

# Key inspection report

## Care homes for adults (18-65 years)

<b>Name:</b>	Sheridan House
<b>Address:</b>	8 Bedford Road Sandy Bedfordshire SG19 1EL

<b>The quality rating for this care home is:</b>	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Louise Trainor	0 9 0 4 2 0 1 0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

## Reader Information

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## Information about the care home

Name of care home:	Sheridan House
Address:	8 Bedford Road Sandy Bedfordshire SG19 1EL
Telephone number:	01707332244
Fax number:	01707332255
Email address:	ngrauwiler@brookdalecare.co.uk
Provider web address:	na

Name of registered provider(s):	Brookdale Healthcare Limited
Name of registered manager (if applicable)	
Mrs Nicola Caroline Grauwiler	
Type of registration:	care home
Number of places registered:	9

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	9	0
Additional conditions:		
The maximum number of service users who can be accommodated is 9		
The registered person may provide the following categories of service only: Care Home only - Code PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Learning Disability - Code LD		

Date of last inspection	1	7	0	4	2	0	0	9
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Brief description of the care home
The home is situated in the village of Sandy and is in close proximity to local community amenities. The service is owned by Brookdale and was registered on the 20th of March 2008.
The home currently has 8 people using the service but can accommodate a maximum of 9 people.

#### Brief description of the care home

The fees for this service range from £2500 - £3095.46 per week. This information was provided from records on the day of the inspection.

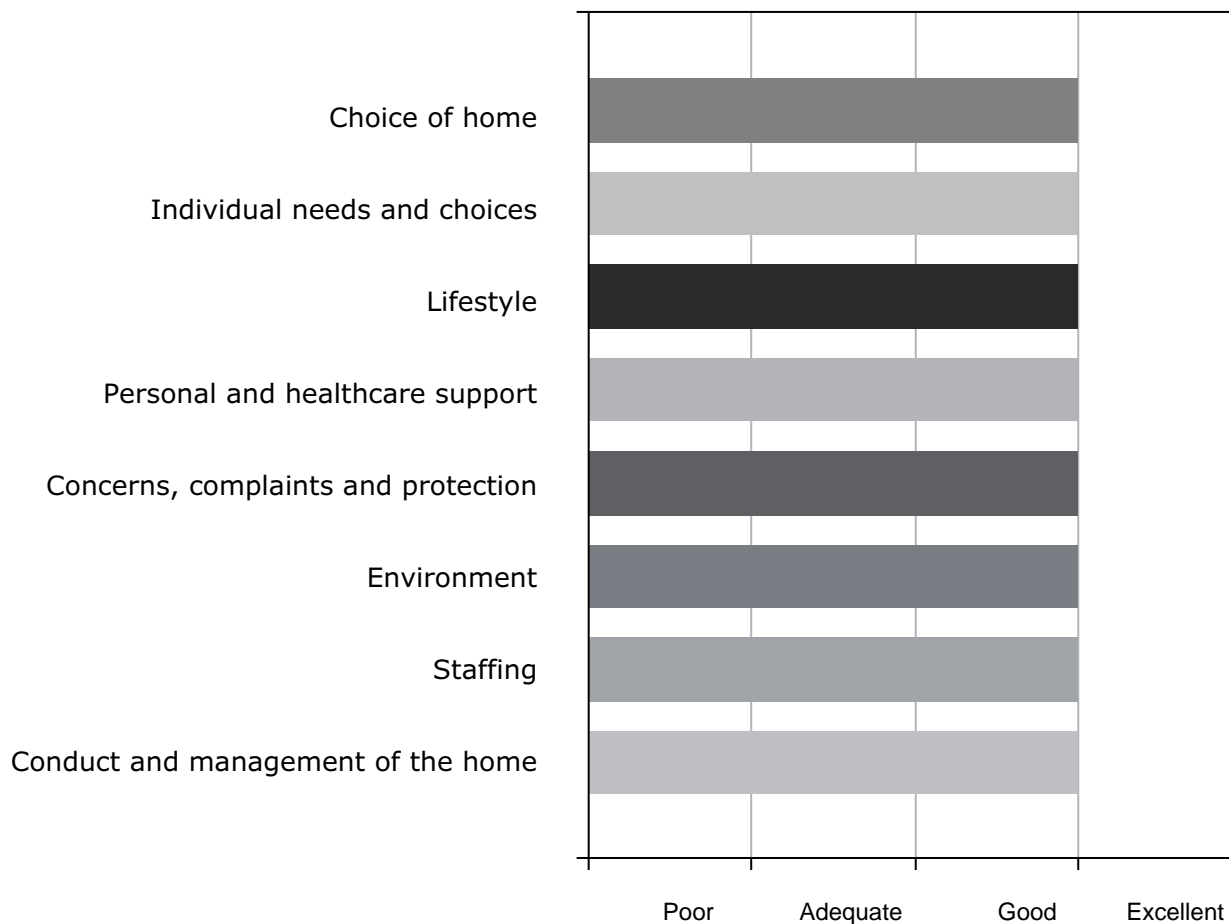
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

