

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

Weir End House

Glewstone, Ross On Wye, HR9 6AL

Tel: 01989567711

Date of Inspection: 18 February 2014

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2014

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

Care and welfare of people who use services	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

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

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

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 February 2014, 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 and reviewed information given to us by the provider.

What people told us and what we found

People told us they liked living at the home and felt they were well supported. We found that people were encouraged to be independent, be involved in activities of their choice and access local community facilities.

The staff team knew people and their preferences well. People's wellbeing and any concerns were taken seriously. People had care plans that were reviewed. One person's change in circumstances had not been reflected in their care plan but the care was being delivered correctly.

There was a consistent staff team that were suitably trained and felt well supported. The team sought input from external professionals when needed and worked closely with them taking on their advice.

The senior management of the home had remained stable. The manager and provider formally monitored the quality of the service. There were effective leadership arrangements in place to manage the care service and monitor health and safety risks.

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

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

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 told us that they liked the staff and felt they listened to them and did not pressurise them when they did not want to do something. They said they were involved with deciding how to spend their time and money. One person said, "I go on holiday with my mate (a member of staff) as we have the same interests". The person proudly showed us photographs of their trips to battle grounds and war memorial sites in Europe. Another person told us, "I like it here" and, "Yes, I do things for myself".

People's families told us they were kept informed about health concerns and appointments. They felt the care was good and that their relative had lots of opportunities and activities.

We saw staff engaging with people in a friendly and an unrushed way. The staff we spoke with talked about the people in the home in a caring way. They felt they knew people well and said the support was given in a consistent way. Some people spent time in the community without staff support and when people formed close relationships these were supported. We saw staff offered people choices for areas such as food, drink and activities. Staff told us that the routine at breakfast had been changed to allow people to be more independent and help themselves from the choices laid out. They said this took more staff time for supervision but people had definitely benefitted from the change. They had started to work to increase involvement with other meals as usually only people with a particular interest were involved in the kitchen. One worker said, "Independence is a by-word here".

There was no activities co-ordinator but a key worker system was used so each person had specific staff that helped them plan and arrange their lives. Discussions showed that people had busy lives and those who enjoyed them had been on day trips and holidays. Plans were in place for people for the next few months so they had things to look forward to. These had been arranged with people's involvement. Staff told us the manager supported new ideas such as the book club that had been running for a few months.

People were learning to listen to each other at these sessions and progress was being made. Individual music therapy sessions had also been started which staff felt were enjoyable and beneficial to those involved. Some people were employed to carry out garden maintenance in the large grounds. People told us they enjoyed this work and felt valued. A large new outdoor storage building, with facilities for the gardeners was due to be built. There were also plans for more vegetables to be grown in a poly tunnel that had been ordered.

We looked in detail at the care records for two people who lived at the home and at how their care needs had been met. We saw there were appropriate care plans and risk assessments in place. The guidance about people's needs was clear to inform staff how to provide the support and how to reduce known risks while still promoting people's independence. Staff confirmed that they had read the care plans and that these were followed consistently. The care plans had been reviewed each month.

Records showed that people had been supported to attend routine health appointments and annual health checks. Where health concerns had been identified medical advice had been sought and followed. Everyone had recently had their medication reviewed by the doctors involved. Daily notes were detailed enough to allow monitoring of specific areas. The records showed that people were well supported with their personal care. Staff said health concerns were taken seriously, such as weight loss, and medical advice was sought.

We found that one person's needs had changed in some areas as they had reduced mobility. We saw that the person had the appropriate equipment to assist them to mobilise and to help protect them from developing pressure sores. Training for the use of the equipment had been given by an external specialist. The staff had worked closely with the district nurses to meet the person's care needs. We found that some of this person's care plans had not been changed to reflect these increased needs and the care arrangements that had been put in place. The registered manager told us that information had been recorded by the district nurses in their own folder and it had been an oversight not to update the home's care plan. Not having the right guidance in the care plan could have resulted in staff not knowing how to provide safe care. The risks to the person had been reduced because the support was being given by experienced staff who had worked with the person for a long time. Staff we spoke with were able to describe how they gave support and used the equipment safely.

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

Our judgement

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.

Reasons for our judgement

We saw staff supporting people in a relaxed and friendly way. People told us they liked the staff that supported them.

We found that a full staff team was in place, many of whom had worked at the home for many years. The registered manager told us that a day centre that several people attended was closing so they had appointed some new staff to provide support for people to find new day time activities.

Staff confirmed that staffing levels were suitable and allowed them to support people at home and in the community. They told us that staff morale was good and that the team was professional and committed to providing a good service. One said, "The service is managed wonderfully well" and, "The manager is always full of go and up for new ideas".

Staff told us that the handovers held between each shift and the regular staff meetings were very helpful. They felt well supported and found the regular supervision sessions and annual appraisal process useful. They told us they found the registered manager approachable and they felt able to ask for advice from senior staff at any time.

We saw the training chart which showed an overview of the training that had been completed. This showed that relevant training had been provided in core areas such as health and safety as well as specialist areas such as Autism. This meant people were supported by staff that had the skills and knowledge to keep them safe and meet their needs. The electronic recording system highlighted when each worker needed a refresher course or had not yet completed all the required training. Plans were in place for staff to complete training to address the 4% of training that was overdue. The majority of training was provided through on-line courses which ended with a test to ensure the worker had understood the course content.

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive and identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

There had not been any changes in the management team for many years which had provided stability to the service. People's relatives told us they felt their family member was safe living at the home and they had confidence in the way the service was run. One relative said, "We have nothing but admiration for the manager and staff".

The provider had a complaints procedure and people had been given an Easy Read version of this. People told us they would tell the staff if they had any problems. The registered manager told us that no complaints had been received since our last inspection. A key worker system was used. Part of this role was to check with people regularly to ensure the person was having their needs met and if there was anything that could be improved. We saw some records of recent meetings which showed people were asked about any concerns and new ideas. Some contained action points for staff about things the person wanted.

A feedback survey had been given to people in February 2013. The results were very positive. The registered manager told us that people had needed support from staff to complete this. To reduce the risk of staff influencing the results, several staff had been involved. Involvement meetings were held monthly the most recent was January 2014. Staff told us that most people attended these regularly and decisions were made about menus, activities and holidays. The registered manager said people were consulted about improvement plans. Future changes included better computer access with Wi-Fi and a new garden storage building with work place facilities for the people living at Weir End who regularly worked on the grounds.

Senior staff had reported serious incidents and concerns appropriately to other agencies and worked in a cooperative way with external professionals. Staff told us how all accidents, bruises or marks were recorded and body maps used to show the part of the body affected. The registered manager was made aware of any incident.

The provider visited the service at least monthly. They also used periodic audits to

monitor the quality of the service. We saw that these had been completed during 2013. They covered areas such as safeguarding and infection control where 100% was scored. Medication audits were carried out every six months. Daily stock counts were also carried out to help reduce the risk of errors. Routine health and safety checks were carried out to ensure people's safety and welfare. An audit of one person's care plan was carried out each month. The registered manager told us after the inspection that this system would be reviewed to help ensure that the content of care plans had been updated when people's needs had changed.

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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