

Review of compliance

WCS Care Group Ltd Mill Green	
Region:	West Midlands
Location address:	Newbold Road Rugby Warwickshire CV21 1EL
Type of service:	Care home service without nursing
Date of Publication:	May 2012
Overview of the service:	Mill Green is registered to provide accommodation and personal care and support for up to 15 younger adults who have a physical disability

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

Our current overall judgement

Mill Green 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 2 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 four people who lived at the home and four care staff employed by the service about the quality of care. They all told us the service was very good. One person who lived at the home said, "I don't think anything could be improved. All the staff are nice and I am getting used to the other residents".

We found that many people had lived at the home for a long time and knew the other people and staff very well. We saw that people's own rooms were decorated and arranged in a style that they had chosen. People we talked with seemed pleased to show us their rooms and to explain the importance of their possessions.

We saw that people had a written care plan. People told us they or their relatives had been involved in agreeing what to include in their care plans. One person said to us, "They know the care I need and are always able to support me". Staff we talked with were knowledgeable about people's individual needs and described how they supported them. This meant that people were involved in agreeing the care they received.

We saw that care plans were detailed and risks to people's health and wellbeing had been considered and were regularly reviewed. We saw that when people's needs changed their care plans were updated and staff were told about the changes. People we talked with said they have regular meetings with the care manager to talk about their support needs. One person said, "The support is ok, things are generally alright". This meant that people's needs were monitored and care plans were adapted to meet changing needs.

We found that staff were effectively trained and supported to meet people's needs. We

saw that the registered manager kept a record of training to make sure that staff maintained their competence and developed their skills. Staff told us that they met regularly with their line manager to discuss their practice and development of their skills. Staff explained how they ensured people's dignity, privacy and safety while carrying out care tasks. We saw that staff knocked at people's doors and waited to be invited into people's rooms. One person told us they had slept in much later than they thought they would as staff always allowed them to wake up naturally and never came in to wake them before they were ready.

We found that the quality of care was monitored by senior staff throughout the day and by the care manager on a daily basis. We saw the daily handover book was detailed and allowed the care manager to monitor when doctors or nurses had been asked to visit people and any changes to people's medication or support needs. We found that the registered manager monitored accidents and incidents and took actions to reduce the risk of a re-occurrence.

We found that the provider made regular checks on the home, the staff, care records and the quality of care. People we talked with told us that they have conversations with the service manager. We saw that some people had responded to the provider's annual survey and that the provider had analysed the results. We found that the provider had responded to the things people said in the survey and had taken action to improve people's level of satisfaction. This meant that the provider took account of people's views about the quality of the service.

What we found about the standards we reviewed and how well Mill Green 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 regulation. 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 regulation. People experienced care 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 regulation. People who use 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 regulation. People were cared for by staff who were

supported to deliver care and support 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 regulation. 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

We found that the home was registered to accommodate people with specific needs and had thirteen permanent rooms and two rooms for short term stays. The registered manager told us that people were referred to the service because they are known for the specific type of care and support available. The registered manager told us they undertook assessments of people's needs prior to admission to make sure this was the most appropriate place for them. One person we talked with said, "The manager came to my home to assess my needs, then I came for a visit and had a look around". We found that the registered manager had undertaken risk assessments for all aspects of care and support that would be needed, cognition, physical health, eating, medication, and falls, for example. One person said, "I am not allowed to walk around outside on my own, but I can walk around indoors with someone beside me". This meant that people expressed their views and were involved in making decisions about their care and treatment.

We saw people being supported to eat at lunch time and staff explained how they supported another person who was fed by an intestinal tube. One person we talked with said, "They know the care I need and are always able to accommodate my needs". One member of staff said, "One person often just needs us around". This meant that people were involved in identifying their care needs and they had written personalised care

plans.

The care manager told us that people had their individual preferences for activities. We found that people were encouraged to pursue their own interests, for example, football, gardening, painting, going to the cinema, cooking and electronics. One person we talked with told us they enjoyed spending time in the lounge chatting with other people and staff. One member of staff we talked with explained that they work part time as a carer and support worker and part time as the minibus driver. This meant that people were supported in promoting their independence and community involvement.

We found that staff were respectful and polite to people who lived at the home. We saw that staff knocked on people's doors and waited for a reply before entering. We saw that some people preferred to keep their doors locked and that staff were happy to ask and collect their keys before going in to clean their rooms. One person we talked to said, "Staff always knock my door, show me respect and dignity and I had a choice of male or female carer". This meant that people's diversity, values and human rights were respected.

