CARE HOME ADULTS 18-65

68 West Park Road

Smethwick
Birmingham
B67 7JH

Lead Inspector
Sally Seel

Key Unannounced Inspection
24th March 2009 09:30
The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation
This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for Care Homes for Adults 18-65. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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<tr>
<td><strong>Name of service</strong></td>
<td>68 West Park Road</td>
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| **Address**  | Smethwick  
Birmingham  
B67 7JH |
| **Telephone number**  | 0121 500 5262 |
| **Fax number**  |  |
| **Email address**  |  |
| **Provider Web address**  | www.caretech-uk.com |
| **Name of registered provider(s)/company (if applicable)**  | CareTech Community Services Ltd |
| **Name of registered manager (if applicable)**  | Miss Marie Fisher |
| **Type of registration**  | Care Home |
| **No. of places registered (if applicable)**  | 12 |
| **Category(ies) of registration, with number of places**  | Learning disability (12) |
SERVICE INFORMATION

Conditions of registration:

1. 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) 12

2. The maximum number of service users to be accommodated is 12.

Date of last inspection 22nd September 2008

Brief Description of the Service:

68 West Park is located along a residential road in the Smethwick area of Birmingham. It is close to all local amenities and transport links for Birmingham, Dudley and Sandwell. There is sufficient off road parking located through the side entrance. The building is divided into two units each comprising of four residential beds and two self contained flats. The accommodation is located on three floors of which the first is accessible via a lift. Both units have large fully fitted kitchens and separate laundry areas. The building has two large lounges and separate dining areas. There is a large separate room available on the ground floor that has been designated to be used for staff meetings and residents reviews. There is a pleasant garden to the rear of the premises mostly laid to patio. The garden has suitable perimeter fencing to provide privacy and is gated on both sides guaranteeing access and security.

Specific information regarding fees charged for living at West Park can be obtained by contacting the home for this information.
SUMMARY
This is an overview of what the inspector found during the inspection.

The quality rating for this service is one star. This means the people who use this service experience adequate quality outcomes.

The focus of our inspections is upon outcomes for people who live in the home and their views of the service provided. This process considers the care homes capacity to meet regulatory requirements, minimum standards of practice and focuses on aspects of service provisions that need further development.

One inspector undertook this fieldwork visit to the home, over an eight hour period. The registered manager and staff members assisted us throughout. The home did not know that we were visiting on that day. There were eight people living at the home on the day of the visit.

Information was gathered from speaking to and observing people who lived at the home. Three people were “case tracked” and this involved discovering their experiences of living at the home. This was achieved by meeting people or observing them, looking at medication and care records and reviewing areas of the home relevant to these people, in order to focus upon outcomes. Case tracking helps us to understand the experiences of people who use the service. Staff files, training records, health and safety documentation and reports about accidents and incidents in the home were reviewed in the planning of this visit.

Also eight completed surveys from people living in the home, two surveys from family members and seven staff surveys were returned to the Commission for Social Care Inspection, (CSCI). Information from these sources was used when forming judgements on the quality of service provided at the home. The people who live at this home have a variety of needs. We took this into consideration when case tracking two individuals care provided at the home. For example, the people chosen were both female and male, have differing communication and care needs.

The people who live at this home have communication needs that meant discussions with them could not always take place and/or some people chose not to speak with the inspector. In view of this we spoke to some staff on duty in order to find out about the support people receive.

The atmosphere within the home is inviting and warm and we would like to thank everyone for his or her assistance and co-operation.

What the service does well:
People considering living at this home have sufficient information in a variety of formats regardless of an individuals abilities so that informed decisions can be made as to whether the home is right for them.

People living in this home are encouraged and supported to maintain their independence in relation to daily living activities, such as, hovering, dusting and changing bed linen where possible.

People live in a clean and hygienic home where the environment promotes individuals independence and meets people’s physical needs.

The registered manager has demonstrated their commitment to meeting the requirement and recommendations that were made at the previous inspection so that people live in a home that is striving to ensure individuals have good outcomes in the services they receive whilst living at West Park.

**What has improved since the last inspection?**

Care plans are now in place for all individuals who live at the home so that their needs are managed safely.

Detailed care plans, risk assessments and documentation for the monitoring and management of behaviours has now been developed so that staff have sufficient information to support individuals, whilst reducing where possible the risk of harm and/or injury.

Improvements have now been made to medication practices and these ensure people living in the home are safeguarded from medication errors.

Staffing levels are maintained so that individual’s needs are met safely whilst living at West Park.

**What they could do better:**

To demonstrate person centred planning does take place with a variety of formats that people living in the home are able to understand and promote communication so that individuals are having their say.

