

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

## Heart of England Mencap - 201 Drayton Avenue

201 Drayton Avenue, Stratford Upon Avon, CV37 9LD

Tel: 01789269300

Date of Inspection: 09 July 2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Heart of England Mencap
Registered Manager	Mrs. Alexandra Arnold
Overview of the service	The service is registered to provide accommodation and personal care for up to 5 people with learning disabilities or autistic spectrum disorder.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	6
Care and welfare of people who use services	7
Cleanliness and infection control	9
Requirements relating to workers	10
Complaints	11
<b>About CQC Inspections</b>	12
<b>How we define our judgements</b>	13
<b>Glossary of terms we use in this report</b>	15
<b>Contact us</b>	17

## 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 9 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information sent to us by commissioners of services.

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### What people told us and what we found

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On the day we visited 201 Drayton Avenue we spoke with the registered manager and two support workers. The home provided a short stay service for people and there were two people living at the home. We spoke with one person about their experiences of the service. We read the care records for both people who used the service, observed care practice and staff's interaction with people when they were delivering care.

On the day of our visit, one person who used the service went out for most of the day to attend a club. The other person was involved in different activities throughout the day. For example they gave us a tour of the service and showed us their bedroom. In the afternoon they went out to the cinema, supported by a staff member.

We saw staff demonstrated they understood people's personal needs and the ways they communicated those needs.

We saw that people's care plans were person centred and reflected their individual needs. We found the members of staff supported people as detailed within their care plans.

We found that the service had a complaints process that was accessible for people in the home. People who lived in the home told us they felt able to make a complaint if they wished.

We saw the provider ensured that the appropriate checks were undertaken before a new member of staff was employed. Staff we spoke with told us about their induction and about training they had received.

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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

We looked on people's care plans and found there were instructions to staff on how to communicate with people. During our inspection we saw how staff gained people's consent and saw that this matched the information in care plans.

We found that people who used the service and their relatives were asked to complete a feedback form after each stay at the home. The manager told us how the information was used to update people's care records. For example questions were asked about whether people enjoyed the activities and the food. We saw that people's personal profiles had been updated with information. This meant that people and their families had been involved in the care planning process and were aware of the care and treatment being provided.

When we spoke with support staff they told us that they always asked for permission before they supported people to do things. One member of staff told us that, "I ask people and make sure they understand what I'm asking them." Some staff told us they were trained in Makaton and used this to communicate with some people.

One person we spoke with who used the service told us that staff asked if it was OK to do things before they were supported. When we spoke with staff about how they supported this person, staff knew what foods they liked and what activities they liked to be supported to do around the home. For example staff knew that this person did not like washing up, but enjoyed being supported to do the vacuuming. This meant that people were asked for their consent before they received any care or support and the provider acted in accordance with their wishes.

**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.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We observed the care that was given to people staying at 201 Drayton Avenue. We saw that the care they received matched the details within their care plans. We saw staff were compassionate and caring when supporting people.

One person who used the service told us that they got on well with the staff and that they, "Liked the staff."

We saw that the care plans were person centred and reflected people's needs. We saw the care plans were easy to read and to understand. This meant that the care plans were based on the needs of people who used the service.

We found that correspondence with people's relatives was recorded and that each person had a communication book. People and their relatives were able to provide information to staff about any changes in their needs. This meant that people were involved in their care planning.

We found that there were shift record sheets which clearly recorded the support provided to people each day. The care that was described matched the instructions given to staff within people's care plans. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual plans.

We looked at two people's records and saw that they had been recently reviewed by staff. This meant that people's plans were up to date.

We saw in people's care records there were assessments which included detailed information about the support they required. For example we saw on one person's eating and drinking care plan it was identified what types of food and drink the person should not have. On the day of our visit we spoke with staff who told us about this person's dietary requirements. The information they told us matched the person's care plan. We saw that the person's dietary requirements were clearly recorded elsewhere in the kitchen to state what their food preferences were and any allergies. This meant that care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

We read that risks to people's wellbeing had been identified within their care plans. We saw plans were put in place to provide instructions to staff on how to support people according to their needs and to prevent any harm. For example there was an assessment of risk done for one person's personal hygiene. It recorded that they were only to be supported with personal care by a female member of staff. This showed us that care was planned and delivered in a way that included people's preferences and ensured their dignity.

On the day of our inspection we saw that information about future activities was displayed in the home. We spoke with someone who lived at the home and they told us that they were asked by staff what they would like to do. They told us they liked to go to the cinema and to church and that they, "Liked singing."

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We found the provider had followed the Department of Health Code of Practice for cleanliness and infection control. They had implemented a system to reduce the risk and spread of infection. The system included training and guidance for staff, a cleaning schedule and provision of appropriate equipment and supplies.

We found there was a cleaning schedule used within the home which adhered to the home's procedures. We saw that the schedule had been followed and that the home was clean and tidy.

Staff demonstrated a good understanding of their responsibilities in providing a clean environment for people receiving support. Staff members we spoke with understood the importance of infection control and the various prevention procedures available to them. They told us about the cleaning schedule for the home and how people's laundry was organised. One member of staff told us, "We have daily cleaning tasks. On change round day the whole house is cleaned from top to bottom."

Staff told us how they ensured people were not placed at risk of cross infection. They confirmed they had received training in infection control. One member of staff explained to us how risks were minimised in the kitchen area. For example by using colour coded chopping boards and by checking fridge temperatures. One person who used the service told us that they had helped to check the temperature of the meat they had helped cook for dinner, by using a temperature probe.

We found that the home had a good supply of personal protective equipment (PPE). Staff told us how they used PPE when supporting people with personal care.

We saw that cleaning equipment and cleaning materials were appropriately stored.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We spoke with two support staff, we looked at their files and the manager's training records. We looked at staff files to see if appropriate checks had been undertaken to ensure that staff had the qualifications, skills and experience to carry out their work. The staff files confirmed that staff had the necessary qualifications to ensure they were appropriately qualified to work with people.

We saw that the provider had effective recruitment and selection processes in place. We found that the provider had obtained criminal records checks for staff prior to them commencing work. These checks were held centrally at the provider's regional office. We saw the provider had looked at staff's identification documents. We found appropriate references on staff files from their previous employers.

We found that there was an induction programme for all new staff employed by the provider, which incorporated the Skills for Care Common Induction Standards. Staff we spoke with told us about the induction programme and what it included.

We looked at the provider's training matrix for the home and saw that staff training was mostly up to date. We found that refresher training had been planned for some staff, where training was not up to date. Staff told us that they were supported by the provider to obtain further relevant qualifications. One member of staff told us that they had been able to request training, which they had received in non-violent intervention.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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During our inspection we saw information about complaints was displayed in a communal area and it was accessible to people. It was in a format that people who lived in the home would find easy to understand. This meant that people were made aware of the complaints system.

Staff we spoke with told us that they supported people to make complaints. Staff told us that sometimes comments were received on people's feedback forms. They told us that the manager reviewed people's comments and identified if they formed a complaint and then take the appropriate action.

We looked at the home's concerns, comments and complaints records and found that there had been three complaints logged in the previous 12 months. The complaint sheets clearly recorded what the issue was and what corrective action had been taken by the home. We saw that the complaints had been recorded accurately and that appropriate action had been taken to resolve the issue, in accordance with the provider's policy. This showed that people's complaints were investigated and resolved.

We spoke with someone who lived in the home and they told us that they knew how to make a complaint. They told us that if they were not happy they would tell, "Staff and mum."

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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