The care manager and registered manager told us they regularly have informal conversations with people who live at the home, which gives them an opportunity to hear whatever is important to people at that time. One person we talked with said, "Staff used to do a monthly survey, but I told them I didn't like doing that - we talk about my care and activities though". This meant that people who use services have their views and experience taken into account in the way the service is provided and delivered.

Other evidence

We saw that people had signed written care plans, based on the level of risk identified and included people's preferences, needs, activities, spiritual physiological and end of life care. We found that people's different needs had been identified.

We saw that everyone had a life diary and staff recorded people's activities and visitors. We found that people's support needs to continue their interests varied and that staff had been recruited to match people's needs.

We found that the service manager regularly talked with people, as part of their monthly quality check and the provider conducted annual surveys of people who lived at the home, staff and other people involved in care.

Our judgement

The provider was meeting this regulation. 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

Staff we talked with were able to describe the individuals' care preferences. Staff knew which people preferred to shower in the mornings, what time they preferred to get up and what activities they liked to do. When we asked people how staff helped them one person said, "I can wash myself in the bathroom, but staff take me for a shower when I want one". Another person told us, "I have been shopping with staff today, in the wheelchair, to get a magazine and drinks and to the post office". This meant that people's needs were assessed and care and support was planned and delivered in line with their individual care plan.

We found that people's bedrooms were clean and personalised with photos, hobbies and other personal possessions. We found that people's independence was supported, for example, some people cleaned their own rooms and enjoyed cooking. Staff told us that some people liked to do their own washing and people we talked to said they were supported to do that. We saw that people's rooms had been adapted to encourage independence, for example, grab rails had been installed from the bed to the bathroom so the person could move around independently. This meant that people's individual needs and abilities were considered.

One member of staff we talked with said, "We have a verbal handover at shift change and the care diaries and life diaries, plus a board for appointments". Another member of staff told us that they always have a copy of people's contacts and medication sheets when they go out in the bus.

People we talked with showed us where their medicines were kept in locked cabinets in their rooms. One person told us that staff collected medicines for them, but they know what to take and when to take it. Another person told us that a dentist comes to the home and they have a check-up, but they go to their own dentist for treatment. This meant that people's welfare and wellbeing were promoted.

One person we talked with said, "Yes, I talk to staff about my care plan" and another person said, "I don't want to talk about my care plans, the staff are alright, they know me". Staff told us they know about any changes to people's care because it is always recorded in the daily handover book. One member of staff said, "We have a conversation book for each person so that incoming shift staff know exactly what has taken place that day". This meant that people's changing needs were known about and care adapted accordingly.

Other evidence

We looked at four people's care plans and saw they were agreed to and signed by people who live at the home or their relatives.

We saw that staff recorded details about people's health and medication and that senior staff monitored the records. In the daily handover book we saw that staff had recorded when someone's medication needs had changed to make sure that the next shift would know about the change. We saw that everyone had a care diary and staff recorded when other health professionals, like doctors or nurses, were called to the home.

We found that care plans were reviewed every month by the care manager and changed when necessary to meet people's changing needs.

Our judgement

The provider was meeting this regulation. People experienced care 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

Staff we talked with understood their responsibilities and gave examples of signs they would look out for in people who lived at the home. One member of staff said, "Yes, there is a whistleblowing policy and safeguarding policy. I would spot any signs of abuse and speak to the registered manager or service manager if I had concerns". We found that the provider had responded appropriately and taken action when an allegation had once been made. People we talked with said they felt safe at the home. This meant that the provider's safeguarding policy was effective at preventing abuse.

One member of staff we talked with said, "I would notice a change in someone's behaviour or mood, not talkative or something, and I would offer support by asking 'what's up' and, 'do you want to talk about it?'" Staff told us about different actions they had taken to keep people safe from harm. For example, people were encouraged to wear a pendant alarm to make sure help could be summoned immediately when needed. One member of staff told us that when they did shopping for people that always brought receipts back to the office so they could be kept with people's financial records. This meant that the provider's safeguarding training was effective at preventing abuse.

Other evidence

We found that the provider had a safeguarding policy that defined types of abuse and staff's responsibilities for preventing and reporting abuse.

We found that staff had received safeguarding training and had a good understanding

of behaviours that might be seen as abusive and of their role in preventing abuse.

Our judgement

The provider was meeting this regulation. People who use 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

One member of staff said, "We have training on different illnesses too – I have just had Parkinson's, dementia and strokes training". Staff told us that they attended training with staff from across the provider's group of homes. One member of staff told us they appreciated the opportunity to meet with staff from the other homes. They said, "We can mix and share knowledge and see things from someone else's point of view and think, maybe we could do that".

