are not any meetings between the people who live at the home. It is recommended that there be regular meetings with the people who live at the home and they are consulted about things that are important to them.

Information provided before the inspection, by the manager in the AQAA (Annual Quality Assurance Assessment) indicates that relevant Health and Safety checks and maintenance are being carried out at the home. A number of Health and Safety records were checked, including the fire safety log. These records showed that health and safety matters are well managed.

The fire procedure is in a written format. This may not be accessible to all of the people who live at the home and different formats supported by pictures or photos should be considered.

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	34	19	Proof of staff identification must be kept. This is so staff's identity can be verified.	03/05/2010

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	6	Peoples' plans should reflect how they express their sexuality and how staff should support them to do this in a safe and appropriate manner. This is so that people are given clear accessible guidance and kept safe from harm and or inappropriate behaviours.
2	8	This should include investigating different recording mediums such as photographs, communication in print, DVDs, audio and the computer. This is so people are involved with the records kept about them and have this information in a format or medium that is accessible to them.
3	17	A photographic menu should be developed for one individual. Photos and pictures should be used so that they can make choices about meals that are to be included in the menu.
4	22	Further consideration should be given to developing ways

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
		of each individual having accessible information about how they can complain or let staff know they are unhappy.
5	23	Ways of promoting people's independence in managing elements of their finances should be explored.
6	23	There should also be safeguarding information made available to the people who live at the home in a format that is accessible to each individual. This is so that they know who they can communicate with if they do not feel safe or they are worried about abuse.
7	31	It is recommended that a photographic rota be produced so that the people in the house that do not read know who is going to be on duty.
8	34	All References should be verified by telephone. Any negative references should be followed up, verified and records kept of the decision making.
9	42	The fire procedure is in a written format. This may not be accessible to all of the people who live at the home and different formats supported by pictures or photos should be considered.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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