This inspection was carried out in accordance with the care quality commission (CQC) policy and methodologies, which requires review of the key standards for the provision of a care home for adults. The methodology takes account of the views of the people using the service (residents) and information received about the service since the last inspection. Information from the home, through written evidence in the form of an Annual Quality Assurance Assessment (AQAA) has also been used to assess the outcomes within each standard. Evidence used and judgments made within the main body of the report include information from this visit.

This was the first Key Inspection for this service this year and it was carried out on the 9th of April 2010 by Regulatory Inspector Mrs Louise Trainor, between the hours of 10:45 and 17:00 hours.

During this inspection we picked two residents to 'case track' in detail, and looked

more briefly at the documentation relating to another. To avoid disrupting the residents routine, we only spent short periods of time observing care practices and informally chatting with residents. However we had the opportunity to talk to seven members of staff during this visit.

We examined three staff files, which included all documentation relating to their recruitment, and other records relating to staff training and supervision. A full tour of the premises was carried out, and documentation relating to health and safety checking procedures, medication administration, complaints, accident and incident reporting and resident's finances were also inspected.

Although the home manager could not be present to assist throughout this inspection due to training commitments, she met with us at the end of the day to receive verbal feedback.

We would like to thank everyone involved for their assistance and support.

### **What the care home does well:**

People who use this service are given sufficient information, presented in a format that is meaningful to them, so they can be confident that the home will meet their needs.

Residents are cared for using a person centred approach, and their well being and best interests are of paramount importance.

They are protected by the processes in place for safeguarding and making complaints, and receive healthcare support based on their individual needs.

Individual support is given to each resident, which enables them to lead purposeful lives and fulfill their personal goals and aspirations. Opportunities for personal development are meaningful and balanced for both recreational and educational activities.

The home provides a clean, safe and comfortable home and there are staff in sufficient numbers who are trained with the appropriate skills and knowledge to meet the residents' needs.

### **What has improved since the last inspection?**

Where privacy and dignity issues had been raised at the last inspection relating to two particular residents. A review identified that these personal issues for both had been resolved.

In our last inspection report we wrote "the side door leading to the back garden failed to have any stability in regards to hand rails for people accessing the garden." This issue has now been addressed and a ramp and handrails have been fitted.

The services' policies and procedures had all been reviewed since our last inspection.

### **What they could do better:**

Policies and risk assessments are in place for service users financial affairs, and Mental health capacity assessments for all financial affairs have been completed for all service users. However minor discrepancies in the records indicated a review of the auditing process is necessary.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## Choice of home

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use this service are given sufficient information, presented in a format meaningful to them, so they can be confident that the home will meet their needs.

