



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

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

<b>Name:</b>	Brinton Care Home
<b>Address:</b>	103-104 Stourport Road Kidderminster Worcs DY11 7BQ

**The quality rating for this care home is:**

two star good service

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

<b>Lead inspector:</b>	<b>Date:</b>
Jean Littler	0 9 0 6 2 0 0 9

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

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

**Outcome area (for example: Choice of home)**

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

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

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

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

Judgement:

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

Evidence:

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

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

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- 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

Our duty to regulate social care services is set out in the Care Standards Act 2000.

**Reader Information**

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## Information about the care home

Name of care home:	Brinton Care Home
Address:	103-104 Stourport Road Kidderminster Worcs DY11 7BQ
Telephone number:	01562825491
Fax number:	01562824753
Email address:	hayley_martin2@yahoo.co.uk
Provider web address:	

Name of registered provider(s):	Minster Pathways Limited
Type of registration:	care home
Number of places registered:	5

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	5	0
Additional conditions:		

The registered person may provide the following category of service only: Care Home Only 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) 5

The maximum number of service users to be accommodated is 5.

Date of last inspection									
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### **A bit about the care home**

Brinton Care Home is registered to provide residential care for up to five people who have a learning disability. The house is detached with five bedrooms. It is near Kidderminster town centre where there are buses, trains, shops and cafes. There is a minibus but wheelchair users cannot use it.