Recruitment documentation needs to show that all the necessary checks have been made so that people living in the home are safeguarded by robust recruitment procedures.

Sufficient numbers of staff need to have completed the relevant training that is required, such as, all mandatory training and some specialised training which is specific to meeting the individual care needs of the people who live at this home. Training courses attended and refresher courses should be reflected in the training matrix.
Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.
DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes
Statutory Requirements Identified During the Inspection
Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users’ individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to “test drive” the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1 & 2.

Quality in this outcome area is adequate.

This judgement has been made using available evidence including a visit to this service.

People considering living at this home are provided with sufficient information and are encouraged to spend time at the home so that they are able to make a decision as to whether it is right for them.

EVIDENCE:

The registered manager has reviewed the statement of purpose and service user guide. These information guides are now available using pictures as aids this is an improvement which has been made since the homes last inspection. This means people who cannot understand the written word are able to see what services are offered at the home and how these could meet their needs if they choose to live at West Park. In the statement of purpose it confirms, ‘The home does at the present time take service users on a respite basis (i.e. for short periods of time) and any potential service user who may need to be found accommodation urgently will still be carefully assessed to ascertain suitability and compatibility’. The registered manager told us that short stays for individuals have worked well and people are then able to move on in their lives in a positive way when they leave West Park. We were also told people considering living at the home are able to spend some time there so that they can meet staff and other people that live in the home. This means that
individuals can see how their needs could be met and gain insights from other people living there prior to making their decisions about whether it is the right home for them. The Annual Quality Assurance Assessment, (AQAA), confirms this practice, 'The person will have as many visits to West Park as possible, to familiarise them with the environment, staff and peers over an agreed time scale'.

There were eight people living in the home on the day we inspected all with different levels of needs and learning disabilities. We were told there have been no new admissions to the home since our last inspection and therefore we were not able to fully assess practices around preadmission assessments. However, the registered manager has now reviewed all individuals’ care plans and risk assessments which give staff instructions to meet the needs of people living in the home. The next area of improvement which the registered manager has acknowledged is to ensure individuals are able to take part in planning how their needs will be met including the risks, (discussed further in the individual needs and choices section of this report). This will ensure that people who live in this home will have their needs and aspirations met in the persons chosen style.

The surveys completed by family members told us:-

‘Look after people in care’.
‘Coping with X’s unpredictable and challenging behaviour’.

People told us:-

“Home is very nice”.
“Staff are very friendly”.
Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

6, 7 & 9.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

Improvements have been made in relation to care planning and risk assessments. Some attention is now required to ensure that these are person centred, in formats that individuals are able to understand to demonstrate people living in this home are ‘having their say’ about goals to be achieved in meeting their needs.

EVIDENCE:

We looked at three care records and found the registered manager has made good progress to ensure all care plans cover all aspects of people’s personal, social and health care needs. Individuals social, emotional and psychological needs are documented for staff to follow through in a sensitive way. For example, informing staff to support people when they are out in the community. One of the plans that we looked at gave staff guidance about how the person may need help and what their preferences were when out walking.
in the park. For example, 'I will walk however there is a possibility that I will be fed up and will put myself on the floor or I will run off'. This tells staff that this individual is unpredictable and may need a wheelchair at times when out walking. However, it also confirmed, 'I am a very fast walker when I choose to walk. I like walking in the park’. Another plan was about how an individual was helped to brush their teeth. It said, 'I clean my teeth in the shower room. I normally do it while I am in the shower room. I use regular toothbrush. I have not tried an electric toothbrush but I don’t like noise so would probably not like it. I need to be encouraged to rinse correctly, but only allow people to help me if I am in a good mood’. This shows good understanding and knowledge of people’s needs as a whole but it was unclear from the plans as to how individuals and or their representatives had been supported to make the choices and decisions we saw in the plans. For example, there was lack of pictures within the plans so that individuals who cannot understand the written word could participate in care planning. This is particularly important where people cannot easily communicate their needs verbally and may need specific aids to support them and enhance their quality of life within the home and community. The registered manager acknowledged that person centred planning is an area that needs to be devolved further.

We also found that risk assessments have been improved since the homes last inspection. In the three care records that we sampled we found, ‘Person Centred Risk Analysis’ for, shaving, clothes and dressing/undressing, making hot drinks and food in the kitchen, eating and bathing/showering. These were detailed with date of analysis, review date, and team who completed the risk analysis. Like care plans there was no confirmation supplied on these to state how the individual and or their representative had been involved in writing these to ensure that they are ‘person centred’. However, in practice individuals were supported in completing daily tasks, such as, making drinks or snacks. Also an awareness of the risks to the person involved was promoted but this did not restrict individuals from reaching their daily goals because of risks posed. For example, hazards were confirmed, ‘spilling drink, grabbing others hands and wrists, throwing/dropping cup, becoming anxious or agitated and using equipment’. The decision made, ‘To ensure X’s safety and well being, to provide X with the opportunities and experience of being independent and gain new skills in a safe environment’.

