

Review of compliance

WCS Care Group Ltd Dewar Close	
Region:	West Midlands
Location address:	5 Beech Drive Bilton Rugby Warwickshire CV22 7LT
Type of service:	Care home service without nursing
Date of Publication:	June 2012
Overview of the service:	Dewar Close is registered to provide accommodation and personal care for up to 41 older people.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Dewar Close was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 24 May 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We carried out this review to check on the care and welfare of people using this service. We talked with the registered manager and the care manager, three care staff employed by the service, four people who lived at the home and one relative about the quality of care. Everyone we spoke with said they were very happy living at the home. One person said, "Really this is a lovely home, I have never been refused anything and they help me whatever I do".

Lots of the people who lived at the home could not talk to us directly about their care because of their dementia, but we saw that people were relaxed and moved freely around the home. We saw that staff were observant and anticipated people's needs and that people responded positively to staff engaging with them.

People told us they could choose how to spend their day and where they had their meals. We saw that some people chose to sit in the quiet lounge and watch television or chat to their friends and that other people chose to sit in the larger living areas where they could engage in day to day domestic tasks and craft activities or sit in the adjoining garden.

One relative we spoke with said, "Staff listen to M, they never brush her off, they interact and make her feel positive about herself". One person who lived at the home said, "The staff are very good, they always knock at my door". One member of staff said, "My job is about building relationships with people, so they start to trust you".

We found that the provider had a system for monitoring the quality of the service which included checking that care and support were delivered according to the care plans and asking people who received care what they thought about it. We saw that when people

raised issues about any aspect of the quality of care and support that staff were involved in agreeing how to improve it. Three people we talked with told us they had, "Nothing to complain about".

What we found about the standards we reviewed and how well Dewar Close was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People we spoke with told us they had been involved in discussing their needs before they came to live at the home. People said they had agreed which things they could do independently and which things they needed assistance with. A relative we spoke with said they had a meeting with the registered manager and their relative to work out how their relative would be cared for and supported by the service.

People told us they had a written agreement which they or their relatives had signed which explained their needs, abilities and preferences so that staff would know how best to help them. This meant that people who used the service understood the care and support choices available to them.

People told us their independence was promoted because they were able to choose when to get up and go to bed, how to spend their days and whether they wanted to join in with the activities. A relative we spoke with said, "There is a church service on Wednesday - that gives her pleasure, staff always ask her if she wants to go". One person who lived at the home said, "They are never fussy, no-one ever says, 'go to bed now', I go when I like".

People told us they had regular individual meetings with staff to talk about their care

and support and that their care plans were updated when their needs changed. People told us they had group meetings too and they talked about the food and activities at the home. One person said, "I could go to meetings, but I don't want to". This meant that people expressed their views and were involved in making decisions about their care and treatment.

Other evidence

We found that people's needs had been assessed before they moved into the home and that their written care plans were detailed and based upon their needs and capabilities. We saw that the care plans were regularly reviewed and updated as people's needs changed.

We saw that people's care plans were based on risk assessments for issues such as people's individual physical and mental health, their ability to communicate and understand and their mobility.

We saw that people who lived at the home were encouraged to write in a 'comments, suggestions and complaints' book. We saw that people had commented on the food, the environment and whether they had enjoyed something. This meant that people's views on how the service was being run were known to the provider.

Our judgement

The provider was meeting this standard. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People we spoke with said that staff understood and respected their individual preferences. One person told us, "The care is very good, staff help me dress and bathe and are very kind". Another person said, "It's very frustrating that I have to be assisted; but staff are good about it, they don't make me feel uncomfortable". This meant that care and support was delivered in line with people's individual care plans.

People told us they could have breakfast whatever time they got up and that they could choose where to have their meals. We saw that lots of people had lunch together in the dining rooms, but that other people chose to eat in the small lounge with a few friends. One person told us, "The food is alright, some is not so good, but we have choices and most people like it". A relative told us, "At mealtimes people eat together, and eat at the pace they need" and, "I can stay for lunch if I like". At lunchtime we saw that staff helped people to eat, for example, by cutting their food for them if they needed it.

We saw that staff engaged with people in a warm and friendly manner throughout the day and that people enjoyed staff's company. One person said, "Really this is a lovely home. I couldn't fault them, it's home from home for me". We saw that people were encouraged to be actively involved during our visit, for example, by playing the piano, doing jigsaw puzzles sitting in the garden, enjoying the environment and reminiscing. One member of staff told us, "We can take people out to the park or café, and have day trips to places and volunteers come and play games with people".

Staff we spoke with were knowledgeable about people's individual needs and

preferences. They told us that people can refuse care, but that they always go back a bit later to see if they have changed their minds, or a different carer will offer to support them. One member of staff told us, "People tell us their life histories, lives and hard times; we are writing their life diaries with them".