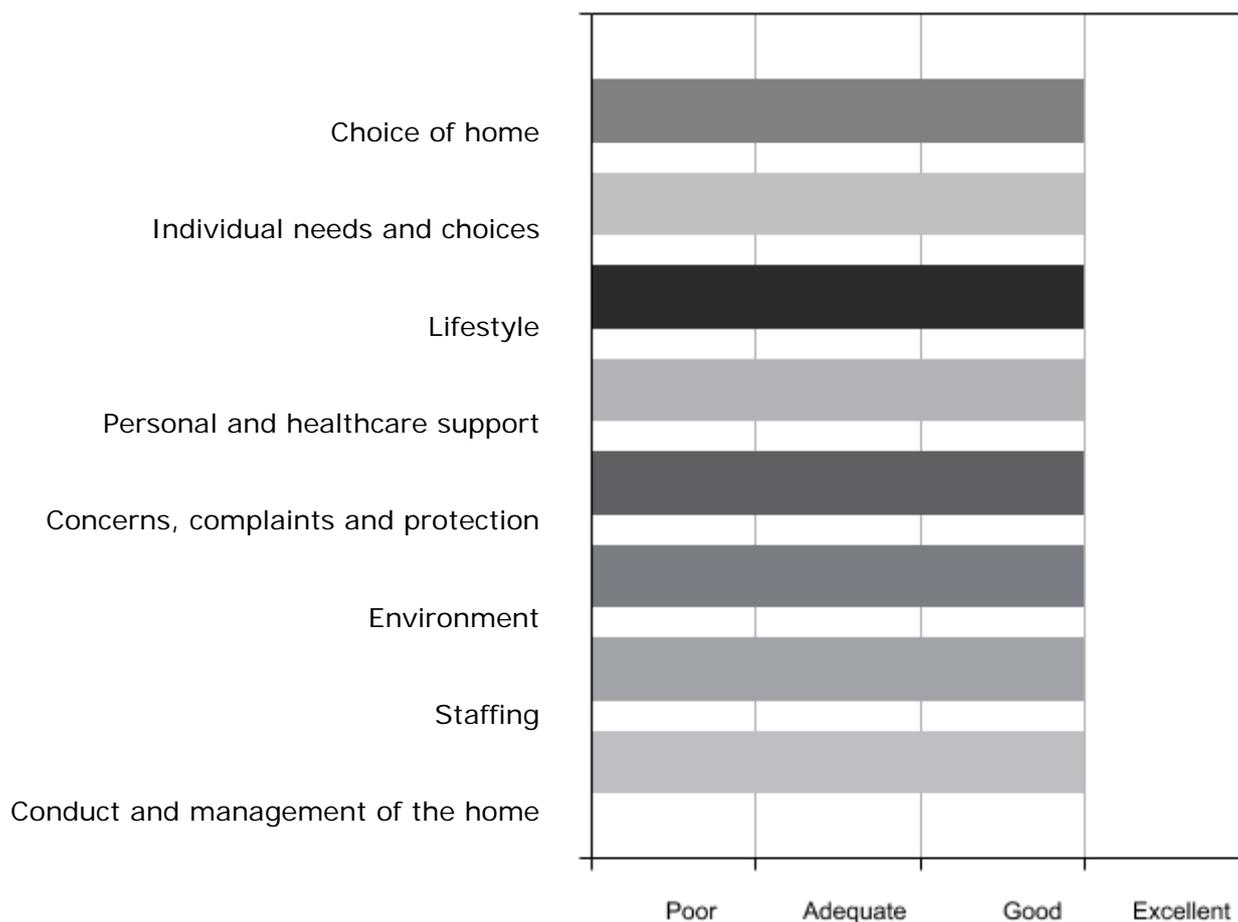
## Summary

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

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



## How we did our inspection:

### **This is what the inspector did when they were at the care home**

We spent one day in the home. The manager, Miss Martin, was on duty and helped.

We spoke with two staff and looked around the house.

We watched how the people who live at the home spent their time.

The residents, some of their families, the staff, and some health workers returned surveys to give us their views. These showed that people are happy living at the home.

We looked at records such as care plans, medication and staff rotas.



### **What the care home does well**

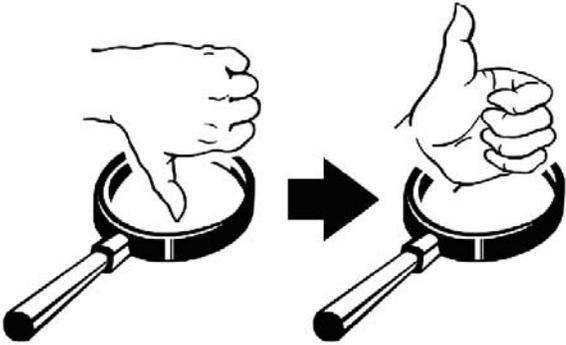
New people are supported to visit and try out the service before moving in.

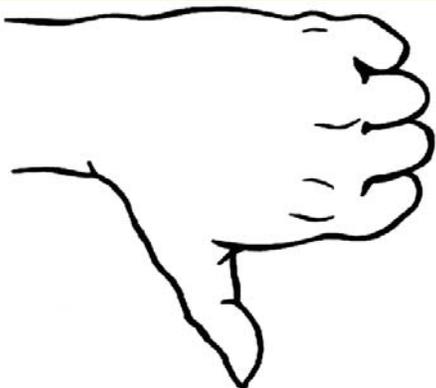
People can spend time doing things they like at home.

They are helped to stay in touch with their families.

The house is homely and safe. People have private bedrooms with their own

	<p>toilets.</p> <p>There are enough staff to give people one to one time. People are happy at the home and like the manager and staff.</p> <p>The home is well run and people are asked their views.</p>

	<p><b>What has got better from the last inspection</b></p> <p>People have their needs and wishes written clearly in their care plans.</p> <p>There are now two staff at night.</p> <p>The lounge is now bigger and the laundry is inside.</p> <p>There are now more checks to make sure the service is run well.</p> <p>People are having full health checks each year.</p>



### **What the care home could do better**

People could be helped to try new activities.

Provide a bus that people who use a wheelchair can use.

Carry out the plan to change the garage into an activities room.

Staff could be given training more quickly to help them do a good job.

Proper checks must be made on people who want to work at the home.

People could be given clearer information about how to make a complaint.



**If you want to read the full report of our inspection please ask the person in charge of the care home**

**If you want to speak to the inspector please contact**

Jean Littler

	33 Greycoat Street London SW1P 2QF  02079792000

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line - 0870 240 7535

## Details of our findings

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## 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. New people are given information about the service and have their needs assessed. They have the opportunity to visit the home to try out the service before deciding if they want to move in.