There is a key workers system operating in this home which means that members of staff become familiar with people’s needs, likes and dislikes. This is important as people may have difficulty in communicating their needs so key workers are able to know their particular likes and dislikes and act on their behalf to lesson any frustrations. The AQAA confirms, 'Staff have supported individuals to purchase items for their bedrooms or flat’s to personalise and make it feel more homely to them, having shared there wishes in 'talk time’. Individuals are also able to have someone they can relate to if they have any concerns or worries.
People who live in the home have specific behaviour and or communication needs and guidelines have been created in these areas. The care records looked at had sections on communication and behaviour guidelines in which information was stored to assist staff in communicating and providing support to individuals. For example, the AQAA informs, 'At West Park staff has continued to encourage the use of new methods of communication, BSL / Basic makaton, has been positive and several of the individuals are trying to sign with staff and other individuals living there’. We also found care plans to guide staff if the individual had some behaviour that required to be managed appropriately and or patterns of behaviour that would prompt staff in relation to an person being unhappy. This is an improvement that has been made since the homes last inspection.

Daily records are completed for each person living at the home. These give an insight into a person’s routine each day, meals that have been provided, their state of wellbeing and any appointments they have attended. This helps people to be supported in a consistent manner and any difficulties can be seen at a glance and acted upon in a timely way.

In the eight surveys we received from people living in the home we asked, ‘Do you make decisions about what you do each day’? All of the responses were, ‘Always’.

In the staff surveys we received a variety of responses:

'Care for service users and meet their personal and emotional needs’.
'West Park is very informative about each service user’.
'Promote choice and independence to the people who use the service’.
Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users’ rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 15, 16 & 17.

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

Efforts are being made to ensure the people participate in activities that are meaningful to them both in the home and community. Individuals are offered healthy meal choices that meet their dietary needs.

EVIDENCE:

We saw staff communicating with people who live in the home throughout the inspection politely and in a friendly manner. The home was seen to promote peoples daily routines in a flexible manner. For example, people were moving around the home freely, choosing where to sit, what they wished to do and who to interact with. On arrival some people were waiting for transport to attend day centres and others were just rising to begin their day. Throughout the day people were seen to be choosing their preferences on how to spend their day. One person told us that they were going to see if they would like horse riding with another person who lives in the home. They also told us, "I
like making drinks for the other people here" and "I go and see my mom who used to come here but does not like my dolls”. Another person who had been out was bringing shopping back into the home and wanted to brush the inspector’s hair. This activity was managed appropriately by staff who spoke to the person firmly but with respect. For example, the office door was not closed to keep the person out as this was their home but distraction methods were used. This shows that individuals with some complex behavioural difficulties are being supported and encouraged to take part in everyday life activities resulting in them not being prejudiced due to their behaviours’.

We looked at the activities that promote people’s own independence, such as, dusting, hoovering and bedchanging which are all encouraged within this home. Also there are two sensory rooms in the home which are used by people who live there for relaxation purposes. However, at the last inspection we recommended that the registered manager makes a referral to an occupational therapist to focus upon the equipment in these rooms to ensure that it meets individual’s needs. This is important as these rooms can help to manage individual’s difficult behaviours, for stimulation and enable individual’s activity choices. The registered manager confirmed to us that this continues to be outstanding but they assure us this is being considered. We were also told that people are encouraged and supported to go out into the community to, the local park for a walk, to the pub, kick a football around, play tennis, swimming and shopping. We found that there is a lack of evening activities but the registered manager has acknowledged this in the AQAA and it is an area that they are looking to improve. We did not find any individual activity planners in the care records that we sampled that had been reviewed to ensure that these are meeting people’s own preferences and personal development. Therefore we recommend that activity planners are completed and reviewed with individuals and or their representatives.

Also in the AQAA it informs us that staff at West Park are currently looking at possible holiday options with the people who live in the home so that individuals have an opportunity of visiting new places and gaining enjoyment from new experiences away from the home.

We were told that people who live in the home are encouraged and supported to maintain relationships with their families and friends. We found examples in the care records that we looked at which confirms this is the case. One person goes home for short periods and families visit the home as they choose.