Evidence:

This service has a comprehensive Statement of Purpose and Service User Guide that are issued to all prospective residents and/or their representatives to enable them to make an informed choice as to whether this home would fully meet their needs.

These information documents are produced in pictorial format to enable the residents to understand as much of the information as possible. Although for many they are also discussed at length with the individual residents, using 'signing' or another form of communication appropriate to the them. These documents are updated on a regular basis to accurately reflect the correct information relating to the management structure of the home and the facilities available.

Following referrals to the home, assessments are carried out on all potential residents before they are offered a placement in the home. These assessments generally take

## Evidence:

the form of visits to the individual in their home environment, and also, where appropriate at day centres or colleges. They also include information gathered from other health professionals, such as specialist nurses, psychologists, speech therapists and social workers. Following this, a 'transition plan' is formulated in consultation with the resident and/or their representative. The transition process can take any length of time depending on the client and their individual circumstances. For example this process may include tea visits and overnight / weekend stays. This enables staff to assess the individuals' compatibility with the other residents who live in the home.

We looked at an assessment that was in progress for a potential admission to the home. The pre admission report included information relating to the general history of the individual, the physical health and medication plan, presenting behaviours and related risk assessments, life skills, interests and care recommendations. The plan for this person was to be introduced to the home through gradual visits.

We also looked at the transition plan for a recent admission to the home. This identified the individuals' level of independence and assistance required with communication, medication and other daily life skills, it also included daily routines and guidance for managing specific behaviors.

All the information and assessments are then used to formulate individual care plans, based on a permanent placement, and contribute to healthcare action plans, which are generally agreed with the client or their representative.

During this inspection we looked at the documentation from the personal files of two residents who live in this home. We were impressed with the content of information and the way this had been interpreted into everyday working documents.

Each resident had a contract of care in place and these had been dated and signed. Where appropriate funding authorities and care managers had signed these documents.

## Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who live in this home are supported and enable to lead purposeful lives and fulfill their personal goals and aspirations.

Evidence:

During this inspection we looked at two residents' 'A-Z files' in depth and the care plans for another resident. These files contained a wide array of very detailed documents relating to all aspects of the residents life and the support required. They were all well organised. Many of the documents, including the care plans had been produced using pictures and symbols so that the residents could understand them more easily, and Mental Capacity Assessments had been completed appropriately to ensure residents can express their choices and preferences in regards to treatment, finance and accommodation. Where capacity was assessed as limited, further assessments using the Deprivation of Liberty Safeguards were carried out in consultation with families and care managers.

The files that we looked at identified each individuals' needs, their preferences, and

## Evidence:

how they would make personal choices. This was all reflected within the care support plans.

All of the residents in this home are cared for and supported on a 1:1 basis during the day time. We observed interactions between staff and residents where different forms of communication were being used. One resident was asking / signing to go for a walk, another was making choices in the kitchen using picture cards and a third was using a combination of verbal and sign communication. Staff responded using the same form of communication. Staff were also able to monitor the residents moods by the individual's behavior and actions.

For one resident we saw care plans relating to communication, challenging behavior, meal preparation, accessing the town, personal care, shopping and making choices. For each plan pictures had been incorporated, and risk assessments had been completed for each activity.

For another resident whose file we looked at, there was a list of 'Do's and Don'ts of how to approach me'. It read "I have a good attention span, I know what I like and will ask".

There was a very detailed Needs and Treatment Management plan, which identified clear instructions of how to manage the presenting behaviour. This included an Intervention Strategy sheet identifying types of behaviour, triggers and indicators, and information about how the behaviour may escalate. There were clear instructions for how this should be managed using non physical interventions. The information also identified the criteria where physical intervention may be required, and the type of 'hold' to be used, which for this person was a 'level one support hold'. We asked each member of staff that we spoke to, to demonstrate on us how this hold would present. All were confident and competent in performing this hold.

