

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

Wargrave House LEAP

449 Wargrave Road, Newton Le Willows, WA12
8RS

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Safety, availability and suitability of equipment	✓	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 support service on the site of Wargrave school. It is intended for young people attending the college to live in LEAP during the term time of 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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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 3 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People living in the service had a variety of needs making verbal communication difficult for them at times. We used a variety of methods in order to determine the support people received. This included discussions with staff and observations of staff interaction with people living in the service.

We also contacted three families for their input and opinions as to the service delivery. Families told us they are kept involved and they were 'very happy' with the support their relatives received. They told us staff were 'really skilled' at making sure that they met their relative's needs. They told us they could not 'fault' the service. One relative told us "No one could possibly provide anything anywhere near as good. They could not look after [name of person] any better they are so good [name of person] has developed a lot of skills."

The service had opportunities to promote the independence of people using the service and involve them in the care that they received. People were supported to develop independence skills by the use of care, medical and support plans. Support plans were written in a picture format to assist in meeting the needs of people.

The building was adapted to meet the needs of people living in the service and was decorated in a domestic manner. There were signs and notices in picture format on doors as an example, that helped people who lived in the service maintain their independence.

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

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

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.

Reasons for our judgement

People living in the service had a variety of needs making verbal communication difficult at times for them. Families told us that they are kept involved in the support their relatives received. One person explained to us how they were involved in assisting with consent for their relative. This included being involved in a meeting with a variety of professionals to look at how their relative's medical needs could be best met.

The service had formal consent forms for medical needs such as seeing an optician. The forms were designed to assist communication with people living in the service and included photographs to assist peoples understanding and making sure they were able to make an informed choice.

During our inspection we observed members of staff discussing with people who lived in the service their choices and plans. We saw records that showed opportunities to discuss with people in advance any treatment decisions such as taking medication or attending a hospital appointment, we saw they were planned and agreed in advance.

We spoke with staff about their understanding of the Mental Capacity Act 2005 and how it related to the support they provided to people. Although staff were not fully familiar with the Mental Capacity Act, they were able to describe to us how they made sure people were supported to make an informed choice.

The manager explained how training had been put into place to assist staff. She also explained the opportunities they had taken to make sure peoples relatives were involved in the planning of care and support. We were given examples of when best interests meetings had been held in order to make sure that the interests of the people living in the service were a priority. These meetings are undertaken for people who need support to make decisions they involve all the people who need to be consulted with such as family, doctor, staff etc. In most cases they are for significant decisions such as medical treatment.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

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. Families we spoke with described how staff had supported their relatives' health care needs. This included acting on instructions from other professionals and supporting the people living in the service to manage aspects of their own health care needs.

We looked at how the service planned and delivered support to meet people's individual health and welfare needs. We saw there were a variety of records that included a personal plan, with people had a copy of the plan in their rooms, support plans for staff and health plans. We saw examples of records on how the service was to support people to maintain their independence, meet their social needs and the care records also included reference to peoples medical needs. On the day of our inspection a staff meeting took place. The meeting was to discuss the individual care needs of a person living in the service and how to provide them.

We observed that staff were able to communicate with people and support them with their daily needs. When changes in people's needs had been identified staff had contacted external medical advisors for support. We saw that any changes in treatment had been put into place as needed.

We also observed staff assisting people with daily tasks and chores. This included cooking a meal, planning activities and making a hot drink as examples. Staff approached and supported each person in a manner that met their individual needs and took into account the persons choices.

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 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. We also contacted three families for their input as to the service. Families we spoke with described how well supported they thought their relatives were to manage their medications. This included assisting them to order their own prescriptions and collecting their medications from the local pharmacist.

We looked at the storage of medicines. As yet the service does not have a fridge readily available to store fridge only medicines. The manager told us no medicines in the service needed to be kept in a fridge, but they would purchase a lockable fridge if needed in the future. The room that medicines were stored in was not checked to determine that medicines were maintained at the correct temperature. The manager assured us that this would commence within a few days. Medicines were kept in a separate locked environment in order to make sure that they could be kept safe.

Records were complex and at times repetitive as a result it took a lot of time to check how medicines were managed correctly. During our visit the manager explained a number of solutions that could be used to simplify the system and reduce any potential risks in the management of medication. She told us that these would be in place over the following weeks. We saw that a member of staff had been unsure about a change in a person's medicines and had sought clarification in order to make sure that medicines were given correctly. Their approach in order to make giving the medicine correctly was appropriate. Clear and simple management arrangements of medicines helps assist staff to fully understand any changes of medicines and reduce any risks.

We checked the medicines available and the records of administration (MARs) these showed that people received their medicines as prescribed. The manager showed us how they audited the medicines to make sure that they were given correctly.

Safety and suitability of premises

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Families we spoke with described how they thought the service was safe and suitable to meet the needs of their relatives.

We saw that the service had a maintenance team available to undertake any repairs needed. Staff told us that they recorded any maintenance repairs and they were addressed rapidly.

We looked around the service and saw that two bathrooms were available, one with a shower, the other with a bath, they were both accessible by all of the people who lived in the service. This allowed people the choice of a bath or a shower. Staff told us that for one person who did not wish to use the shower they were considering having a second bath put into the service. A bath was available but this was usually used by the females living in the service. Staff explained that with the permission of the female people living in the service they thought that using this bath would help meet the needs of the individual.

The service had art work on the walls, which had been painted by people living in the service. and furnished in a style in keeping with the individuals own homes. Most of the young people live in the service during the week and went to stay with their relatives at weekends and at the end of term. One person allowed us to view their bedroom which was personalised to meet their needs and contained items familiar to them.

The service is situated in a new build above a staff common room used by the school, which the young people attend during the day. People's private space is kept locked when not occupied maintaining the security of people's personal space.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

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. Families we spoke with told us that they thought that equipment in the service met people's individual needs.

We saw that specific equipment to assist with communication was available in the service. There was technology available such as an electronic white board where people using the service could decide on their activities and they could be printed for them to refer to.

We saw adaptations such as specific pictures on bathroom doors that assisted people to maintain their independence.

The service had computers that were available to be used by people using the service. We saw inspection stickers on the computers and other electrical equipment such as a kettles and irons that showed that the testing of portable appliance testing (PAT) had been checked to make sure they remained safe to be used. People living in the service were supported to maintain their independence and use a variety of electrical equipment with staff supervision as necessary.

The people using the service at present do not require moving and handling to maintain their physical independence. The manager assured us they do have access to moving and handling equipment should it be needed in an event, such as an emergency and staff are fully aware in how to use the equipment.

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.

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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