We were told that menus are planned every week on a Sunday and not always used as meals are provided in a flexible way with what people want on any given day. Individuals own specific food options and/or cultural needs were observed at all times. Some foods are purchased to that meet individuals cultural needs but even then people are given the choice to ensure that they are not discriminated against. The registered manager has also shown their commitment to improving individual’s choices by confirming in the AQAA,
'Menu planning to include cultural evenings, whether that be in the home or going out to restaurants'.

We found some care plans which give staff guidance in respect of how, what and when people like to eat. They inform staff what people may need help with eating and can they prepare their own meals. For example, one plan stated, 'I can drink independently from a cup and I need staff to support me with feeding. I can feed myself with a spoon or a fork – it does take me some time to do and I will pick up finger food'. It was positive to note that there is a section on helping the person to eat and drink healthily. For example, 'No I am not on a special diet, but I am allergic to chocolate. I will take Ensure a liquid food supplement when I haven’t eaten much’. To complement these plans we also found that daily records which are completed by staff and show what people living in the home have done in respect of meeting their hygiene needs, how the individual has been and what they meals they have eaten. This shows that people who live in the home are being supported with assistance when required and monitoring is taking place in relation to meals and drinking. We recommend that some consideration is now made to recording individuals daily intake of fruit and vegetables so that people are offered the recommended ‘five a day’ to maintain a healthy diet.

Family members in their completed surveys responded, 'Always', when asked, 'Does the care service support people to live the life they choose’?

One staff member confirmed in their survey, 'Our service put the needs of all our service users first setting the different activities for each individuals needs'.
Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users’ physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home’s policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Quality in this outcome area is good.

This judgement has been made using available evidence including a visit to this service.

People’s health and wellbeing is being promoted and protected by the effective medication practices at this home.

EVIDENCE:

Everyone who lives in the home has access to the health care they need. People’s care plans show that individuals are seen by their doctors when they are ill and by other health care professionals when needed. The registered manager has now ensured that people have health action plans which provide good outlines of people’s medical condition with medication prescribed to each individual. The health action plans can be taken to health appointments and therefore the information entered is first hand and will help all professionals, such as, dentists, community nurses, doctors and opticians understand the person’s needs. This is important due to the complexity of individuals needs.

It was positive to see that staff are now provided with diabetes information for one person who lives at the home as this was a requirement made at the home’s previous inspection. This information guidance is very comprehensive and written in plan English so that it can be followed by all staff. In this
information plan it details, what is diabetes, signs and symptoms, treatment, risk factors and medication that may be used together with any side effects. It also tells staff about the suggested guidelines for blood glucose monitoring which the staff help this individual with. It also tells staff that there is a resource folder for staff to look at covering diet, exercise, foot care and so on. At the end of the information plan there is a review date so that the registered manager can note any changes in the person’s medical condition.

As discussed earlier in this report we looked at three people’s care plans and found information to guide staff in a consistent way when meeting individual’s personal support. For example, in one plan we found information to confirm that the person did not need any support to go to the toilet but there were some difficulties in respect of the individual using the toilet roll. Therefore a plan has been put in place for all staff to follow to ensure that the person has the support needed. It also states people’s preferences for staff to be aware of and are respected by all staff. For example, ‘I do not like the light on in the bathroom while I am using the toilet and sometimes take a long time in there. Staff need to remind me to wash my hands’. In another plan around dressing it states, ‘I don’t need help with dressing or undressing with the exception of drawstring waists which I am very particular about having staff help to do up. Usually I prefer if staff give my clothes to me in the shower room after I have had my cream applied’. This shows that the home is promoting people’s health and social care needs appropriately.

We observed that staff had paid attention to each person’s personal care; people were wearing clothes in good condition suitable to their age and gender. We were told that people living in the home are able to choose whether they prefer assistance with their personal care tasks from either a female or male. This positive practice promotes individual’s choices and dignity.

We reviewed three individual’s medication with the registered manager. We found that all medications given to people who live in the home on a daily basis tallied with the Medication Administration Records, (MARS). The registered manager told us that medication is checked by staff on a daily basis and the registered manager completes regular medication checks. This should ensure that people are receiving their medication as prescribed by their doctors and doses are not being missed which could compromise individual’s health and wellbeing. We also found some good practice areas in relation to, guidance for staff to follow in respect of what medication is for and any potential side effects. The homes training matrix indicates that three senior staff and the deputy manager have received training in safe medicine handling and this means that people who live in the home are protected from unsafe medication practices by staff that have the necessary understanding. The organisation also provides competency assessments so that people are protected by staff who have gained the necessary understanding to give people their medications.
The medication trolley looked clean and well organised. At the present time there is nobody living at the home that requires any controlled drugs. However, the registered manager confirmed that they are going to get drugs register should anybody need these types of medication in the future so that controlled drugs can be recorded and administered so that people are protected against any unsafe medication practices within the home.