The care files and health action plans were all written in the 'first person' and residents had 'signed' to indicate agreement with their content. These care plans were detailed, and gave clear specific instruction to staff, so that there is a continuity of approach with care delivery, which is essential for these residents who all have Autism Spectrum Disorder.

## Lifestyle

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service had opportunities for personal development that was meaningful and balanced for both recreational and educational activities.

Evidence:

The Annual Quality Assurance Assessment that we received prior to this inspection told us "All service users living at Sheridan House are encouraged to lead a meaningful and balanced lifestyle that involves both educational and recreational activities in their daily/weekly timetables. Service users are supported by the staff team to access these chosen activities with support and are given the information that they need in a format that is appropriate to their comprehension levels, via the use of augmented communication"

At the time of this visit there were eight residents living in Sheridan House. Only three of these attend college / day centre activities on a regular basis, however each

## Evidence:

resident has an individual activity timetable which includes activities within the home and the local community. One weekly timetable that we looked at included: Snoozelem, Dance, crafts, a picnic and swimming. There were risk assessments completed for all activities.

On the day of the inspection we met five of the residents. All were on 1:1 care, because of behavioural management requirements, and due to the variable attention span of many of these residents, the activity times are flexible. We met one resident who was involved in computer work and another was enjoying a trampolining session. All the residents were engaging well with staff, despite their awareness of our presence, which for some, having 'a visitor' in the house generated a certain level of distraction, curiosity and excitement.

Visitors are always welcome in the home, and residents are encouraged to maintain personal and family relationships, however visitors are asked to respect the need for routine in these peoples lives, and integrate their visits accordingly to minimise any disruption. Similarly visitors are asked to respect that it is the choice of the individual resident whether or not they have visitors.

Residents at Sheridan House are also involved in daily tasks including cooking, shopping and laundry chores, such as stripping their beds when the linen change is required, and folding the clean laundry.

Since our last inspection the home has implemented new menus using symbols and pictures with the service user's involvement. This was achieved by using the 'talking mats' activity which involves using laminated pictures to help residents make their choices.

We visited the kitchen and saw that the weekly menus are displayed in pictorial format so that residents could easily choose what they would like to eat.

## Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

### **This is what people staying in this care home experience:**

#### Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use this service receive healthcare support based on their individual needs.

#### Evidence:

The AQAA we received prior to the inspection told us. "Service users living at Sheridan House have been assessed as needing a lot of support and assistance in attending to their personal care and hygiene. In most cases, service users are 1:1 in this area and require constant verbal prompting to attend to their personal care. All staff are aware of the need to respect our service users privacy, dignity and independence whilst carrying out all aspects of personal care. Service users also require support to help maintain a clean and hygienic standard of care in both communal and personal areas. All service users are supported to access all healthcare needs as and when necessary, this includes all appointments to see their G.P, dentists, chiropodists, opticians and hairdressers etc. They are also supported to see members of our multi- disciplinary team which include communication development workers, psychologists and psychiatrists on a regular basis. All service users within Sheridan House receive ongoing emotional and psychological support from both the staff team and members of our MDT. Mental capacity assessments have also been carried out in the area of

## Evidence:

'Treatment' which relates to all physical and mental health issues."

The files that we looked at during this inspection clearly identified how residents were supported both physically and emotionally in all aspects of their life from personal care to relationships.

We looked at the Health Action plans in place for one resident. This identified appointments and information relating to the psychologist, dentist, chiropodist, optician, speech therapist and a consultant for an ongoing physical condition. GP visits were clearly recorded, as were monthly weights and any other investigation results such as Blood and ECG results.

In addition to the A - Z file on each resident, they also have an individual 'Communication Passport'. This is where all the key points from the A-Z file, are condensed and put onto small laminated picture cards to form a small pocket size 'file'. We looked at one of these 'passports', it contained information about 'medication and conditions', 'do's and don't s', 'eating habits', 'how to calm me down', 'what I like to do', 'signs to communicate'. These are an excellent idea for new staff or agency workers, to ensure they have all the key information for their 'Key Resident' at their finger tips throughout the shift. Staff told me that can also be used if a resident needs to be admitted to hospital. There are also 'grab sheets' for this purpose located in the clinic room. This is identified in the A-Z file, so that everyone is aware of where they are located for emergency purposes.

