

# Review of compliance

Wycar Leys (Burton) Limited The Coach House	
<b>Region:</b>	West Midlands
<b>Location address:</b>	34A Stapenhill Road Burton-on-Trent Staffordshire DE15 9AE
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	October 2011
<b>Overview of the service:</b>	Trent View is a large detached house situated in a residential area of Burton upon Trent. A service for one person is also provided at The Coach House next door. The service is registered with the Care Quality Commission to provide care and support for eleven younger adults who have a learning disability.

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

## Our current overall judgement

**The Coach House was meeting all the essential standards of quality and safety.**

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

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 9 August 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

People living at the home told us they were happy living there and with the care and support they received from care staff. They told us about their community activities, which included college courses, trips out with family and friends or being supported and accompanied by staff either on a one to one or two to one basis to go shopping. One person living at the home talked to us about going out with their parents for a meal out, and to do some shopping. They told us that they liked their room, and liked the care staff. Another person told us about their course at college, and showed us their certificates of achievement for literacy and numeracy. They told us they were very happy with their home, and the support received from staff. They were hoping to buy a music CD. We were told by staff that people using the service go out to the cinema, see shows at the theatre, and go for pub meals.

### What we found about the standards we reviewed and how well The Coach House was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People had their views and experiences taken into account in the way that the service was provided and delivered. People living in the home were treated with dignity, and their preferred lifestyles were respected.

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The home had an assessment, care planning and review system in place to ensure people received care that was consistent, and reflective of their individual assessed needs.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

People who used the service were protected from abuse, or the risk of abuse, and their human rights were respected and upheld.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

People who used the service were safe, and their health and welfare needs were met by sufficient numbers of appropriate staff.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

Staffs were supported formally to provide care and treatment to individuals.

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

Quality assurance systems monitored and reviewed the quality of the service provided and ensured people benefited from safe, quality care and support.

**Other information**

Please see previous reports for more information about previous reviews.

**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 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

We spoke with people living at the home about their daily life, their activities, the staff team, and what it was like to live at the home. People told us they were happy with the way they were cared for by staff. We were also told that where appropriate, individuals were supported in making choices, by involving other professionals, their family and or a representative. This was confirmed during our discussions with family members.

Staff spoken with could easily identify the importance of maintaining dignity and respect for the people who live at the home. They explained how they did this daily during the course of delivering care.

We were told that appropriate information would be provided, and support can be given, to others acting on a person's behalf, to enable decisions about their care and treatment.

##### Other evidence

We visited the service on 9 August 2011, and spoke with staff and people living at the home.

We saw that individuals were supported in making choices, by involving other

professionals, their family and or a representative. This was also confirmed during our discussions with family members.

We observed staff appropriately addressing and engaging people living at the home in day to day activities, respecting and involving them with tasks undertaken. We saw that people living at the home were well cared for.

We saw that individual care plans were person centred, they confirmed and documented that a pre-admission assessment had been undertaken. This had then been used as a basis for the care plan and for the subsequent continual risk assessment that was in place.

Some people do not have the capacity to make decisions and in these circumstances, other people can be authorised to make decisions on their behalf as long as they are in the person's best interests. We saw examples of such decisions having been made. We saw evidence that people living at the home are at the centre of their own decisions. With individual preferences and choices documented into the person centred care plan.

### **Our judgement**

People had their views and experiences taken into account in the way that the service was provided and delivered. People living in the home were treated with dignity, and their preferred lifestyles were respected.

## Outcome 04: 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 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

Relatives told us that people living at the home are respected, treated well, and addressed appropriately.

Some people living at the home were very keen to tell us that in their leisure time they watch films, have hand massage and manicures, and go to the hairdressers. Activities included trips out, pub lunches, art and crafts, sitting in the garden, preparing and cooking meals. Activities were always based upon the person's risk assessment and their needs and wishes.

One relative told us that she had "confidence in the staff", and she felt she "could trust staff at the home to manage her relative's personal money." She told us that she was kept informed about what was happening in the home, and that she felt able to approach the manager if she had a problem.

##### Other evidence

We looked at two care plan records and associated risk assessments. These were person centred, clear and up to date. A full assessment of care was undertaken following the pre-admission assessment. This involved the person living at the home and their relative or representative.

We observed staff appropriately interacting with people using the service. Staff knew the people living at the home well, and people addressed staff by their first name.

Medication Administration systems were checked and in good order. Senior staff received training and refresher training for the safe administration of medication.

People living at the home who were responsible for taking their own medication are risk assessed, and sign their assessment to say that they are able to do so. This is then kept under review. With any changes shared with staff and noted in the care plan.

The organisation is about to introduce a system for advance care planning and or end of life care. This will be used where appropriate, and according to the wishes and needs of the person concerned.

**Our judgement**

The home had an assessment, care planning and review system in place to ensure people received care that was consistent, and reflective of their individual assessed needs.