People we talked with were all satisfied with staff's ability to support them in the way they needed. One person said, "The staff are wonderful, friendly, they laugh and joke with me". This meant that staff received appropriate professional training and development.

We asked about the induction process for new staff. One member of staff said, "You explain about people who live here to new staff and they read their care plans in their rooms, and they shadow experienced staff for two weeks". Staff we talked with told us that they will all attend a newly introduced four day induction course. They said this was to make sure that even staff who have worked at the home for a long time understand the latest developments in methods of delivering care. The registered manager told us about changes in the culture of the service, moving away from 'looking after' people and towards 'enabling and encouraging people's independence'. This meant that the provider ensured high standards of care by creating an environment where clinical excellence can do well.

Staff told us they had regular appraisals and supervision sessions with a senior or

manager about the job in general and their own development. One member of staff said, "We have supervision, we talk about training opportunities and get constructive criticism on our practice". Another member of staff said, "If you have any worries or issues you can talk about it with your line manager and they sort it out if they can. If you don't say what's bothering you nothing will change." We found that the registered manager held regular meetings with staff. Staff we talked with told us the meetings were useful and they discussed issues about care and changes and developments in the service. One staff member said, "There is always an agenda and time to talk about anything we need to". This meant that staff received appropriate supervision, support and appraisal.

Other evidence

We found that staff had received appropriate training to effectively support people. We saw the registered manager kept a training calendar issued by the provider. We saw that the registered manager had a list of staff's recent and planned training. Training included sessions such as manual handling, medication, health and safety and safeguarding.

We saw records of staff supervision sessions and of seniors regularly checking that staff recorded care given to people.

Our judgement

The provider was meeting this regulation. People were cared for by staff who were supported to deliver care and support 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

Staff told us that accidents and incidents are always recorded in people's diaries and in the daily record book. We found that the registered manager kept a record and analysis of all incidents and accidents. We saw that where common themes or causes were identified that the registered manager made appropriate changes and communicated the changes to staff. This meant that there was a system for reporting and learning from incidents.

People who lived at the home told us they had regular meetings to discuss things that affected them, like the catering and activities. We saw from records of the most recent meeting that people had agreed a list of activities they would like to try, such as French bowls, more board games and a karaoke. Actions agreed at the meeting included, "Staff to produce an activities plan each month and display it to encourage others to join in". The registered manager told us that most meetings with people who live at the home are spontaneous and informal. We saw notes the registered manager had made following a discussion and agreement with one person about keeping a duplicate key on site in case the person loses their door key. This meant that the provider took people's views into account when planning how best to support them.

People we talked with told us they knew they could make a complaint to the manager if they were unhappy with anything. We found that some people who lived at the home had complained about the noise that other people made. Staff said, "One person often just needs our attention and this is how they communicate. We know their noise can be distressing to other people so we go to them quickly and try to calm them, and can

change staff if we need to". People we talked with said that once they understood this person's needs they no longer found their noise distressing.

Other evidence

We found that the provider monitored the quality of the service by conducting regular checks on the care provided. The service manager's monthly check included a conversation with individual people who lived at the home and checking 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 the registered manager had responded with an appropriate action plan. This meant that the provider monitored the quality of service provision.

We found that the provider had implemented a central recording system which included staff signing-in and out and a handover sheet. We found that staff had used the book consistently to record changes in people's health and behaviour, health professionals' appointments and general information, such as, faulty equipment. We saw that seniors used this central record to show that they had checked on medication records and checked for any hazards or risks on the premises during their shift. The care manager showed us how they used this central record to ensure that staff recorded and reported issues accurately by comparing records to people's care and lifestyle diaries. This meant that senior staff monitored the quality of care and support given to people.

We found that the provider conducted annual surveys of people who lived at the home and of staff. We saw that the provider analysed the results of the surveys and compared them with survey results from the provider's other homes in the group. We saw that people who lived at Mill Green thought that 'staff's attitude' was the most impressive aspect of the service. We saw the provider had made a plan to improve those aspects of the service that people had said that were less impressive. For example, people had said that activities could be improved and the provider had planned to provide a 'social activity plan', regular exercise and wellbeing opportunities for people and to encourage and promote the role of volunteers to support services. This meant that people who lived at the home and staff were asked for their views about their care and treatment and their views were acted on.

We found that a complaints and comments book was available in reception for visitors and relatives to write in, but no-one had made a complaint in this manner for over year. We found that the registered manager had dealt appropriately with a complaint made by a member of staff. The registered manager had investigated what had triggered the complaint and then held a discussion with the member of staff to explain why the complaint would not be taken any further. This meant that the provider took account of complaints and comments to improve the service.

Our judgement

The provider was meeting this regulation. 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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