Other evidence

We found that staff recorded the care given to people every day. The records included people's moods, behaviours, nutrition, social interaction and physical health. We saw that visits by other health professionals, like doctors and nurses, were recorded and staff were advised of changes to people's medical and support needs in a 'shift handover' book.

We found that staff helped people to keep a separate 'Life diary'. We saw that staff included photos of people engaging in various activities, which helped them to remember events afterwards and created a visual record of how people were supported, encouraged and cared for.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People we spoke with told us that they felt safe at the home. One person said, "Staff treat me well, the carers do a very good job". A relative we talked with said, "M feels safe here because staff listen to her".

Staff we spoke with told us about the sort of things that would concern them. One member of staff said, "If I thought something was going on I would report it to the manager or head office, you know, bruising, mood changes, or something. Because I know the people who live here I would get the gist of what's going on". Another member of staff said, "If someone was unexpectedly nervous or something, I would be concerned and speak to the management about it". This meant that staff understood the signs of abuse.

Other evidence

We found that the provider had a safeguarding policy and procedures that defined abuse, described the sort of things that staff should raise concerns about, and how they should share any concerns with senior staff. We saw that staff had received training in how to protect people who lived at the home from any form of abuse.

We found that the provider had taken steps to protect people who lived at the home by checking staff's appropriateness to work with vulnerable people and by giving staff a detailed induction programme and probationary period when they started working at the home.

Our judgement

The provider was meeting this standard. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People we spoke with told us that they thought the staff always knew what to do and were very professional. One person said, "All the staff, managers and juniors, are so helpful, you never want for anything".

Staff we spoke with told us they had an induction programme and other training. One member of staff said, "The dementia training did help especially for new staff if they didn't understand it before".

Staff told us they were regularly supervised by senior staff. One member of staff said, "The managers walk around and see us in practice, and at my supervision a couple of months ago we discussed my practice". Staff told us they felt supported in their work and had annual appraisals with their line manager and they discussed their professional development. One member of staff said, "At our appraisal we set training goals, we prepare the form in advance, so we know what we will talk about". This meant that staff had the chance to develop and improve their skills.

Other evidence

We found that all staff had obtained nationally recognised qualifications in caring for people. We found that staff training was up to date and was appropriate for people's needs. We saw that the provider kept a list of the dates when staff had received training, and arranged refresher training when required. We found that staff received training in first aid, health and safety, medication and Alzheimer's and dementia awareness, for example.

We found that the provider had a schedule for staff supervision and appraisal sessions, which ensured that they took place regularly. This meant that staff were supported to deliver care and support to people who lived at the home.

Our judgement

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People we spoke with at the home told us that they knew who to complain to if they needed to, but they said they had nothing to complain about. A relative we spoke with said, "I would complain to any admin staff if I needed to, but I haven't needed to". People told us they were involved in regularly reviewing their care plans and that this gave them an opportunity to talk about the care and support they received. This meant that people were asked for their views about their care and support.

Staff we spoke with told us that accidents and incidents were recorded in people's daily care records and copied to the main accident and incident book so they could be analysed later. Staff said that recording events in this way allowed them to monitor whether people's changing capabilities had contributed to the events and if their care should be adapted to reduce the risks of harm to individuals.

Other evidence

We found that the provider monitored the quality of the service by conducting regular checks on the care provided. The service manager made a monthly check of records to see that care plans and daily records were up to date and that risk assessments and care plan reviews were undertaken. We saw that the service manager also checked that the registered manager had an effective staff rota and staff supervision schedule and had accurately recorded and reported accidents and incidents. We saw that where the service manager had identified issues that an action plan was agreed with the registered manager. This meant that the provider monitored the quality of service provision.

We found that care staff kept a handover book that was used to share information between shifts and allowed senior carers to check medication records were completed, that planned care was delivered, and any risks were identified during their shift. We found that the care manager checked that staff recorded information, such as, changes in people's health and behaviour, health professionals' visits and faulty equipment. This meant that senior staff monitored the quality of care and support given to people.

We found that each of the three units at the home held monthly meetings about the needs of the people in their care. We saw that staff discussed people's weight, physical health and memory, for example. We saw that when changes were identified people's care needs and plans were reviewed. We saw that staff who had not been present at the meetings had signed to say they had read and understood the agreed outcomes of the discussions. This meant that decisions about care and treatment were made by the appropriate staff at the appropriate level.

We found that the provider had a complaints, comments and compliments policy. We saw that the provider logged the possible cause of complaints and actions they would take to resolve the issue. This meant that the provider took account of complaints and comments to improve the service.

We found that the provider kept a log of incidents and accidents and analysed them by type, by cause and by outcome so they could take action to reduce the risk of a re-occurrence. We saw that when one person was involved in several incidents that a doctor had been asked to visit them to assess whether the incidents were due to the individual's abilities or the environment. This meant that the provider learnt from incidents and took appropriate actions.

Our judgement

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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