Evidence:

A Statement of Purpose and a Service Users Guide are available. The Guide includes pictures and each person has their own copy. Some choose to keep this in their bedrooms. The Guide should include the fees but currently it does not. Miss Martin reported that an assessment is completed first and then a fee is agreed depending upon the person's needs. She agreed to add the range of fees in, which are between one thousand and eighteen hundred pounds a week. She said in the AQAA that she plans to develop a more comprehensive and up to date brochure of the home giving future prospective service users a good over view of the service that can be provided by the home.

One person has left the service recently as it was felt his complex needs could be better met in a more specialist service. There is currently one vacancy. There is a company policy outlining how the admission of new residents to the home will be

#### Evidence:

achieved. Since the last inspection two people have been admitted. An extension to the house was completed in June 2007. This added an additional bedroom on the ground floor with the specific purpose of accommodating a person with additional physical disabilities. The records of the person admitted into this room were sampled. Miss Martin had completed an assessment of the person's needs. This was brief in parts, for example, under many areas it just stated that he, 'needs assistance'. The person had been on several visits to the home to help Miss Martin assess his needs in more depth and to give the person the chance to test out the service. Miss Martin had completed a baseline care plan at an early stage to guide staff about his needs. External professionals were appropriately involved and specialist equipment provided. As a result of the assessment process the new shower cubicle was removed and replaced by a wet room with a floor drain. Equipment to aid mobility, pressure care and independent eating was also provided. The placement is going well and the person is making good progress with increasing independence and mobility levels. The person's family has been involved during the process and Miss Martin reported that they are very pleased with how he has settled.

## 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 can be confident that their needs and wishes are recorded in their plans and that these will be kept under review. They are being supported to make their own decisions and take reasonable risks as part of leading a normal life.

Evidence:

Care planning procedures are now well developed and the two sampled contained information on the specific needs of each person and how these are to be met. A pen picture of the individual has been written to provide background information. The guidance for staff on each care area was detailed and written respectfully. Plans were wide reaching, for example support needed with personal and health care, meals, housework, shopping, clothes, activities and outings. It included the person's preferences and the need to promote their independence where possible. Risk assessments were included to guide staff about how to manage hazards such as epilepsy and the use of bedrails. Pressure care assessment should be requested from the community nurses as a baseline for the two people with mobility needs. People have not always had their weight monitored regularly. Miss Martin said one person needs seated scales and an arrangement to access these is being made. She

## Evidence:

confirmed the other person can start to be weighed again when the broken house scales are replaced.

Staff sign to demonstrate they have read the care plan information. Daily notes are recorded and charts used to monitor areas like personal care. A keyworking system is in place to help ensure people's needs are met and their records kept up to date. The plans have been reviewed regularly and changes noted. Monthly summaries are completed by keyworkers and these then feed into the main review report. Review meetings are being held and people's representatives are invited. These should continue within six monthly intervals.

Records and discussions indicated that people are being supported to make decisions when possible, for example when they go to bed, what they wear and eat. They are encouraged to make wise decisions, for example, staff try to get one person to agree to go to bed rather than sleeping in the lounge chair as this can result in swollen legs. When a previous resident was making, what staff felt were unsafe lifestyle decisions, appropriate support was requested from health professionals. Details of how decision making is supported could be expanded on in the care plan to make reference to the Mental Capacity Act principles and arrangements. Capacity assessments could also be completed.

Miss Martin reported in the AQAA that service user meetings are currently being held regularly and as more service users move into the home they will be developed to encourage service users to use them as an opportunity to communicate their views and wishes regarding their home and the service provided within it.

Staff feedback indicated that the team work consistently and that a good standard of care is provided. Those spoken with confirmed this. Examples were discussed about people's development, such as one man becoming more mobile and another coping well with a new difficult health condition.

Sometimes people can challenge the service. The care plans describe how people's behaviours should be responded to positively, for example, calmly redirect them into a positive activity. Incident reports are completed and the support of the local Behaviour Management Team can be requested if needed. No physical intervention is being used currently although some staff have attended this training.

## Lifestyle

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

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

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

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service. People like where they live and are relaxed at home. They are enabled to be involved in pastimes they enjoy and to access the community regularly. There is some scope to develop opportunities further. Relationships with friends and relatives are supported. People enjoy the meals provided and have a choice over what is on the menu.

