

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for younger adults**

Wentwood Court

Peniel
Chepstow Road
Llandevaud
Newport
NP18 2AA

Date of publication 22 July 2010

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Home:	Wentwood Court
Contact telephone number:	029 2066 5359
Registered provider:	Ocean Community Services Limited
Registered manager:	Steven Raymond Watkins
Number of places:	6
Category:	Care Home - Younger Adults
Dates of this inspection from:	7 May 2010 to: 2 July 2010
Dates of other relevant contact since last report:	
Date of previous report publication:	December 2009
Inspected by:	Helen Ford

Introduction

Wentwood Court was a large detached home with extensive grounds located in the village of Llandevaud on the outskirts of the City of Newport. Although the home was located in a rural position there were good public service bus links to both Newport and Chepstow. The home was registered by the CSSIW in April 2009 to provide personal care, support and accommodation for six younger adults with functional mental health needs. The home is owned and managed by Ocean Community Services. The registered manager is Mr Steve Watkins.

Wentwood Court had six individual bedrooms two were located on the ground floor and four on the first floor. The bedrooms to the upper floor were all en suite. There was a communal lounge, and a large kitchen/dining room. The bedrooms on the ground floor were reserved for service users with physical disabilities. There was also a small staff office to the ground floor.

The home has an extensive garden, which has also been extended further to provide a large 'secret garden' to the side of the property. There was an out building which contained

the manager's office, the laundry, and staff training room. There was sufficient car parking for staff and visitors to the home. The gardens were well maintained. External CCTV was in operation, access to the home was gained by the front door and there was a visitor's signing in book in place.

Summary of inspection findings

The registered manager was present throughout the inspection, and provided any additional information requested. There were five service users currently accommodated at the home, although the inspector was informed that a sixth service user was in the process of being assessed for admission. The home was decorated and furnished to a high standard and was clean and tidy. There was a warm, calm and homely atmosphere in the home, where service users had respect for each others individuality.

What does the service do well?

The service was well managed. It was observed that the record keeping within the home was maintained at a high standard. The home provides individual support to the service users accommodated at the home. The registered manager had been nominated and shortlisted for the Welsh Care Awards in Leadership and Management.

What has improved since the last inspection?

The home had recently been re decorated. The garden to the home had been extended. The home had produced a comprehensive review of the care provision in April 2010, which was a positive document.

What needs to be done to improve the service?

a.) priorities

There have been no requirements made during this inspection visit. The home is compliant with the Care Homes (Wales) Regulations 2002.

b.) other areas for improvement

To continue to support the service users in a positive manner, and to implement the issues agreed during the inspection visit.

Inspection methods

The information contained within this report was obtained from a review of the Self Assessment documentation submitted by the registered manager prior to the inspection visit. A semi announced visit to the home which was undertaken over the period of one day. A review of the questionnaires which had been sent out prior to the inspection being undertaken.

- 5 Service user questionnaires were sent and 5 were returned
- 5 Staff questionnaires were sent and 4 were returned

- 3 Professional questionnaires were sent and 1 was returned

Wider discussion with staff and service users was also undertaken during the inspection visit to the home. The feedback the inspector received as part of the inspection visit has been included within the main body of the report.

One service user care file was case tracked during the inspection visit to the home. Two staff files were also reviewed during the inspection visit.

The inspector would like to thank the registered manager Mr Steve Watkins, the staff and service users for making her welcome and for their co-operation during the inspection process.

A thematic inspection on infection control standards was undertaken during this inspection. A separate section for the report on this thematic inspection will be found at the end of the report headed Infection Control.

Choice of home

Inspector`s findings:

The home had a comprehensive Statement of Purpose and Service User Guide, both documents reflected the service provided and had been recently reviewed. Both documents were informative and gave the service users and prospective service users the information they required regarding the ethos of the home. There were five service users accommodated on the day of the inspection visit. A sixth service user had visited the home and was hoping to move into Wentwood Court within the near future. The inspector was informed that all the service users had a contract in place, which included the terms and conditions of residency. This was observed in the service user file case tracked on the day of the inspection visit.

The inspector case tracked one service user`s care file during the visit. Discussions took place with the registered manager regarding the admission process employed by the home. The inspector was informed that a full assessment of the service user needs was undertaken prior to them moving into the home. This was evident in the care file case tracked during the inspection visit. There was detailed information contained in the assessment documentation. The registered manager confirmed that compatibility of service users was also taken into consideration when a new service user moved into the home. Service users were encouraged to visit the home before moving in and this was confirmed in the responses received within the service user questionnaire.