None of the residents presently living at Sheridan House are able to self medicate due to their diagnoses and therefore have had mental capacity assessments completed to identify and support this.

At the front of the medication file there was a list of all staff who have been assessed as competent to administer medication. There was a date and a signature beside each name to identify when and by whom they had been assessed. There was also a sample signature of the individual. We looked at everyone's medication Administration Record (MAR) sheets. These had all been accurately completed with signatures and omission codes when required, and additional information was written on the reverse of MAR sheets, to support refusals and omissions. Stocks were reconciled with MAR sheets for four residents. These were all accurate.

## Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who live in this home are protected by the processes in place for safeguarding and making complaints.

Evidence:

The home has a complaints procedure which is very clear and gives residents clear details, in pictures and symbols about who they should speak to if they are not happy with any aspects of their lives. Each resident has their own copy of this as well as it being displayed in the entrance hall of the home.

The AQAA told us "We listen to our service users through the use of augmented questionnaires, 1:1 sessions and discovery groups as this is the best way of assessing and reviewing anything that they are not happy with."

The team leader, who assisted us throughout this inspection, told us that they hold 'discovery groups' every fortnight. These are activity groups, where the residents participate in a planned themed activity. Feedback sheets are completed after each session for each individual to record their level of participation, their reactions, both positive and negative, and what they got out of the group. We saw a display of photographs from some recent groups that had taken place, these included; vegetable tasting, musical instruments, local walks, massage and pizza making.

This service had not received any complaints since the last inspection.

## Evidence:

All staff have been trained in the Safeguarding procedures, this is addressed in detail in the Company's' two week induction programme, which all staff must attend before commencing work with the residents. Staff that we spoke to during this visit were all able to demonstrate a good understanding of their role in the safeguarding process. We were also aware of a recent safeguarding referral made by the home. We were able look at all the documentation relating to the outcome of this incident. It had been managed appropriately and documented well.

Policies and risk assessments are in place for service users financial affairs, and Mental health capacity assessments for all financial affairs have been completed for all service users.

However when we checked the personal expenditure accounts for five of the residents, three of them did not balance correctly. We discussed this with the manager and although each account was only out by a few pence, she appreciated that the system in place was not sufficiently effective and told us that she would address the matter immediately.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

This home provides a clean, safe and comfortable home for the people who live there.

Evidence:

During this inspection we had a full tour of the premises. The home is set out over three levels. The managers office, laundry facilities and activity room are in the basement, the Kitchen, communal day areas and four bedrooms are on the ground floor, and the remaining five bedrooms are on the first floor.

All bedrooms, have en suite toilet and bath / shower facilities some of which have been replaced since our last visit. Bedrooms are decorated with personal preferences to reflect individual personalities. One bedroom that we visited featured a large collage of 'boy bands pictures' which had been chosen by the resident.

Communal areas were clean, bright and homely, and appropriately adapted for this client group, with meant that some furniture, such as the television had been secured to the wall for safety purposes. All information throughout the building, such as fire safety signage and complaints procedures were displayed in a picture / symbol format so that the residents could understand them. Some of these posters had had to be placed at quite a high level because one resident in particular regularly removes all pictures and posters within his reach. So we were a little concerned that they could

Evidence:

not be clearly seen and so were not particularly effective. However each resident also has copies of this information in their A-Z files which they have access to.

In our last inspection report we wrote "the side door leading to the back garden failed to have any stability in regards to hand rails for people accessing the garden." This issue has now been addressed and a ramp and handrails have been fitted.

## Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who live in this home are supported by staff in sufficient numbers who are trained with the appropriate skills and knowledge to meet their needs.

Evidence:

Staffing levels in this home are good at present, with eight staff on during day time hours and three at night. However all seven staff that we spoke to during this visit, voiced concerns that these levels had been dropped for a period of time since the last inspection, which they all felt had left both themselves and the residents at risk, and had led to a drop in staff moral.

The residents in this home all require 1:1 support and supervision in order to ensure the management of challenging behaviour is addressed safely and efficiently. Staffing levels have recently been reviewed and returned to eight staff per shift, and staff confidence has been restored. We received nine completed questionnaires from staff prior to this inspection. These were generally very positive with the exception of comments on staffing levels, comments such as. "we would like to see adequate staffing levels so that residents can actually live a supported lifestyle rather than going out in groups all the time" and "insufficient care hours for the amount of clients we have". We believe these questionnaires were completed when the staffing numbers were reduced.

## Evidence:

During this inspection we examined the files of three members of staff, that had been appointed to the service since the last inspection. All contained fully completed application forms, including an employment history, Criminal Record Bureau (CRB) and POVA first checks, various forms of identification including colour photographs, passports and certificates. Both had contracts of terms and conditions that had been signed and dated. There were references in place in both files which had been obtained from appropriate referees, and there was a record of the interview kept on file.

When staff are appointed by this service, they attend a two week induction course in the Companies training centre, where they undergo mandatory training such as Safeguarding and food hygiene plus extensive specialist training in the areas of Autistic Spectrum Disorder, Communication and interventions to manage challenging behaviour. This must be completed before staff commence work with the residents. However, on the training matrix we noticed some gaps in refresher training for mandatory training such as moving and handling. The manager told us that she was already aware of this and staff had been allocated to attend over the next few weeks.

Staff records that we looked at showed that staff supervision was being carried out on a regular basis and all the staff that we spoke to were able to identify who their supervisor was and indicated that they felt well supported and were proud to be part of the team.

## Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use this service are cared for using a person centred approach, and their best interests are of paramount importance.

Evidence:

The manager of this home is in the process of registering with CQC. She has been managing in this home since it opened in March 2008, and has worked for the company for five and a half years. She has completed her NVQ 3/4 in Autism and has completed her Registered Managers Award and an SVQ level 7 in Autism. She is supported by a team of approximately 25 care staff.

Record management in this home was good. Records were well organised, reviewed and up to date. Staff have training on record keeping and the manager encourages staff of all levels to input into records.

The services' policies and procedures had all been reviewed since our last inspection. These are easily accessible to staff at all times, as well as being held electronically.

## Evidence:

Accidents, incidents and allegations are reported appropriately via regulation 37 notifications, and where appropriate referrals are made to the safeguarding team.

All aspects of the residents lives, both individually and as a group are risk assessed to minimise potential hazards and maximise their personal development.

The home's health and safety policy was in place and staff members knew the principles for people's safety within the home.

We looked at the 'fire log', where there was a completed fire risk assessment dated October 2009, records of weekly fire call point testing, weekly emergency lighting tests and an annual extinguisher check. However there were no records of fire drills or practice evacuations. This was discussed with the manager, who agreed this must be addressed as a priority. We also checked that water temperatures were being checked on a monthly basis. Records showed that these were being recorded appropriately, however the staff toilet facility and the laundry room identified occasional temperatures of over 50 degrees. The manager told us that this had been reported and addressed by the maintenance team, but has still not been fully resolved, however residents do not have access to the particular 'water flows'.

Quality assurance in this home is sought through questionnaires to families and external professionals, as well as from service staff and residents where views are sought through regular meetings as well as through one to one work. Changes to either the homes, or the individual's routines are dependent on personal preferences and choices.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	23	The registered person should consider an alternative audit process for the financial records.
2	42	The registered person should consider fire evacuation practices with the residents.

## Helpline:

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**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

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