Evidence:

There was a relaxed atmosphere in the home and people were engaged in different things of their choice, for example one man watched his favorite DVD, while one baked cakes and another did puzzles and then some art. People seemed content and were mixing comfortably with the carers. Some are obviously used to having a joke and a laugh with staff.

People are encouraged to follow an ordinary lifestyle as far as possible, by using the same facilities as other members of the community. An individual programme of activities is arranged with each person that takes into account their preferences. Miss

## Evidence:

Martin reported that there has been progress in developing a wider range of activities. Staff feedback confirmed this, but some thought there was still scope for improvement. One person has been very ill during the last six months and is still convalescing. Records showed that one new person is reluctant to go out. Miss Martin said that they are making progress in helping the person overcome anxiety associated with going out. Observations confirmed this and showed that staff were successful in encouraging the person to go for a walk. Staff should record when an outing is offered and declined to show that the opportunity was made available. The vehicle provided is not wheelchair accessible. This means staff cannot be spontaneous with this person as a taxi has to be ordered in bad weather or for trips further afield.

People are encouraged to achieve personal goals, for example one person has indicated they want to go to Disney. Miss Martin has applied for a passport and the decision is being rechecked with her periodically. Daily records showed people are being supported to develop their life skills where possible, by doing general household tasks. People are supported to have contact with their relatives. One person's family does not live in the area, but he has an advocate who visits and acts on his behalf. One man does not live at the home full time. He spends the days at the care home up to ten o'clock at night and then returns to his family home to sleep. He stays at the care home every second weekend. He has his own bedroom and Miss Martin says he does access this when he wants time alone. This is a long standing and unusual arrangement that may not be in the person's best interest. He is much younger than the other residents and is the only person with Autism. Arrangements for the funding of activities did not seem to be effective and are limiting the opportunities staff can offer him. Miss Martin should review arrangements with the person's representatives to seek positive changes.

Miss Martin said in the AQAA that she aims to further develop the role that service users play within the development of their environment and decisions in their daily lives. This includes having more contribution and input into how the home is operationally managed to meet their needs. She plans for staff to continue to support and assist service users to develop further their life books in which they can highlight their aims objectives and goals for the future and how best we can support them. To develop with each service user a personal picture activity folder which will enable them to better plan their weekly activities. To increase the community access for service users in a more flexible manner utilising staff deployed hours to maximise the social gain for service users.

The food is prepared by care staff. Some people like to go food shopping with staff. Care plans included details of people's likes and dislikes. One person cannot currently have food orally and staff have been sensitive about his feelings when others are eating. The menus confirmed that healthy eating is promoted and a record is kept of the food provided.

## 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 are being actively supported with their personal and health care needs. Their medication is being safely managed on their behalf.

### Evidence:

People's personal and healthcare needs were well documented in the care plans seen. The guidance informed staff how people preferred to have their needs met and what their chosen routines are. Staff confirmed that people are encouraged to be independent where possible and their dignity and privacy is respected. Staff were observed to be attentive to people during the day assisting them with personal care and ensuring those with mobility needs were positioned correctly and comfortable. Discussion with Miss Martin and staff showed how they have a good understand of people's needs and are flexible depending on how people are feeling. For example, one man was withdrawn and staff felt he was probably getting a cold, so allowed him to have a quiet day relaxing. Some staff interactions with people were more like parent to child in manner rather than adult to adult. Miss Martin said this approach can help one person stay in a positive frame of mind. Some consideration should be given to trying alternative methods and to the general use of words like toys for people's favourite possessions.

## Evidence:

Miss Martin reported that each person has their own Health Action Plan that they can take with them if they leave so their health history is not lost. Care plans contained evidence that when health concerns arise action is taken quickly. A grab sheet is in the care plan with information in case someone is taken to hospital in an emergency. Records showed that people are attending routine health appointments and clear records of what the outcome was. Well person checks are being carried out by the local surgery. One record of a check up completed by the nurse was incomplete. Miss Martin should follow up why checks such as ear wax and the testicular examination were not carried out. Some people have complex health needs including epilepsy and being fed through a gastric tube. Guidance was in place and most staff have been trained in relation to these. Epilepsy risk assessments could be expanded to show that the use of monitoring devices have been considered but deemed ineffective, and that a trigger for one person can be constipation so monitoring is essential. Discussions did show that monitoring was taking place. Additional specialist support and advice has been sought when needed such as occupational therapy and psychiatric services. A health professional gave feedback, 'I have only worked with the service around one person. They asked for support when they could see the person's mental health was deteriorating. They were keen to get extra training to help this individual'

Miss Martin and a colleague recently attended a course about supporting people at the end of their life. She plans to arrange for other staff to receive this training.