There has been improvements in the written procedures of giving people who live in the home’ when required’ (PRN), medications. The general practitioner (GP) has now approved the written protocols for all PRN medications to aid staff in giving individuals these types of medications. We found in the care records that we looked at instructions for staff to follow, such as, 'PRN protocol for X no more that 8 tabs in 24 hour period must be 4 hour gaps between taking each dose. When in pain she is able to communicate her needs to staff should offer her support ask X whether she would like pain relief and administer 2 x 500mg of paracetamol and side effects are stated’. This should ensure people living in the home are safeguarded by the robust medication practices.

In the two completed surveys completed by family members we asked, 'Does the care service meet the different needs of people’? and the responses were, ‘always’. Also in one staff survey it told us, 'This service has set out to meet the need of service user and these needs are met on a daily basis from time to time clients or service user will show their moods by smiling in reference to their satisfaction’.

One person told us, Staff help if I need them to.
Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

22. Service users feel their views are listened to and acted on.
23. Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

18, 19 & 20.

Quality in this outcome area is adequate.

This judgement has been made using available evidence including a visit to this service.

West Park demonstrates that it welcome views, complaints and suggestions about the services offered in the home. Recruitment and staff training needs to be improved so vulnerable individuals are fully protected by robust practices in these areas and this is supported by relevant documentation.

EVIDENCE:

We looked at the complaints log book that is used to record any complaints and found that none had been received by the home since our last inspection. The registered manager also confirmed that this was the case. Also there have been no complaints received by the Commission for Social Care Inspection, (CSCI). The complaints procedure is detailed in the statement of purpose and service user guide so that people living in the home and their representatives have knowledge of what to do if they wish to raise any complaints. It was positive to see that this is also produced using pictures as aids so that it is accessible to all people regardless of their abilities. We found in the care records that we looked at that individuals and or their representatives had not signed the complaints procedure. However, the registered manager confirmed that it had been sent to individual’s representatives but had not been sent back to the home as yet.

All of the surveys we received from people living in the home indicated that individuals knew who to speak to if they were not happy and who to complain to. Family members who completed surveys indicated that they also knew
how to raise any complaints they may have and this was echoed in the responses staff gave us with one staff member confirming, 'Speak to my superiors about any relative concerns'. Also the registered manager is looking at ways of enhancing the process of feedback they receive from people who use the service. For example, the registered manager within their completed AQAA has stated: - ‘To collate questionnaires and send out feedback to show how we listen and act upon what people say’. In addition to this we were told that service user meetings are held monthly which provide individuals with the chance of discussing any issues they may have. This shows that peoples rights are promoted with their views listened to.

We found some compliments that had been received, such as, praising the manager and team for the way X is supported and another one confirmed that the person had settled in the home and their appearance is good.

In the AQAA it confirms, 'The staff at West Park are in the process of attending protection training and are completing the questionnaires on protection at 1 year, 2years, 3years after the training, staff are requested to attend the training again after 2 years'. Also we were told that within staff supervision session’s part of the agenda covers concerns and adult protection issues. There is a copy of the local authorities’ protocols for staff to follow if an abusive situation should arise. However, the staff training matrix that was shown and given to us only confirms that four staff have completed safeguarding vulnerable adults training. Therefore we cannot be confident that sufficient numbers of staff have received this training to ensure that people living in this home will be protected from abuse.

Staff recruitment procedures need to ensure that all information is documented so that it shows that people living in the home are protected by robust recruitment practices, (discussed further in the staffing section of this report).

The registered manager has received training in the Mental Capacity Act and the training matrix confirms one other staff member has received this training. However, due to the needs of the people who live in this home it is important that sufficient numbers of staff have the opportunity of completing this training. This will ensure that people living in this home are having their needs met and rights upheld by knowledgeable staff who realise the principles behind individuals ‘best interests’ and recognise when individuals may need an advocate for choices and decision making purposes.

People have lockable facilities in their rooms where they can keep their own monies and/or other valuables. However, upon request the registered manager will look after monies on behalf of people who specifically ask them to do so. There are personal expenditure sheets for the purpose of recording any monies together with receipts which are given to the home to hold on behalf of the people who live there. On the day of our visit we checked two
people’s monies, these were found to be correct and they were stored appropriately in a locked safe.

As discussed earlier in this report improvements have been made with regards to behavioural guidelines which are now in place and we examined these in the care records that we looked at. They inform staff of individual’s behaviours that may require to be managed which include indicators and a list of triggers for staff to be aware of together with support strategies. The behaviour support that each person living in the home may need is based on traffic light system so that staff can see at a glance at what level support may be required to help individuals with their behavioural difficulties.