It was observed during the inspection visit the service users currently accommodated appeared to respect each other and there was a sense of harmony within the home. The home was registered to provide personal care, support and accommodation to service users with functional mental health needs. The staffing rota was discussed the registered manager who confirmed that there were suitable numbers of staff employed at the home to meet the assessed needs of the service users currently accommodated.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Individual needs and choices

Inspector`s findings:

The inspector case tracked one service user care file, and briefly discussed another service user care file. The service user had a detailed care plan and service delivery plan. These had been written following multidisciplinary care reviews, consideration of the content of the care plan provided by the placing authority, and discussions with the service users. The care plans were based on a recovery model format.

The care file contained the appropriate risk assessments, which were relevant to the service user needs. These had also been reviewed regularly by the staff team in conjunction with the service user. As well as a short term care plan, there was also a longer term rehabilitation recovery plan in place, this plan was developed by the service user in conjunction with their key worker and the multidisciplinary team. This plan was reviewed 3 to 6 monthly or if there was a significant change to the service user condition.

The care file observed was comprehensive and had been set out in a logical manner. The file also contained weekly care plans and activity records. There were sections within the files set aside for medical reports and reports from outside professionals, the service user`s terms and conditions of residency and a signed sheet acknowledging the receipt of their bedroom key and safety deposit drawer key. One section of the care file included legal documentation.

The activity plan viewed was comprehensive and included areas for social interaction and development. The activity plan was an extension to the care plan and assisted the service user in achieving the goals set out.

The inspector was informed that the home does not act as appointee for any of the service users. The registered manager confirmed that the service users were supported to manage their own finances.

The registered manager confirmed that the service users were encouraged and supported to maintain contact with their families and friends. Outside advocacy service were also available to service users if needed.

The inspector observed that all the records within the home were stored securely. Service users were able to access their own records upon request. All records maintained within the home complied with the requirements of Schedule 3 and 4 of the Care Homes (Wales) Regulations 2002 and were maintained in line with the Data Protection Act 1998.

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Good practice recommendations:

Lifestyle

Inspector`s findings:

The registered manager confirmed that service users were assisted to exercise choice and control in their lives where possible. Service users were encouraged to pursue a range of social and educational activities, for example, shopping, attending work placements, attending educational courses and visiting the cinema. Service users were also assisted to visit their friends and families. The registered manager confirmed that following risk assessments and discussions with the multidisciplinary team, some service users were able to access the community unsupervised.

The inspector was informed that daily routines were flexible to accommodate the needs of the service users. The inspector was informed that regular house meetings took place where service users could discuss issues relating to multi occupancy living. The registered manager confirmed that the service users were encouraged to follow a healthy diet. It was reported that service users were encouraged to make their own breakfast, when they got up. Service users confirmed that they usually had a snack for lunch and a cooked meal in the evening, service users were encouraged to assist in the main meal preparation. Records were maintained regarding the service user`s food consumption.

The home encouraged service users to bring personal possessions and small items of furniture into the home if desired. This was evidenced on the day of the inspection, the service user room reviewed on the day of the inspection appeared personal and homely.

The registered manager confirmed that service users were able to receive visitors at any time. Service users could receive their visitors in private if they wished.

The inspector was informed that none of the current service users accommodated had expressed a desire to participate in religious observance.

The inspector was informed that three service users were going on holiday in the near future to Pendine Sands. One other service user had not decided where they were going to go on holiday.

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New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Personal and healthcare support

Inspector`s findings:

The home had policies and procedures in place in relation to maintaining the privacy and dignity of service users. This was confirmed in the responses received within the service user questionnaires. The registered manager confirmed that all the service users were encouraged as part of their daily routine to keep their personal accommodation clean and tidy. Service users were also supported to undertake their own laundry.

The inspector was informed that all service users were supported if necessary with their personal hygiene needs. All the service users looked clean, tidy and appropriately dressed.

The inspector was informed that all service users were registered with a local GP practice, and had access to all NHS services. Some service users received support from the health professionals employed by the organisation. The registered manager confirmed that all the service users were registered at a local dentist. Optical services were accessed when needed.

The inspector was informed that all accidents and incidents were reported, and documented. The inspector reviewed the most recent accident forms. The registered manager was advised that copies of the accident and incident forms should be stored on individual service users' files.