Medication arrangements at the home are satisfactory, and residents are protected by the policies and procedures that are in place. A Monitored Dosage System is in use, and the local pharmacist undertakes a regular check to ensure that the correct procedures are being followed. The Medication Administration Records were seen and had been completed to a good standard. Good practice arrangements are in place such as obtaining and checking repeat prescriptions and getting the pharmacy to sign when medicines are returned. Accredited training has been provided for most staff. There is always a senior on duty who has lead responsibility for medication. Regular reviews of the medication prescribed are being undertaken. Protocols are in place to guide staff about the use of medication that is only needed in certain circumstances. Suitable storage is provided, although if another person moves in who takes medicines additional storage will be needed. A controlled drug CD cabinet is used to store items appropriately. It would be good practice if a CD register was also used.

## 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 and their representatives are able to express any concerns and feel these will be listened to. Suitable arrangements are in place to help safeguard people from all forms of abuse.

Evidence:

A clear procedure for the investigation of complaints is in place and this has been updated recently. Now Miss Martin has begun using visual images to make information more accessible to people with learning disabilities she plans to produce an Easy Read complaints poster with pictures in it. She reported in the AQAA that after collated feedback in the quality assurance surveys. It was highlighted that not all outside parties were aware of our complaints procedure. This has been addressed by sending out a copy of our complaints procedure to all outside parties involved with our service.

Miss Martin reported that she consults regularly with the residents and their representatives to gain their views. Surveys from residents and their representatives indicated that people felt able to tell Miss Martin if they had a concern. She reported that no complaints have been received in the last year. In September 2007 we received one about the conduct of two workers. The owners were asked to investigate and they shared their findings with Worcester Social Services and us. No evidence was found to support the allegation and it was concluded that it was likely to have been a malicious allegation after a worker was dismissed. One resident contacted us shortly before he left the service with some concerns. Other professionals were closely involved in supporting him at the time and they and Miss Martin were aware of the

**Evidence:**

issues. Miss Martin said she did not record these in the complaints log but a detailed record was kept in his person's care file.

A procedure is in place relating to the protection of vulnerable adults. Miss Martin reported that all staff had received training as part of their induction process. Some staff had recently attended refresher training provided by the local authority and others are due to attend the next course in October. A poster on the wall reminded staff of the local protection arrangements and contact number. Discussions with staff showed they have an awareness of these issues, and also an understanding of their individual role as an advocate for residents. Miss Martin is aware of the changes that are being made with the introduction of the Independent Safeguarding Authority.

## 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 have a well maintained, comfortable and clean home that meets their needs and is located near local amenities. They have single personalised bedrooms and private toilet facilities.

Evidence:

The house is a detached, five bedroom converted house situated about a mile from Kidderminster town centre. It is within walking distance of several local amenities, and there is easy access to public transport. The home also provides a vehicle, however, as mentioned this is not accessible to wheelchair users so one person cannot make use of it.

The communal areas of the house include a lounge diner, kitchen, utility room and bathroom and toilet. The gardens, although quite small, are secure and accessible to the residents. There is a ramp to enable wheelchair access to the home. The house is comfortably furnished and the bedrooms seen were attractive and personalised.

When the fifth bedroom was added in 2007 another section was also added to the lounge. This has been fitted with seating and a second television. A small laundry room was added, but the ventilation is inadequate. The laundry equipment was previously in an outbuilding. The plans to change the garage into an activities room have not been carried out. Miss Martin is hopeful the owners will commission this development in the

## Evidence:

next year. There are three single bedrooms each with toilet en suite facilities on the first floor. The ground floor accommodation is adapted for people with limited mobility, and both bedrooms have an en suite bathroom and toilet. Suitable aids and adaptations have been made where possible, for example the garden gate was widened for wheelchair access. The kitchen is not very big and is therefore not easily assessable to wheelchair users. Miss Martin reported that this was considered during the new resident's assessment process. His representatives decided it was not a major obstacle to the placement as he does not enjoy being involved in kitchen activities.