## Outcome 07: 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 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

One relative spoken with told us, "Staffs are quite good; my relative is well cared for and staff are trustworthy".

People living in the home told us they would go out shopping with a staff member who would support them in the purchase of items from the shop; this could range from a magazine, to an item of clothing. We were told that proof of purchase receipts would be kept, to enable records to be kept.

One person told us they buy their own music CD's, sweets and crisps from the shops. They also told us that they help to choose what they want. Staff told us that they would support and accompany people living at the home on a one to one, or two to one basis in regard to trips out, depending upon their level of need.

Staff told us they had received appropriate training in regard to keeping people safe, mental capacity and the management of aggression.

Staff told us that during their recruitment they had undergone the necessary security checks. They were able to describe the different types of abuse without prompting, and confirmed that they had not needed to make a safeguarding referral to date. They understood the importance of keeping people safe.

Staff spoken with told us they were aware of the whistle blowing policy, and would feel able to approach the senior staff and or care manager if they did have concerns. We

were told that the care manager maintains an open door policy, and actively encourages people to see him about any concerns.

### **Other evidence**

We visited the service on 9 August 2011. We spoke with four staff, two relatives and people using the service. We looked at two care plan records.

We looked at staff recruitment records. Records seen confirmed the safe recruitment of staff.

We saw that financial arrangements were documented and recorded in individual care plans. There is also a policy and procedure used across the organisation in relation to personal monies held on behalf of individuals. Records were available for us to view.

We saw that visitors signed in and out of the home. Thus ensuring the safety of the people living in the home.

We saw that the service informs and notifies the Care Quality Commission (CQC) of any safeguarding referrals made. There had been three safeguarding referrals made in relation to the service since the previous inspection. These were all amicably resolved.

Training records showed that staff had received training in regard to the management of challenging behaviour and safeguarding of vulnerable adults.

### **Our judgement**

People who used the service were protected from abuse, or the risk of abuse, and their human rights were respected and upheld.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

We spoke with staff, people using the service and visiting relatives. Relatives told us that staff at the service are caring, supportive and know the people using the service well.

Staff told us that new members of staff were supported by more experienced staff, particularly during their induction process.

We spoke with four members of staff; including the area manager. They all confirmed that staffing levels had been maintained. We were told that staffing levels are kept under review.

##### Other evidence

We visited the service on 9 August 2011. We looked at the rota for four weeks beginning 1 August 2011 up to 31 August 2011. This showed that staffing levels had been maintained.

We saw that there was an on call system in place. Information to enable staff to use the on call system was displayed in the main office.

##### Our judgement

People who used the service were safe, and their health and welfare needs were met by sufficient numbers of appropriate staff.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

People using the service told us that staff at the service are caring, supportive and know the people using the service well. One relative told us that staff had managed their relative's care very well and that she had settled in.

Staff told us that they felt supported by their manager and by the organisation. They had received regular supervision, a yearly appraisal, and had received update and mandatory training in the past year. This included fire safety, health and safety, challenging behaviour and safeguarding of vulnerable adults training.

##### Other evidence

We visited the service on 9 August 2011. We spoke with four staff including the area manager, we looked at three staff recruitment records and the staff training matrix for 2011.

Staff records showed that there was a robust system of staff recruitment in place, and system of supervision and appraisal.

Staff training records were uniformly kept and up to date. Mandatory and update training included safeguarding, fire, medication, moving and handling, health and safety.

##### Our judgement

Staffs were supported formally to provide care and treatment to individuals.

## 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

We were told by the organisation's quality monitoring officer that the service regularly sent out surveys for relatives and friends to complete on behalf of the person living at the home.

Staff told us that they talked to people every day, often on a one to one basis, to ask people living at the home about their service. This was undertaken in relation to all aspects of daily living, including their environment, activities, food, menus and outings.

Feedback would be given during their monthly residents' meetings, and any actions taken would be recorded in individual care plans. Changes to care would then be shared with other staff to ensure continuity of care.

We were told that senior staff and the care manager undertake regular audits in regard to individual and environmental risk assessments. We saw evidence of this during our visit in records seen. Regular audits were also undertaken for accidents and incidents. The organisation also undertakes six monthly auditing via their two quality monitoring officers. Any concerns would be documented and acted upon according to the organisations' policy and procedures, and if appropriate, changes are then made to the service. The home acted upon medical alerts straight away, and staff were kept informed.

##### Other evidence

We visited the service on 9 August 2011. We spoke with four staff, relatives and people

using the service.

Records showed that regular audits were undertaken in regard to individual care plans. This was part of the care manager's responsibilities.

We found that care plans were up to date and had been regularly reviewed since the previous inspection.

Information contained within the organisation's six monthly audit, evidenced that feedback from the home's six monthly surveys had been generally positive. We were provided with a copy of the most recent audit.

We confirmed that all of the above systems were in place during our visit to the service.

**Our judgement**

Quality assurance systems monitored and reviewed the quality of the service provided and ensured people benefited from safe, quality care and support.

# 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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