

Review of compliance

Wycar Leys (Bulwell) Limited

Wycar Leys Bulwell

Region:	East Midlands
Location address:	Snape Wood Road Bulwell Nottingham Nottinghamshire NG6 7GH
Type of service:	Care home services without nursing.
Publication date:	May 2011
Overview of the service:	Wycar Leys, Bulwell provides accommodation for persons who require nursing or personal care for up to 20 younger adults with learning difficulties.

Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Wycar Leys Bulwell was meeting all the essential standards of quality and safety we reviewed.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our programme of routine schedule of reviews. On this occasion we have reviewed the following outcome areas:

- 4 Care and welfare of people who use services
- 7 Safeguarding people who use the service from abuse.
- 16 Assessing and monitoring the quality of service provision
- 17 Complaints

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 5 May 2011, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services.

What people told us

People who use the service stated that the staff at the home were proactive in contacting health care professionals when needed.

People experience support based on comprehensive need's assessments and support plans which were in excellent detail and identify people's needs, preferences and diversity.

Social inclusion is encouraged and people are supported to pursue a healthy lifestyle which has been developed around meaningful and purposeful activities.

Interactions between the staff and people who use the service were positive and people who were able to express an opinion told us that they felt safe and well looked after.

Comments made within a stakeholder's survey showed that people's relatives were very positive about service provision and commented "the communal areas are excellent and well furnished – very homely", "It is very relaxed and homely" and "the staff take time to empower service users to gain the best out of their lives".

People who were able to express an opinion told us that they felt that any concerns or complaints would be addressed.

What we found about the standards we reviewed and how well Wycar Leys Bulwell was meeting them

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

People who use the service experience effective support and care that meets their individual needs.

- Overall, we found that Wycar Leys Bulwell was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

People who use the service are protected from abuse or the risk of abuse.

- Overall, we found that Wycar Leys Bulwell was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Effective auditing procedures are in place to monitor the quality of service provision at the home.

- Overall, we found that Wycar Leys Bulwell was meeting this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly

Systems are in place to ensure that people's complaints are listened to and acted upon.

- Overall, we found that Wycar Leys Bulwell was meeting this essential standard.

What we found
for each essential standard of quality
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We looked at the support plans of two people who use the service. The support plans were in excellent detail and identified people’s needs, preferences and diversity. The support plans also included people’s current and longer-term support needs.

The support plans contained comprehensive risk assessments about specific individual activities and identified the support required to promote people's health, safety and wellbeing whilst undertaking activities within the home and within the broader community.

People who use the service stated that the staff at the home were proactive in contacting health care professionals when needed. We found that people's support plans showed that advice and treatment had been sought from other professionals such as general practitioners, consultant psychiatrists, psychologist's, speech and language therapy, specialist Incontinence nurses, occupational therapists and community nurses.

It was shown that people's personal support plans were reviewed at regular intervals to ensure they remain pertinent to the needs of people who use the service. Annual reviews of care are also undertaken with the funding authority and family representatives to ensure that the home continues to meet the expectations of the funding authority.

The provider told us, that the registered manager takes into account the capacity of people living in the home and best interest decisions are recorded around people's needs thus promoting people's rights and choices relating to their day to day lifestyle, experiences and support requirements.

Records showed that people's development with regard to social inclusion is encouraged and people are supported to pursue a healthy lifestyle whilst following a daily activity planner that is person specific and has been developed around meaningful and purposeful activities.

Other evidence

Nottingham City Primary Care Trust (PCT) performed a quality audit of the service on 22 September 2010. The outcome from this audit was very positive and the audit found that the support plans are well detailed and gave clear instruction for staff to follow. The audit also concluded that the support plans demonstrated "person centred care at its best, detailing the nature, personality and needs of each service user". The PCT awarded the home a score of 100 percent on the areas of admission, care planning and lifestyle.

Staff confirmed that the needs of people who use the service were discussed at staff handovers and that that the needs assessments and support plans were always available throughout the 24 hour period should they be required for reference and guidance.

Our judgement

People who use the service experience effective support and care that meets their individual needs.

Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We observed that the interactions between the staff and people who use the service were positive and people who were able to express an opinion told us that they felt safe and well looked after.

Other evidence

The provider told us “We have a zero tolerance to any forms of abuse and the policy in place clearly states that appropriate actions will always be taken in such events. The policy also reflects the practice that the home will work together with inter-agency framework based on the guidance contained within the “No Secrets” document and local safeguarding adult’s policy”.

Records showed that all staff within the service have undertaken safeguarding training via e-learning. 35 percent of the staff team have also attended a “role of the alerter” training with the Local Authority, the management team have attended the role of the referrer training facilitated by the Local Authority.

A policy and procedure has been developed alongside the Local Authority policy and procedure for safeguarding adults so that staff at the home have appropriate guidance to promote the safety of people at the home. There is also a management policy and procedure to follow in the event of a potential safeguarding issue occurring within the home.

Records showed that any incidents of potential abuse are reported by the staff team to the Registered Manager, or on-call Manager, who subsequently discusses the incident with the company directors and makes a referral through to the local safeguarding authority.