The home was clean and modern. The care staff carry out domestic duties. The washing machine has a sluice facility and there are systems in place for infection control including the use of protective clothing. In one person's bedroom there was an odour. This was because staff were double bagging clinical waste. Miss Martin said the recent Environmental Health inspection had been positive. It had been recommended that the staff who had not gained a Food Hygiene certificate should be provided with this training. Miss Martin had taken appropriate action and only one worker now needs to gain this. In future all staff should do this training in their induction.

Miss Martin confirmed that regular maintenance and servicing arrangements are in place and that everything was in good working order. There is no heat or smoke detector in the new laundry. Miss Martin said she would check the need for one with the fire equipment servicing company.

## 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 are being supported by staff they like, in sufficient numbers to meet their needs. The team is suitably trained, qualified and supported to do a good job. Recruitment and selection procedures have not always been followed which could put people at potential risk.

Evidence:

Miss Martin reported that there is a minimum of three staff on duty throughout the waking day when all four residents are at home. There had been four staff on when there were five residents, and four staff will be provided again if the vacant room is occupied. When more staff recruited it would be positive if the number of male staff could be increased as currently there is only one. Additional hours are available if needed to support specific activities, however, Miss Martin works office hours and can provide cover in the home if needed freeing up staff for outings.

The staff team has been quite settled over the last two years but there have been some recent changes. There are three new staff and a night worker has just handed in his notice. Since the admission of the new resident Miss Martin increased the night staffing from one to two waking workers. She felt this was needed due to the level and complexity of some people's needs.

Discussions with the staff on duty about their experiences of working at the home,

## Evidence:

confirmed that appropriate procedures are followed, they are given good training opportunities, and they feel supported by the management. Miss Martin told us that she was providing staff with supervisions and appraisals but she was behind with her planned schedule for this. Feedback from residents, their representatives and health professionals were positive about the staffs abilities and attitude. One commented, 'I feel the service is well run. The staff treat all of the residents very well. The ratio between staff and residents is really good and this shows in how well each person gets on comfortably with the staff. The home is always clean and staff are welcoming and helpful'. Staff surveys gave positive feedback about team morale, support from Miss Martin, the quality of the care provided and about how training is promoted. Some felt that sometimes more staff are needed to enable more outings and full days out. Staff were observed during the day to spend quality time with people doing things they enjoy. The relationships seemed relaxed but warm and respectful.

There is a recruitment and selection procedure in place. Three files were sampled. The relevant information was recorded and appropriate documentation in place. Two of the staff were already employed by the owners in another part of the company, but Miss Martin still carried out new checks when they applied to transfer. The third worker had handed in references at the time of applying. Miss Martin had verified these but only achieved this after the worker had started. She said she is usually very careful about checks and this error is out of character. Evidence from previous inspections confirms this. A requirement has not been made but Miss Martin must ensure all background checks are in place before any new workers commence.

A training programme is in place that includes statutory and specialist care related training. Induction and foundation training, is provided to all new staff. This includes the Common Induction Standards and staff have to complete competency papers to evidence their understanding.

A new worker confirmed she had read the policies and the residents' care files. She had felt supported by Miss Martin and her colleagues and had attended a staff meeting. She is due to start her NVQ level 2 in Care. Miss Martin said she is waiting for start dates for new staff to begin the Learning Disability Qualification, LDQ. She and one worker hold the old previous version of this award the Learning Disability Award Framework.

Two staff hold a National Vocational Qualification in Care Level 2. Two seniors hold the level 3 and the deputy holds level 3 and 4. The seniors are currently working towards level 4 and the deputy is working towards the Managers Qualification. Six staff are currently working towards level 2. Basic training is provided for all staff including health, moving and handling and safety and fire safety. Records showed that recently an infection control course had been held. Also an epilepsy and emergency medication course had been attended by all but one worker in April 09. The majority of staff have attended safe handling of medication training including all the seniors. Specific training has been provided for some staff who have the responsibility for managing one resident's feeding tube. Not all staff have attended adult protection training but as mentioned several are booked onto a course. There are some other gaps in training

**Evidence:**

that Miss Martin needs to plan for, such as Mental Capacity Act, Autism. Only two staff have attended Equality and Diversity training, which is recommended. Total Communication Training should also be accessed. This is provided by Worcestershire Speech and Language team.

Miss Martin said in the AQAA, the service has in the last year been developing all aspects of its recruitment, training and development of the staff team. We plan the further development of staff training and supervision and develop the role of senior staff within 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. People are benefiting from a well run service that safeguards their rights and wellbeing.

Evidence:

Miss Martin has many years experience working with people who have learning difficulties and has been in post since 2004. She holds the NVQ 4 in Care and since the last inspection has gained the Managers Award. She has a clear understanding of her role and responsibilities and reports incidents and events appropriately to us and other authorities. She has been attending relevant training and keeping up to date with changing legislation. She has recently been developing a plan for a flu pandemic and is due to attend a seminar on the subject.

During 2007 the owners asked Miss Martin to manage Brinton and another care home nearby, when the manager there left. After some time a new manager was appointed but was then off sick and then left. Miss Martin was involved for over a year. The deputy at Brinton is well established in her post and was able to take on some of the

## Evidence:

management duties during this time. Miss Martin informed the owners that she could no longer manage both roles as people's needs had changed at Brinton and a new resident was admitted. She said she has been full time at Brinton again since January 2009. She described some of the developments she has made now she is only focusing on one service, such as visual communication aids. She told us her line manager speaks to her each week and carries out the monthly Regulation 26 monitoring visits. She is not being provided with regular supervision sessions and has only had one in 2009. She said she would appreciate routine sessions that focused on the service, her role and knowledge base.

Feedback from surveys was positive. Staff comments included, 'We promote our service users independence, dignity, and rights to a high standard, in a friendly atmosphere; I think the standard of care is good and new staff are mentored and shown how to do things properly. Anything that needs to be said to correct things is dealt with so the team works consistently'.

A quality monitoring system is now in place and operational. Monthly audits cover the management of the home, the premises, health and safety, care planning, staffing and administration. The views of family, advocates and professionals are sought through questionnaires every six months. The AQAA was returned to us on time and it showed Miss Martin has a good understanding of the strengths of the service and areas that could be further developed to improve outcomes for the residents.

The home has a health and safety policy and all staff are trained in safe working practices. The records seen had been completed to a good standard, and regular maintenance and servicing of equipment is undertaken. Routine safety checks are being carried out, such as water temperature checks. Risk assessments are in place to guide staff about safe working practices. The fire records showed equipment has been serviced and drills carried out regularly. Miss Martin said she has recently reviewed the fire risk assessment now there are two waking staff and two people to evacuate with mobility needs.

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
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## Requirements and recommendations from this inspection

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No	Standard	Regulation	Description	Timescale for action
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### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set

No	Standard	Regulation	Description	Timescale for action
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### 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	Add information about the range of fees for the service to the Service User's Guide.
2	6	Ensure arrangements are made to weigh people regularly when this is relevant to other health conditions.
3	6	Request that a community nurse complete a pressure care baseline assessment (Waterlow) for the two men with limited mobility.
4	7	Develop care planning information to reflect the arrangements under the Mental Capacity Act.
5	11	Review the support arrangements for one person and ensure he has a structured activities plan to help him develop his potential and as settled a way of life as possible.
6	12	Continue to develop people's community and social

		activities.
7	13	Provide vehicle accessible to all residents there are is no inequality in the service provided and greater opportunities for one man.
8	20	Use a CD register to keep a running balance of stocks of these medicines held in the home.
9	22	Develop Easy read information about making a complaint to help the residents understand their right to complain.
10	35	Plan for how the training gaps can be addressed in a timely manner.  Provide all staff with total communication and Autism training.
11	37	The owners should provide the manager with regular supervision to support her in her role and to better demonstrate their overview and accountability.

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