The home had comprehensive policies and procedures in place regarding the receipt, storage, administration and disposal of medicines. A full medication audit was undertaken during this inspection visit. The registered manager stated that all staff received medication training prior to them being deemed competent to administer medication. Comments received from a service user questionnaire expressed concerns that there was a limited number of night staff trained to administer medication. This was discussed with the registered manager during the inspection visit, who confirmed that additional medication training for staff was planned.

The inspector was informed that some service users were beginning to self medicate under the supervision of the staff. This was evidenced during the inspection visit to the home. The safe storage of the medications in service user bedrooms was discussed and the registered manager agreed to investigate the purchase of lockable storage boxes for medication in individual service user bedrooms.

The inspector was informed that no service users currently accommodated had pressure damage. One service user was at greater risk of pressure damage as he was wheelchair dependent. There was no formal risk assessment tool in place, although the service user had a profiling bed and an air mattress in place. The registered manager confirmed that he would employ an appropriate risk assessment tool.

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Requirements which remain outstanding:

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New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Staffing

Inspector`s findings:

The registered manager confirmed that he was supernumerary and normally worked office hours. The supernumerary hours facilitated the smooth management of the home. The inspector was informed that the staff turnover within the home was low and there was also a low level of sickness. Responses received to the staff questionnaire confirmed that they felt supported by the management style within the home.

The staffing levels were discussed with the registered manager, it was confirmed that there were normally 3 or 4 staff on duty during the day time depending on the support required by the service users. The inspector was informed that the home did not employ ancillary staff, the care staff undertook the cleaning duties within the home, and these duties were normally undertaken by night. The inspector observed positive and professional interaction between the staff and service users during the inspection visit. The home does not have a deputy manager in post, although there are senior support workers.

The inspector reviewed two staff files as part of the inspection visit to the home. The files were well presented and contained all the appropriate pre employment information. Each file reviewed contained an application form, two references which had been authenticated and a record of the CRB number and issue date. The registered manager stated CRB disclosures were kept within a lockable safe in his office. These were not viewed on this occasion. The files contained the individuals terms and conditions of employment and supervision records. Staff confirmed that supervision normally took place at 6 weekly intervals. The inspector was shown a separate file which contained the staff training records.

The organisation had an in house training department which provided the majority of training within the home. The inspector observed that staff had received training in all mandatory subjects and in some service user specific areas. The inspector observed the home's training matrix. The registered manager confirmed that all staff completed a comprehensive induction programme, which was based on the induction programme set out by the Care Council for Wales. The inspector observed the training certificates for the two members of staff whose files were reviewed. The inspector was informed that all staff that completes their six month probation are automatically enrolled upon a NVQ level 2 course. The organisation is proactive in ensuring staff receive appropriate training.

Comments received to the staff questionnaire were positive in relation to the home and the organisation.

Requirements made since the last inspection report which have been met:

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Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Conduct and management of the home

Inspector`s findings:

Steve Watkins is an experienced registered manager. He has a NVQ Level 4 in management and he also confirmed that he has recently completed the ILM Level 5 diploma in management. Mr Watkins confirmed that he was registered as a manager with the Care Council for Wales. Mr Watkins also stated that he had been nominated by Ludlow Street Healthcare for the Welsh Care Awards in Leadership and Management, and had been shortlisted to the final six.

The registered manager confirmed that he operated an open door policy and staff and service users were able to speak to him at any time. This was confirmed in the responses received within the staff questionnaires.

The registration certificate for the home was examined and the conditions of registration were appropriate for the home. It was observed that the home had an appropriate insurance certificate in place. The registered manager did not raise any concerns regarding the financial viability of the home.

A brief review of the technical certificates was undertaken. It was evidenced that a new fire risk assessment and fire safety checks had been carried out in June 2010. The gas safety checks had been completed in February 2010. PAT testing had also taken place in February 2010. It was reported that regular fire drills are undertaken and service users were aware of the fire procedures within the home.

The registered manager confirmed that regular staff meetings were held and minutes were taken. It was also confirmed that regular house meetings for the service users were held and minutes were taken.

There was evidence of Regulation 27 visits by the provider in place. The registered manager had also undertaken a comprehensive review of the care provided at Wentwood Court and had produced a detailed report. The report was positive and contained an action plan of how the home intended to continue to provide high quality support to the service users.

The registered manager stated that he undertook regular internal audits, these included health and safety, environmental, care plans, staff files, and a check list to ensure that the home was compliant with the National Minimum Standards.