Disclaimers’ for keys, post, confidentiality and individuals holding own bedroom door key along with lockable cabinet facilities. These are agreements which are developed with the individual and or their representative to ensure people are given the choices and decisions around the opening of post and or holding their own bedroom door keys. When we looked at a sample of these and found that although they had been signed and dated by the registered manager there were blank spaces where individuals and or their representatives should sign to state that they agree. We discussed this with the registered manager who confirmed that they will now complete fresh disclaimers’ with people to ensure that valid agreements have been made.
Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users’ bedrooms suit their needs and lifestyles.
26. Service users’ bedrooms promote their independence.
27. Service users’ toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users’ individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

24, 26, 27, 28 and 30.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

This home is comfortable, clean and well maintained. Facilities meet the individuals needs and promote independence so that people are able to enjoy living in a safe environment.

**EVIDENCE:**

This home is a large detached property that has been renovated from an older people’s care home to a care home for younger people who experience a range of learning and physical disabilities. There is a large car park and a garden area which consists of a patio area and is secure. The physical layout of the home is over three floors and provides spacious accommodation. It is managed has two separate units which include four bedrooms with en-suites, lounge, dining room, laundry, sensory room, kitchen areas and two flats on each unit. It is close to different modes of transport with bus stops close by and easy access to West Bromwich town centre.
The registered manager showed us around the home and we looked at some bedrooms, flats, communal toilets/bathrooms, lounges, ‘quiet room’, kitchen and sensory room. The lounge areas had comfortable seating with televisions for people to watch as they choose. We found them to be clean and tidy. The kitchen had all the necessary equipment for people to use and from a recent visit by the Environmental Officer the home was awarded five stars which is the highest rating for being clean with hygienic food practices so that people are protected from infections and or cross contamination.

We looked at some bedrooms and found these to be personalised to reflect the individuals own personality and interests. All of the bedrooms have en-suite facilities which looked clean.

We found that the physical design of the home meets the needs of the people who live there, for example, there is a lift for individuals who are unable to climb stairs, there are two sensory rooms for people to aid relaxation and stimulation and there is a room which is used as a ‘quiet room’ where people can go to read or relax without the noise of the televisions if they wish. There are also flats within the home for people who are fairly independent but require some support to maintain their independence and promote their daily living skills. These have lounges, kitchens, bedrooms and en-suite areas.

The two sensory rooms in the home do need to be assessed by an external professional, such as, an occupational therapist as discussed earlier in this report. This will ensure that the equipment provided in these rooms does meet the needs of the people who live in this home.

When walking around the home we observed that the hallways were quite clinical in appearance, for example, there were some pictures hanging on the walls but they did not seem to bear any resemblance to the people living there. We discussed this with the registered manager who acknowledged that these are areas that do need to be more personalised to people living in the home to provide homely touches. The registered manager has acknowledged that they want to include photographs of people enjoying activities and so forth displayed in the hallway areas.

The home does have use of maintenance people should any repairs need attention around the home. At the time of our visit there was no evidence of work outstanding in respect of small repairs around the home which would affect people’s choices and/or quality of life whilst living in the home.

One person said "It is lovely and very clean and we water the plants".
Staffing

The intended outcomes for Standards 31 – 36 are:

31. Service users benefit from clarity of staff roles and responsibilities.
32. Service users are supported by competent and qualified staff.
33. Service users are supported by an effective staff team.
34. Service users are supported and protected by the home’s recruitment policy and practices.
35. Service users’ individual and joint needs are met by appropriately trained staff.
36. Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

32, 24 & 35.

Quality in this outcome area is adequate.

This judgement has been made using available evidence including a visit to this service.

Efforts have been made to ensure there are sufficient numbers of staff to meet individual’s needs. Further work is required to ensure all staff have the skills and knowledge to meet the needs of people who live at this home so that individuals are in safe hands at all times.

EVIDENCE:

We were informed by the registered manager that there are currently twenty-four staff working at the home with a vacancy for a deputy manager. This is an improvement as at the previous inspection there were high percentages of agency workers. The registered manager told us that there are six staff who work the early and afternoon shifts with two ‘waking’ and one ‘sleeping’ staff during the night periods. Upon examination of the staffing rotas we found this to generally be the case. In addition to this the registered manager undertakes the majority of her hour’s supernumerary to care.

