

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

Weir End House

Glewstone, Ross-on-Wye, HR9 6AL

Tel: 01989567711

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

Respecting and involving people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Parkcare Homes (No 2) Limited
Registered Manager	Mrs. Ann Fletcher
Overview of the service	Weir End House is a care home for people with learning disabilities providing accommodation and personal care for up to thirteen adults.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We reviewed all the information we have gathered about Weir End House, looked at the personal care or treatment records of people who use the service, carried out a visit on 26 November 2012 and observed how people were being cared for. We talked with people who use the service and talked with staff.

What people told us and what we found

When we visited we met eight of the people who lived there. We found that people were well presented and the staff engaged pleasantly with them involving them in daily living tasks and planned activities. People told us that the staff listened to them and respected their views.

People were provided with a nutritious and interesting diet. They were also encouraged to take part in some food and drink preparation. Suitable systems were in place to support people with their daily medicines.

The home was homely, clean and effective systems were in place for infection prevention and control.

The staffing levels were adequate to support people while both at home and when out in the community. People felt able to tell the manager and staff if they were unhappy or had a concern.

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

More information about the provider

Please see our website 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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We found that people were able to communicate their needs and wishes about day to day decisions and that staff respected these. People told us the staff listened to them and did not pressurise them when they did not want to do something. The care plans contained detailed guidance about what had been assessed as the person's preferred routines and how they liked their support to be provided. The guidance included the need for staff to respect people's wishes and how they preferred to be communicated with.

A key worker system was used and part of the role included key staff reviewing the support provided to each person every month and checking with them that they are satisfied with their support. New care plans were being completed and people were involved in these so they knew what was written about them. House meetings were held every six weeks where people were encouraged to give their ideas for changes or to raise concerns.

The staff spoke about the people in the home in a caring and respectful way. They understood that people had different support needs and levels of independence. They confirmed that they had read the care plans and that people were able to communicate if they wanted to take part in an activity or task. We saw staff offer people choices about daily living arrangements such as what they wanted to eat or drink and if they wanted to go on an outing.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We found that people were supported to be able to eat and drink sufficient amounts to meet their needs. People told us they liked the food. One person said, "Nice food, really good".

The staff told us how the four weekly menus were reviewed to keep the meals interesting. People were asked for their meal choices at the regular house meetings and pictures were used to enable everyone to be involved. Choices and special requests were included in the menu mixed with other meals to keep a balanced diet. We saw there was a good supply of fresh fruit and vegetables on offer and fresh items were purchased locally twice a week. One worker took the lead on catering as they had an interest in this area. The manager agreed to offer them diet and nutrition training to help with this role.

Staff said people were able to get involved in food and drink preparation with support and some attended cooking classes where they shop and then prepare their own meal. The lunchtime meal was eaten in a calm and relaxed atmosphere. Staff engaged pleasantly with people and offered them choices. The food was dished up in the kitchen by staff and the plates were served through a hatch. Staff in the dining room then took these to people who sat waiting at the tables. There may be room to increase the involvement of people at service time as they were quite passive in the process. We were told that at breakfast people were more involved as they come up to the hatch and choose what they want from a selection provided.

Staff were aware of which people had special dietary needs for health reasons. Advice had been obtained from relevant health professionals and was included in their care plan. People were supported to monitor their weight. In April 2011 the Herefordshire Environmental Health issued the service with an excellent rating for food hygiene and safety.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People live in a clean, hygienic environment. People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

Following the manager seeking professional advice the lead infection prevention and control specialist nurse from the Herefordshire Clinical Commissioning Group carried out an audit on 29 August 2012. The audit found that there were effective systems in place to reduce the risk and spread of infection. The service was compliant with expected standards but a few recommendations were made. The manager told us these had been actioned. We found the home to be clean, tidy and homely. Staff provided support to people to keep their bedrooms clean and take part in some communal cleaning.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

People using the service had been assessed as not being able to be involved in looking after their own medicines. The manager agreed to review these risk assessments to see if some people could be supported to have more ownership and involvement with their medicines even if they would always need support.

We looked at the way medication was stored, administered and recorded. Suitable storage was in place and the administration records were clear. We found that appropriate systems were in place and people had received their prescribed medicines and creams. Staff attended training before taking on the responsibility of administering medicines. We saw evidence that the system was closely monitored by senior staff and audits carried out to help identify any problems or poor practice. The supplying pharmacist carried out an audit on 16 November 2012 and found that the system was well managed.

Two people had medicine prescribed to only be given under specific circumstances. The provider may wish to note that there was very limited guidance in place about what these circumstances were, so there was a risk that the medicine would not be used correctly. The risk was reduced because the people had not been given these medicines more than once in the last six months. The manager told us that guidance would be put in place immediately.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We found that the service was staffed with a team of suitably trained staff who worked regularly with the people who lived there. One worker had recently left and a full time post had been advertised. There were clear lines of responsibility within the team and each shift was planned so each person's needs were met.

The sample of rotas we saw confirmed that there were usually four staff on each shift at peak times with more staff at times to support people with community activities. Staff told us the staffing levels were suitable allowing them to spend quality time with people and arrange daily outings for most people. They felt well supported and trained and had attended courses about specific areas such as autism and stoma care.

Observations and discussions showed that people were offered daily opportunities to access the community. The staff we met carried out their work in a calm, friendly but professional way. People told us they liked the staff and they had support when they needed it but were also given independence and time alone.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People told us that they liked the staff and could tell them if they had any concerns. One person said, "I like my key worker, I would tell her". Staff told us that people were all able to express if they were unhappy with a specific situation and that they would assist them in making a complaint if needed. They were confident that the manager would take any concerns very seriously.

The complaints procedure had been revised in February 2012. It was available in a format suitable for people with a learning disability and a copy was on display. The October 2012 house meeting minutes showed that people had been involved in a discussion about safeguarding arrangements and how to make a complaint. Accessible information about both subjects had been given out to help people understand their rights.

The manager said no complaints had been received since our last inspection. We had seen in the past that concerns had been responded to quickly and action had been taken to prevent a reoccurrence. The provider had a corporate complaints department that would become involved if a complaint could not be resolved locally.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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