The provider told us that the home has a restraint policy and procedure for the staff team to follow and staff confirmed that they have received training in this area. Records showed that if there is a need to use physical interventions then this is clearly recorded, monitored and audited by the management team and shared with the people's social workers.

There is a policy and procedure in place for the staff to follow in respect of supporting people with their finances. In addition to this, each person has a personal support plan outlining the support required in this area. The provider told us that "at no time would the company use the finances of people who use the service for the running or management of the service".

The provide told us that it is company policy that we do not act as appointee for the people within our care and ask that a family member or the placing authority assume this responsibility. Only under extreme circumstances and when all other avenues have been exhausted to no avail would we consider undertaking this role.

Records showed that people are supported to access their personal finances as and when they wish to do so and records and receipts are kept within the home for auditing purposes. There are safes within the home to ensure that people's finances are secure. A lockable cabinet or safe is also provided within people's bedrooms.

Staff confirmed that the home has a whistle blowing policy and procedure in place to ensure that they feel confident to report any concerns in relation to service provision. The provider also told us that the care team at the home are fully supported by the company directors to make referrals to the local safeguarding team. We spoke to staff who confirmed that training relating to safeguarding the vulnerable adult had been provided and were able to demonstrate a very good knowledge of their roles and responsibilities relating to safeguarding adult procedures.

Our judgement

People who use the service are protected from abuse or the risk of abuse.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with outcome 16: Assessing and monitoring the quality of service provision.

Our findings

What people who use the service experienced and told us

People experience a service which is effectively audited and are provided with the opportunity to comment on the quality of service provision. Information gleaned from the home's stakeholder questionnaire performed in May 2010 documented that people's relatives were satisfied with the quality of service provision.

Comments made within the stakeholder's survey included "the communal areas are excellent and well furnished – very homely", "It is very relaxed and homely" and "the staff take time to empower service users to gain the best out of their lives".

Other evidence

The provider told us, and records showed, that designated quality monitoring managers audit the home on a regular basis and an action plan is formulated based on the finding of the audit.

An internal auditing process is also undertaken whereby the Registered Manager and key workers and, where possible people who use the service review support plans and risk assessments to ensure they remain pertinent to peoples needs and aspirations. This has resulted in significant improvements in this area of service provision.

The home has clear systems in place to report accidents, significant incidents and manage people's complaints. These are also audited as part of the home's risk management strategies.

The provider told us that group meetings which were performed for people who use the service have been replaced with a one to one key worker consultation process as the group meeting was regarded as "tokenistic" by the Registered Manager. This revised type of consultation process now aids people who use the service to express their needs on an individual basis in relation to their choices, decisions and lifestyle preferences.

A number of changes have been made to the home's internal environment as a result of the consultation process. These include adaptations to the kitchen areas and the removal of quiet rooms which have been replaced with a computer room and sensory room.

Records showed that annual quality surveys were distributed to stakeholders and care staff in May 2010 to provide an opportunity for comments to be made in relation to the quality of service provision. The surveying process is to be repeated in September 2011 and will also include all health care professionals involved in people's care so as to provide effective feedback thus identifying any areas of service provision which could be improved.

There has also been an external audit undertaken within the home by the Local Primary Care Trust (PCT) in September 2010, following the auditing process a report has been produced which is available within the home. The home was awarded an overall percentage of 97 percent by the PCT.

Our judgement

Effective auditing procedures are in place to monitor the quality of service provision at the home.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us

People who were able to express an opinion told us that they felt that any concerns or complaints would be addressed.

Other evidence

The provider told us, and records showed that the home has a complaints procedure which is kept within the policy and procedure file in the offices around the home. The complaints procedure is also shared with the people who use the service and their representatives, and is available in picture format to assist people if they wish to report a complaint or concern. The complaints policy and procedure clearly identifies the people who have been nominated within the company to manage and investigate complaints. It also gives details of whom to contact and telephone numbers of the Care Quality Commission should the complainant not be satisfied with the outcome achieved within the home's investigation process.

The provider told us that the management team and directors of the company offer

an open door philosophy to people who use the service, care team, family members and external professionals, and they take complaints seriously. All investigations into complaints are comprehensive and carried out by a member of the management team, a Quality Monitoring Manager or a Director of the company and feedback is always given in order to satisfactorily resolve any complaint that is made.

Staff told us that if a person who uses the service made a complaint they would ensure the safety of the person, document the issues identified, ideally with another member of staff present to witness the discussion, and report the complaint to the Registered Manager or the on call manager if needed.

Should it be required, people who use the service are guided through how to make a complaint with use of a computer application call "Widgets" which aids people with communication problems through the use of symbolic visual support. In the case of people who do not have verbal ability to communicate through Widgets their non-verbal cues are used by staff to recognise people's state of unhappiness.

On examination of the home's complaints folder we found that those who had made a complaint or identified a concern in relation to the quality of service provision were informed of the outcome of the issue and the resolution of concerns were also recorded.

Our judgement

Systems are in place to ensure that people's complaints are listened to and acted upon.

Action

we have asked the provider to take

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Author	Care Quality Commission
Audience	The general public
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