The homes recruitment records are maintained at the services central head
office and pro-formas that have been devised by CSCI are stored at the home. The AQAA confirmed, ‘CareTech has a recruitment process in place, which requires 2 references, a CRB check and a POVA check and proof of identification’. The registered manager showed us some recruitment files but we could not retrieve some of the information we needed to ensure recruitment practices safeguard people living in the home. Therefore a request was made to head office to provide some staff pro-formas. This was done and we looked at two staff pro-formas and found that there was some missing information. For example, there was no staff photograph on either, on one there was no Criminal Record Bureau, (CRB) date or disclosure reference to inform whether one had been received. Both pro-formas had the record of training blank. Therefore we were not able to confidently state that people living in the home are supported and protected by the homes recruitment policy and practices.

The registered manager told us that six members of staff have National Vocational Qualification, (NVQ), Level 2. This is below the recommended level of 50% of staff. The registered manager gave us a training matrix on the day of our visit. This shows that some staff have received specialist courses in, epilepsy, autism and non violent crisis intervention. The matrix showed only some staff members had completed their mandatory training. For example, it showed, six staff had competed manual handling training, eight staff had completed food hygiene, seven staff had completed health and safety training and six staff had completed infection control training. However, at the homes previous inspection we were told that five permanent staff members were booked to undertake medication, NVCI, risk assessment, manual handling, food hygiene, mental capacity, epilepsy infection control, food hygiene and learning disability qualification for October 2008 to March 2009. However, on the training matrix we were supplied with it only confirms, three staff have received training in October 2008 with two staff members who have training in March and April 2009. Therefore we cannot be confident that sufficient numbers of staff have received training to meet the needs of the people living at the home as the training matrix does not provide this.

In the staff surveys responses informed us:-

‘Constant training and refreshers would be beneficial personally’.
‘Staff have been given the necessary training to upgrade their knowledge which enable them to support all service user in the best way, meeting their needs’.
‘Provide good training programmes which cover a wide range and that best support the people we work with’.
Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

37. Service users benefit from a well run home.
38. Service users benefit from the ethos, leadership and management approach of the home.
39. Service users are confident their views underpin all self-monitoring, review and development by the home.
40. Service users’ rights and best interests are safeguarded by the home’s policies and procedures.
41. Service users’ rights and best interests are safeguarded by the home’s record keeping policies and procedures.
42. The health, safety and welfare of service users are promoted and protected.
43. Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

37, 39 & 42.

Quality in this outcome area is adequate.

This judgement has been made using available evidence including a visit to this service.

There have been clear improvements in care planning and risk assessments which have been driven by the registered manager so that individual’s health and safety is not compromised. Efforts now need to demonstrate recruitment and staff training is robust so that vulnerable people who live at this home are fully protected.

EVIDENCE:

The home is managed by Ms Marie Fisher who is registered with CSCI and has a wealth of experience and knowledge of working with people who have learning disabilities. Ms. Fisher is completing the registered manager’s award and NVQ Level 4.
The registered manager informed us they undertake random checks in areas including medication, meals and the homes environment. In addition to this the area manager completes visits on a monthly basis to check where improvements need to be made, what has improved and people living in the home are able to express their views where possible. Another area where the quality of the service provided is audited is in the form of questionnaires that we were informed are given to people who live in the home, family members, staff and external professionals every six months. These now require analysing so that a report based on the findings from the questionnaires can be produced and made available in the home. The registered manager in her AQAA mentioned this as one area that they would be developing further. Meetings are held whereby people living in the home are invited to speak about what likes and/or dislikes they have about the care and support individuals receive in the home. There is also an opportunity to state what suggestions individuals have for the home to improve. The registered manager then looks at what action would be taken on some of the points raised in these meetings. In the completed AQAA the registered manager stated, ‘The manager openly encourages family members to call the home to discuss any issues that they may have, and to visit as often as they would like’. This reflects a commitment to consulting people and or their representatives in all aspects of life in the home.

In one staff survey we were told, ‘Marie offers total support, guidance and advice is and when required’ and another one said, ‘The manager is approachable’.

Accident records are maintained in line with the Data Protection Act. Generally health and safety is also adequately managed. It was encouraging to see that maintenance and service checks demonstrate areas such as gas appliances, fire equipment and water outlets are being appropriately checked. Fire drills and alarm tests are completed on a regular basis to ensure that risk to injuries through fire are reduced to people living in the home in the event of a fire. It was positive to see that each person living in the home has an individual fire risk assessment which specifies what support is needed in the event of a fire.