Service users and staff spoken to on the day of the inspection and comments received from the questionnaires sent out were positive about the management of the home.

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New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Concerns, complaints and protection

Inspector`s findings:

The home had a comprehensive complaints policy and procedure in place. This was made available to service users and their families. The inspector reviewed the complaints book and it was noted that there had been no complaints since the last inspection, however, there had been one concern raised and this had been investigated and appropriately addressed.

The home had policies and procedures in place regarding the protection of vulnerable adults (POVA). The inspector was made aware that all staff had attended POVA training. The home also had a whistle blowing policy in place, to assist staff in reporting any incidents of alleged or suspected abuse.

The registered manager confirmed that all staff had received training in relation to physical intervention and restraint. It was confirmed that these skills had not been employed within the home.

The inspector was informed that the registered manager and some of the staff had received Deprivation of Liberty Safeguards training.

Requirements made since the last inspection report which have been met:

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Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

The environment

Inspector`s findings:

Wentwood Court was a large detached home with extensive grounds located in the village of Llandevaud on the outskirts of the City of Newport. Although the home was located in a rural position there were good public service bus links to both Newport and Chepstow. The home had six individual bedrooms, two were located on the ground floor and four on the first floor. The bedrooms to the upper floor were all en suite. There was a communal lounge, and a large kitchen/dining room. The bedrooms on the ground floor were reserved for service users with physical disabilities. There was also a small staff office to the ground floor.

The home has an extensive garden, which has also been extended further to provide a large 'secret garden' to the side of the property. There was an out building which contained the manager's office, the laundry, and staff training room. There was sufficient car parking for staff and visitors to the home. The gardens were well maintained. External CCTV was in operation, Access to the home was gained by the front door and there was visitor's signing in book in place.

The inspector undertook a tour of the home and viewed one service user bedroom, the empty bedroom within the home. The home was clean and tidy and free from any offensive odours.

The home had a comprehensive infection control policy and procedure in place, this subject is addressed at the end of this report.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

A note on CSSIW's inspection and report process

This report has been compiled following an inspection of the service undertaken by Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. It is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. Those Regulations which CSSIW believes to be key in bringing about change in the particular service will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise CSSIW of the completion of any action that they have been required to take in order to remedy a breach of the regulations.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector's findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: www.cssiw.org.uk

Thematic Inspection: Infection Control

Summary of inspection of infection control findings

Wentwood Court had a comprehensive infection control policy and procedure in place. The policy was known to the staff. A colour coded cleaning regime is in operation within the home. Staff received infection control training as part of their induction.

It was reported that service users help in keeping their own personal space clean and tidy. As part of their on going development, service users are supported to undertake their own laundry.

The registered manager stated that the majority of house cleaning was undertaken by the night staff.

What does the service do well?

The home was clean, tidy and nicely decorated and furnished. The grounds were also well maintained

What needs to be done to improve the service?

a.) priorities

There were no requirements in relation to infection control.

b.) other areas for improvement

To ensure that the home continues to be kept clean, tidy and the risk of infection is minimised.

Inspection methods

The inspector undertook a tour of the home. The communal facilities were observed as well as the service user room, belonging to the service user whose care files were case tracked. The laundry room was also viewed. All areas were clean.

Personal and healthcare support

Inspector`s findings:

The majority of the service users accommodated at the home were able to attend to their own personal hygiene needs. One service user required some support. Staff had access to disposable gloves and aprons for this.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Staffing

Inspector`s findings:

All staff receive control of infection training within their induction. Personal protective equipment was available if needed when undertaking personal care duties.

All the staff on the day of the inspection visit were clean, tidy and appropriately dressed.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Conduct and management of the home

Inspector`s findings:

The registered manager had established a robust cleaning schedule, which was audited on a monthly basis.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Concerns, complaints and protection**Inspector`s findings:**

There had been no complaints, concerns or adult protection issues raised in relation to infection control.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

The environment

Inspector`s findings:

Wentwood Court was a small care home registered to provide support for six younger adults with functional mental health needs. On the day of the inspection the home was clean and tidy. There was liquid soap and paper hand towels available in the communal bathroom, kitchen, laundry and staff toilet. It would not be appropriate to have soap dispensers and paper towels in the service user bedrooms.

The four service user bedrooms on the upper floor were all en suite. The two bedrooms to the ground floor had a wash hand basin. The two service users accommodated in the bedrooms shared a communal bathroom and toilet.

There were no issues regarding the environment in relation to infection control on the day of the inspection visit.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations: