

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Mr & Mrs M Wyatt - 1 Springhead Sutton Veny

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7AG

Tel: 01985840990

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Mr & Mrs M Wyatt
Registered Manager	Mr. Michael Wyatt
Overview of the service	Mr and Mrs M Wyatt provide care and accommdation to one person with a learning disability, within their own home.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 October 2012, observed how people were being cared for and talked with staff. We talked with stakeholders.

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### What people told us and what we found

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Mr and Mrs Wyatt provide care and support to one person within their own home. They have done this for many years and therefore the person is very much considered part of the family. Due to their disability, the person was unable to give us feedback about the service they received. As a result, we observed their interactions with the provider and spoke about the support they received. After our visit, we spoke with two staff members from the day services the person attended.

The provider showed they were committed to the person's well being. They were very aware of their needs and had a clear awareness of the way in which the person communicated. They involved the person in all household and family activities, including trips out and holidays. The provider supported the person to make decisions and ensured their rights to privacy and dignity were maintained.

The person attended day services and undertook activities which were related to their age, gender and personal interests. They were supported by a range of services to meet their health care needs. The provider did not employ any staff but undertook the person's support themselves. They had systems in place for their own support as required.

The provider was clear of their responsibilities to recognise and report any suspicion of abuse. The provider confirmed the person's welfare was paramount and they would therefore have no hesitation in raising a concern, if required

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

The person was supported to make decisions and their rights to privacy, dignity and independence were respected.

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### Reasons for our judgement

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The provider said the person's rights to privacy, dignity and respect went 'without saying'. They said they always promoted the person as a young adult rather than their disability being at the forefront. They were passionate about enabling the person to have the same rights as 'able bodied' people. The provider said they respected the person's identity and encouraged them to make decisions, such as what to wear. They said the person clearly indicated areas such as what time they wanted to go to bed or if they wanted to spend time alone in their bedroom, watching television. The provider told us they ensured the person had privacy, whilst in the bathroom.

The provider involved the person in our visit and explained the reason for talking about certain areas of their care. They gave reassurance as required and asked the person's permission for us to look at their bedroom. They spoke to the person in a friendly manner and were attentive to them throughout our visit. They asked the person if they wanted a drink and also sensitively asked if they needed to use the bathroom. The provider confirmed they had become fully familiar with the signs the person used to express their needs. They said they encouraged these to be used rather than presuming what the person wanted.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

The person's needs were effectively met in an individual, person centred manner.

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**Reasons for our judgement**

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The person was casually dressed and well groomed. Their clothing was colour coordinated and was linked to their age and personality. The provider told us the person was wearing heavier clothing than usual so they could adjust to the colder temperature after returning from an overseas holiday. They were comfortably sat on the sofa in the lounge, surrounded by a homely atmosphere of pictures and ornaments.

The provider told us they supported the person with all of their health and personal care routines. They were aware of areas which needed focused attention such as maintaining healthy skin and healthy eating. The provider explained they had a range of health and social care professionals, which they used as required. This included an occupational therapist in order to gain any equipment the person needed. The provider was aware they would possibly need to request additional equipment to move the person safely in the future. The person had an annual health care check and used the orthotic department to adapt their footwear, to meet their individual need. They received regular dental checks and saw their GP as required. The provider told us they felt it was important for the person to relax and undertake activity related to their age and gender. Due to this, a weekly relaxation session of either aromatherapy or reflexology had been arranged and was now a regular weekly occurrence.

The person attended two day services during the week on allocated days. The provider explained the services met the person's needs in different ways due to the number of people attending and the activities which took place. These included baking, swimming and maintaining a positive self image. The provider said the person liked to go out and did so regularly with their day services as well as within the family environment. They said the person particularly enjoyed meals out, shopping and a range of holidays.

After our inspection, we spoke to two staff members at the person's day services. One staff member said they believed the person was very well cared for and always arrived looking nice and with any items they needed for the day. Another staff member said the person was fully involved in all family activities and was very well travelled, as a result.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

The person who used the service was protected from the risk of abuse because the provider had a clear awareness of potential indicators and would address any suspicion immediately.

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## **Reasons for our judgement**

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The provider showed a genuine affection towards the person. They said it had been a pleasure knowing the person and they felt 'blessed' with the responsibility of supporting them. They explained the person was treated and valued as a member of their family.

The person was very comfortable within their surroundings. They responded to the provider in a positive manner and often smiled or reached out to them. Towards the end of our visit, the person changed their position to comfortably lean against the provider. They were holding a magazine which they unintentionally waved in the provider's face. The provider responded very gently by moving the magazine away without making any reference to it. The interaction was natural but very positive and enabled the person to remain relaxed and content without an awareness of what had happened.

The provider told us they would readily identify any changes in the person's behaviour, which may indicate potential abuse. They said they would immediately address any sign the person had been hurt or abused in any way. The provider was aware of the contact details to use to report any such incident. They explained a past incident of bruising which had occurred and the investigations which took place, as a result. The provider confirmed the person's wellbeing was paramount and they would therefore have no hesitation in raising any concern they had.

The provider told us the person was supported to make decisions on a daily basis. However, there were some occasions whereby some small decisions were made on the person's behalf. The provider was aware that if a major decision was required, other agencies would need to be involved within the decision making process.

Both staff members at the person's day services said they had absolutely no concerns about the person's wellbeing. They said the person was always happy when they arrived at the day service. Similarly, they were always pleased to see the providers at the end of the day when they were collected to return home.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

The person was effectively supported by the providers within their family environment without the need of any staff.

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### Reasons for our judgement

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The provider did not employ any staff but provided the person's support on their own. They confirmed this was a satisfactory arrangement.

The person attended day services on a Monday to Friday basis unless they were unwell or had other commitments. Whilst at home, the person joined in with household activities and all family visits and entertainment. The person was never left alone and received regular assistance with all daily living tasks. At night, the provider told us they could hear if the person was awake and in need of any assistance. They said this was rare and only generally occurred if the person was unwell.

The provider told us they felt confident in meeting the person's needs. They were aware of the need to look after themselves and to take a break from their supporting role if required. They acknowledged this was particularly important as they got older. The provider told us of family members and friends who would enable them to take a break if they wanted one. They said these people had undertaken a Criminal Record Bureau check to show they were suitable to work with vulnerable people. The provider told us their family and friends were aware of the person's communication needs and were therefore able to support them effectively.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was meeting this standard.

Suitable records were in place to protect the person if they were to be supported by anyone other than the existing provider.

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## **Reasons for our judgement**

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The person had a care plan which identified their likes, dislikes and the support they required to maintain their wellbeing. The care plan was written so that in the unlikely event of another provider needing to support the person, key aspects would be known to them. The provider told us the person also had a communication book. This went with them to their day service so that any incidents or activities could be reported upon. The provider told us the book was an ongoing record of what was happening in the person's life. It was also used as a form of monitoring as it identified areas, such as the person's food intake and their general wellbeing.

In addition to the person's care plan, the provider told us a record of significant events was maintained. The record included any health care appointments or occasions of ill health. Other records maintained included a six weekly menu, which was devised with consideration to the person's personal preferences. There was also a record of the person's personal allowances and any expenditure they made. The provider told us receipts accompanied the expenditure records.

The provider showed us some books which were made after various holidays the person had undertaken. The books were well made, creative and in a style which met the person's needs. They contained photographs and other mementos such as travel tickets, sugar sachets and disposable drinks coasters. The provider told us the books were used to bring back memories and as a topic of conversation.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – 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.

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**Moderate impact** – 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.

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**Major impact** – 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

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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