

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

## Lakeside View

449 Wargrave Road, Newton-le-Willows, WA12  
8RS

Date of Inspections: 28 February 2013  
19 February 2013

Date of Publication: March  
2013

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>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Wargrave House Limited
Registered Manager	Mrs. Christine Powell
Overview of the service	Lakeside View (LEAP) is a care home on the site of Wargrave school. It is intended for young adults attending the college to live in LEAP during their college education.
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

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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 19 February 2013 and 28 February 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 carers and / or family members, talked with staff and reviewed information we asked the provider to send to us. We reviewed information sent to us by commissioners of services and reviewed information sent to us by other regulators or the Department of Health.

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### What people told us and what we found

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We saw that people were treated with dignity and their views respected. Staff gave people the time to respond and supported them to undertake daily activities in a manner that maintained their personal rights. We observed that staff communicated effectively with the people they supported and demonstrated an understanding of their individual needs.

People's relatives were very enthusiastic about the support being provided. They told us that the home was "brilliant" and "absolutely flawless". They told us that they were kept completely up to date with information about care and medical needs. One relative informed us of the extra efforts the staff and manager had made when their relative was unwell. Relatives also told us that they were sure that their relatives were safe. Another told us "there are a lot of staff so they are always able to keep an eye on as to what's going on and know where they are. Often there is one member of staff to each person. I know that they have been out and about even if that's just to the shops and I am assured that staff know what to do. Safety seems to always be of paramount concern".

We saw that people were supported and encouraged to have their say about the quality of the service. Records and discussions showed that people's views were listened to and actioned to influence the quality of the service.

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.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care, support and rights.

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### Reasons for our judgement

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People living in the home had a variety of needs that made verbal communication difficult at times. We used a variety of methods in order to determine the support that people received and how they were included in the support they received.

We saw that people were treated with dignity and had their views respected. Staff gave people the time to respond and supported them to undertake daily activities in a manner that maintained their personal rights. People living in the home were relaxed with the staff and our observations showed us that they were comfortable with the staff members support.

Relatives were very enthusiastic about the support that the people received. They told us that the home was "brilliant", "absolutely flawless" and "they are so good, (name of person) has come on in leaps and bounds. They are able to communicate with ease. Relationships are very professional as the staff have so much knowledge. It's clear they know (name of person) really well and know how to make sure they get the right support" and "I would not know what to do without them. I really can't ask anymore from them. They have made life so much better for all my family".

We saw that there were a variety of strategies in place to communicate with and involve people in the service that they received. These included care plans containing photographs of the person to help them identify that the care plan was about them and belonged to them. If people were able to sign that they agreed with their care plan or assessment they were supported to do so.

On the day of our visit we observed a "meeting" that was undertaken each evening between the people living in the home and the staff. A variety of supportive technology and communication aids were used, such as an interactive whiteboard and visual aids. The meeting included a discussion about what activities people wanted to do that evening and what chores they were going to take responsibility for in order to maintain their independence.

**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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People living in the service had a variety of needs that made verbal communication difficult at times. We used a variety of methods in order to determine the support they received. Examples of methods used?

During our visit we observed that staff assisted people with daily tasks and chores. This included helping them to manage their money, cooking a meal and making a hot drink as examples. We looked at people's care records to see what support staff were instructed to provide. We saw that staff provided support that was recorded in people's care records. Records included a lot of information that was educationally based as such it did not reflect people's social or healthcare needs. The manager told us that they were a new service and were looking at how they could make their records meet individual care and welfare needs.

We saw examples of records that concentrated on how the service was to support people to maintain their independence, meet their social needs and also included reference to their medical needs. Staff were provided with instructions that assisted them in consistently meeting people's individual needs.

Relatives we spoke with spent considerable time praising the home. They were particularly keen to tell us how well they thought the staff supported people and how much progress their individual relatives had made. They told us that they were kept completely up to date with their relatives care and medical needs. One relative informed us of the extra efforts the staff and manager had made when their relative was unwell.

**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.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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Relatives spoken with told us that they were sure that their relatives were safe. We were told that, "I have every confidence that they know how to make sure (name of person) is looked after and kept safe. I know they would be mortified if there was ever any kind of an issue. The staff are exceptional and go out of their way to keep them safe". Another told us "there are a lot of staff so they are always able to keep an eye on as to what's going on and know where they are. Often there is one member of staff to each person. I know that they have been out and about even if that's just to the shops and I am assured that staff know what to do. Safety seems to always be of paramount concern".

We looked at the arrangements in place to keep staff informed on how to recognise and action any concerns they would have. Staff had received training in the protection of vulnerable adults. We saw that the service had developed a policy to give staff guidance as needed. The manager informed us that they recognised that they wanted to further develop this guidance and had accessed the local social services safeguarding team for advice.

We saw that a door between the care home and the educational area of the building remained unlocked throughout our visit. We were concerned that people's personal space and items could easily be accessed. The provider's representative told us that there was a different entrance to the care home that could be used and the door between the two areas would be kept locked from now on.

A review of how the service safeguarded people's financial arrangements showed that checks were in place to prevent any potential abuse. Funds were securely stored and records were checked to make sure that they accurately reflected the funds each person has for their needs.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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We looked at how the staff were supported to undertake their job roles. During our inspection we observed that staff communicated effectively with the people they supported and demonstrated an understanding of their individual needs.

Relatives we spoke with told us that they thought that the staff were particularly skilled and supported people who lived in the home with "a great deal of skill and understanding".

We looked at the training in place for staff and saw that there were a number of training courses both planned and completed. These covered a variety of areas including training specific to meet the needs of people who lived in the home such as training in autism and communication skills.

Staff told us that they felt well supported by the management team and were given many opportunities to develop their skills. They told us that they received supervision frequently from the manager and they found this of benefit. The records we saw confirmed that staff received supervision from their line managers.

## 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 had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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We spoke to people who lived in the home and their relatives but their feedback did not relate to this outcome.

We looked at how the home made sure that they checked the quality of the service and how they monitored to make any improvements.

We saw records that showed an estates manager made sure that checks were carried out on the environment and that action was taken if any issues were identified. Staff also informed us that they knew how to report any damage of faulty items they found.

Other records showed that the provider audited (checks) areas of the service to make sure that they can action any improvements needed. These included checks on care planning, staff recruitment and incidents. Daily records and the written handover between night and day staff were reviewed in order to make sure that people's needs were being addressed.

Staff received frequent supervision which was monitored by the provider in order to identify any training needs. Staff said that they felt well supported by this and by team meetings where they were supported to make any suggestions that would support people's individual needs.

The management team told us how they kept people who lived in the home and their relatives up to date. They told us how they made sure that people's views were used to influence the quality of the service. Records and discussions showed that people's views were listened to and actioned to influence the quality of the service. We observed during the day how people were supported to decide on their own routine and this was put into place. Relatives spoken with told us that they were frequently asked for their feedback on the service provided and thought that any suggestions they made were actioned.

## 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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