It is evident that the registered manager is committed to providing the best possible outcomes for people who live in the home. For example, throughout this report there have been significant improvements in care planning, risk assessments and health action plans. Also the registered manager has shown that they have the best interests of the people who live at the home at heart by making the decision not to accept any further new admissions into the home until they can demonstrate that individual’s needs are being planned, met and risk assessed appropriately. The registered manager is also aware that any new people coming to live at the home need to ‘fit in’ with the people who already live in the home. However, some improvements are now
required in relation to ensuring all care planning is person centred in formats people living in the home are able to participate in and understand. This will ensure that individuals are able to have their preferences met in the way they choose and at times suitable to them. Where this is not possible then representatives should be engaged in this activity with documentation reflecting this. Staff recruitment and training procedures and practices need to be robust as we cannot be confident from documentation supplied to us that people living in the home are having their needs met appropriately and are in safe hands at all times. Although we do acknowledge that it has been a time of many staff changes at the home with new staff having commenced work at West Park since our last inspection visit.
**SCORING OF OUTCOMES**

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- **4** Standard Exceeded (Commendable)
- **3** Standard Met (No Shortfalls)
- **2** Standard Almost Met (Minor Shortfalls)
- **1** Standard Not Met (Major Shortfalls)

“X” in the standard met box denotes standard not assessed on this occasion “N/A” in the standard met box denotes standard not applicable.

**CHOICE OF HOME**

<table>
<thead>
<tr>
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**CONCERNS AND COMPLAINTS**

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**LIFESTYLES**

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**PERSONAL AND HEALTHCARE SUPPORT**

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**CONDUCT AND MANAGEMENT OF THE HOME**

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<td>42</td>
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<tr>
<td>43</td>
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</table>
Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>1.</td>
<td>YA34</td>
<td>19</td>
<td>All recruitment pro-formas must be completed showing all the necessary checks have been made. This will demonstrate that residents are protected from harm.</td>
</tr>
<tr>
<td>2.</td>
<td>YA35</td>
<td>18(1)</td>
<td>Sufficient numbers of staff must have undertaken specialist training in order to meet residents’ individual needs. This includes all new staff which must be done in a timely manner and needs to be reflected in the training matrix. To include, diabetes, challenging behaviour, epilepsy and communication.</td>
</tr>
<tr>
<td>3.</td>
<td>YA42</td>
<td>18(1)</td>
<td>The registered provider must be able to demonstrate that sufficient numbers of staff have completed all mandatory training, such as, manual handling, health and safety and food hygiene. This includes all new members of staff which should be undertaken in a timely manner and is reflected on the training matrix. This will ensure that the health and safety of residents is being promoted.</td>
</tr>
</tbody>
</table>
# RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

<table>
<thead>
<tr>
<th>No.</th>
<th>Refer to Standard</th>
<th>Good Practice Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>YA2</td>
<td>Detailed and thorough pre-admission assessments should be completed before people are offered a placement at the home. This will help the home be confident of meeting people’s needs.</td>
</tr>
<tr>
<td>2.</td>
<td>YA4</td>
<td>A range of visits to the home, suitable to the individual, should be completed in order that the findings of these can be incorporated into the homes pre-admission assessment. This will help ensure staff have sufficient knowledge of the individual so that they can meet their needs. It will also help prospective residents decide if the home is suitable for them.</td>
</tr>
<tr>
<td>3.</td>
<td>YA7</td>
<td>Systems should be introduced that support residents to make choices and decisions. This should include all assessments and care planning.</td>
</tr>
<tr>
<td>4.</td>
<td>YA14</td>
<td>Systems should be implemented for recording and evaluating activities in order that the home can monitor that activities meet individuals’ expectations.</td>
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<tr>
<td>5.</td>
<td>YA23</td>
<td>Suitable numbers of staff should receive training in the Mental Capacity Act so that resident’s rights can be upheld.</td>
</tr>
<tr>
<td>6.</td>
<td>YA23</td>
<td>Suitable numbers of staff should receive training in adult protection and aggression in order to reduce risks to residents.</td>
</tr>
<tr>
<td>7.</td>
<td>YA24</td>
<td>A shelter is needed in the garden for residents who smoke. This is needed to be complaint with the Smoke Free Regulations.</td>
</tr>
<tr>
<td>8.</td>
<td>YA29</td>
<td>Advice from a relevant professional should be for equipment in sensory rooms and this purchased. This should be obtained as a priority to increase the opportunities of sensory stimulation for people living at the home.</td>
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<tr>
<td>9.</td>
<td>YA30</td>
<td>Suitable numbers of staff should receive training in infection control to promote the wellbeing of residents.</td>
</tr>
<tr>
<td>10.</td>
<td>YA32</td>
<td>Suitable numbers of staff should hold a NVQ qualification in order that they are qualified to support residents.</td>
</tr>
<tr>
<td>11.</td>
<td>YA39</td>
<td>Quality monitoring processes should continue to be implemented in order that the home can measure if it is achieving its aims and objectives.</td>
</tr>
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</table>