

*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

1 Springhead, Sutton Veny, Warminster, BA12  
7AG

Tel: 01985840990

Date of Inspection: 13 June 2013

Date of Publication: July 2013

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Cooperating with other providers</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</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

## 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>	
Care and welfare of people who use services	6
Meeting nutritional needs	7
Cooperating with other providers	8
Safety and suitability of premises	9
Assessing and monitoring the quality of service provision	10
<b>About CQC Inspections</b>	11
<b>How we define our judgements</b>	12
<b>Glossary of terms we use in this report</b>	14
<b>Contact us</b>	16

## 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 carried out a visit on 13 June 2013, observed how people were being cared for, spoke with one or more advocates for people who use services and talked with staff.

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### What people told us and what we found

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Mr and Mrs Wyatt provided care and support to one person within their own home. They had done this for many years and therefore considered the person very much part of the family. Mr and Mrs Wyatt do not intend to provide accommodation or personal care to any other person.

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 one staff member from a day service the person attended.

The person looked relaxed and well cared for. They interacted well with the provider and clearly indicated their needs and wishes. The provider addressed such requests without delay, in a caring and attentive manner.

The person attended day services and enjoyed a range of activities as part of the family unit.

The provider was very aware of the person's needs and how they were to be met. They ensured the person received support to eat safely and had a well balanced diet.

The person had their own comfortable and highly personalised bedroom with an en-suite facility. The person had the equipment they required to meet their needs effectively.

The provider was committed to offering the person a range of opportunities to widen their experiences and to further enhance their quality of life.

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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

The person was casually dressed and well groomed. Their clothing was colour coordinated and was linked to their age and personality.

The person was relaxed in their environment. They responded to the provider well. At one point, the person indicated they wanted to use the bathroom. The provider immediately assisted the person in a caring and attentive manner. They supported the person with their mobility whilst promoting their independence. The provider was aware that if the person's mobility deteriorated, specific manual handling equipment might be required in the future.

The provider spoke about the person respectfully and with fondness. They were very aware of the person's needs and the way in which they communicated.

The provider said the person appeared to benefit from structure and similar routines. They attended two day services during the week. Their timetable had been selected in relation to their individual needs and preferences. They said the person appeared to particularly enjoy sessions such as music and dance, maintaining a positive personal image and shopping. The provider told us that whilst shopping, the person knew exactly what they wanted to purchase. They said "it's their choice. They're not a child so their view point has to be expected and respected."

The person looked well. They were animated when leaving for their day service. The provider told us the person enjoyed good health and was rarely unwell. 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. The person lived as part of the family unit and was involved in all household and family activities, including trips out and holidays.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

The person was protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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The provider told us the person ate a good mixed diet, at times which suited them. They were very aware of the person's personal preferences and the impact good nutrition had on general wellbeing.

In the week, the person enjoyed their main meal in the evening, as part of the family unit. They took a packed lunch when going to their day services. The provider told us they always packed an additional snack for later in the morning. This was because the person did not like an early breakfast so chose not to eat before they left for their day services. At weekends, meals were arranged in accordance with the person's wishes and the activities taking place.

The provider was very aware of the support the person required to eat and drink safely. They had conveyed this information to staff at the day services. Consideration was given to satisfactorily maintaining the person's weight. The provider confirmed that any concerns would be discussed with the person's GP.

The person enjoyed eating out and was involved in undertaking the grocery shopping on a regular basis.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

The person's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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**Reasons for our judgement**

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The person was reliant on the provider to recognise and address any issues with their overall wellbeing. The provider confirmed the person's health was very good. This meant health care services were used when required and for preventative measures rather than on going interventions and treatment.

The person received an annual health care check from their GP who they had known for a long while. They used to attend a specialised dentistry department in the local hospital for six monthly check ups. However, reorganisation of the service caused implications for this and alternative arrangements were in the process of being made. The person received speech and language therapy support at their day service. Other services such as physiotherapy were accessed as required.

The provider told us they accompanied the person on all health care appointments. This ensured consistency and enabled the person to be fully supported in a way which met their needs. They explained past hospital admissions had been carefully co-ordinated to ensure the minimum of disruption and distress.

The provider told us regular discussions were held with staff at the person's day services to ensure the person's wellbeing. The provider told us they had informed staff of what to do, if a particular incident took place. This intervention minimised the occurrence of an unwanted, hospital admission. Discussions had also taken place in relation to the person's communication needs and eating and drinking. The provider told us that information was shared on a 'need to know' basis to promote confidentiality. Staff at the day service gave the person a planned timetable of the sessions they were undertaking. This ensured the provider was well informed and could ensure discussions about the day's events. A staff member at the day service told us the provider was always approachable and would raise any issues, as they arose.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

The person who used the service was protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

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The person lived with the provider in their family home. The premises consisted of a semi-detached house within a residential area of the village.

The provider considered the area to be quiet and safe. Normal family security measures were in place such as locks on all windows.

The person had their own bedroom and en-suite bathroom. The bathroom was fully equipped to meet the person's needs. The bedroom was clean, comfortable and homely. It was light and spacious and contained a range of the person's own personal possessions. There were doors which opened onto the garden and walk in wardrobes for additional storage.

The person could spend time in their bedroom or the family lounge. There was comfortable seating and space for the person to move around safely.

The garden was well maintained. The provider told us it had been designed with the person's needs in mind. There was a path around the property and raised flower beds. Fish ponds gave added sensory stimulation. The ponds were covered and at certain heights to ensure safety.

The provider told us the house was always kept warm, as the person felt the cold. They said the heating systems were regularly serviced. The electricity suppliers had been informed a person with a disability lived in the house. This ensured that if there was a fault, priority would be given to resolving the problem. The provider told us they had developed a "good circle of tradesmen" so all eventualities were satisfactorily covered.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

The provider informally monitored and took regular opportunities to improve the service the person received.

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### Reasons for our judgement

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As the person lived as part of the family unit, it was not appropriate to have a formal structured system to assess the quality of the service.

The provider explained they were committed to ensuring the person experienced life, as any other young adult of their age, within the limits of their disability. They ensured the person had a wide "social circle" and was involved in varied social activities and new experiences. This included a recent holiday on a cruise ship, as the person had been on an aeroplane but had never travelled by sea.

The provider explained that in addition to broadening experiences, having a wide circle of friends provided the person with additional safeguards. They said the person regularly attended church and was "much loved." Such friendships enabled those people to "look out" for the person, which further enhanced their welfare.

The provider told us they would immediately raise any concern they had about the person's safety or wellbeing. They said that if the concerns were of a serious nature, they would immediately contact the Adult Social Care Department, for advice. The provider explained they had a good rapport with the staff at the person's day services. This enabled information to be freely exchanged so any concerns could be satisfactorily resolved without delay.

After our visit, we spoke to a member of staff at one of the person's day services. They did not have any concerns about the person's support. They said "X is in very good hands. They have a lovely life. They are always out and about and are very loved and cared for." The staff member told us the person was always appropriately and well dressed and had the things they needed.

## 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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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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