

# Care Quality Commission

## Annual service review

Name of Service: WCS - Newlands

The quality rating for this care home is: 2 Star

The rating was made on:

A quality rating is our assessment of how well a care home, agency or scheme 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 review a 'key' inspection

We do an annual service review when there has been no key inspection of the service in the last 12 months. It does not involve a visit to the service but is a summary of new information given to us, or collected by us, since the last key inspection or annual service review.

Has this annual service review changed our opinion of the service? No

You should **read the last key inspection report for this service** to get a full picture of how well outcomes for the people using the service are being met.

The date by which we will do a key inspection: 0 1 0 8 2 0 1 0

Name of inspector:

Date of this annual service review:

Patricia Flanagan

1 4 0 8 2 0 0 9

## Information about the service

Address of service:	Whites Road, Kenilworth, Warwickshire CV8 1HW
Telephone number:	01926 859600
Fax number:	
Email address:	<a href="mailto:manager@wcsnewlands.f9.co.uk">manager@wcsnewlands.f9.co.uk</a>
Provider web address:	

Name of registered provider(s):	Warwickshire Care Services Group
Name of registered manager (if applicable):	Anna Read
Conditions of registration:	
Category OP,DE,PD,MD excluding LD	Number of places Over 65
Learning disability (4), Physical disability (18), Physical disability over 65 years of age (4)	

Have there been any changes in the ownership, management or the service's registration details in the last 12 months?	Yes
If yes, what have they been:	Newlands is now a care home only with no nursing.

Date of last key inspection:	0	1	0	8	2	0	0	8
Date of last annual service review (if applicable):								

Brief description of the service:
<p>WCS-Newlands is a single storey care home in Kenilworth. Newlands was first built in 1976 for people with a disability. To accommodate the changing needs of people with varying disabilities, the home has been partially redesigned and refurbished over the past few years.</p> <p>The home varied its category of registration in February 2009 to provide personal care only, as their emphasis was not on nursing care but on providing personal care, the focus being to encourage the independence of people choosing to live in the home.</p>

Carers are known as enablers, the very nature of the word means that they support people to meet their full potential with the aim of hopefully moving back into the community to live full lives.

An adjacent two-storey building the home is used as the head office of the company. There is a large car park area at the front of the home.

The premises are separated into three living units each having a corridor with bedrooms off, a kitchenette, and an adjacent dining and lounge area. There is also a large communal dining room, entrance hall with a waiting/meeting area, two enclosed courtyards/gardens and large grassed and planted areas surrounding the building. All areas are wheelchair accessible and there are automatic doors and ramps for access.

## **Service update since the last key inspection or annual service review:**

What did we do for this annual service review?

We looked at the information that we have received, since the last Annual Service Review.

This included:

The Annual Quality Assurance Assessment (AQAA) that was sent to us by the service within the requested time. The AQAA is a self assessment that focuses on how well outcomes are being met for the people using the service. The AQAA is a legal requirement; it also gives us some numerical information about the service.

The previous inspection report of 01 August 2008.

What the service has told us about the things that have occurred in the service these are 'notifications' and are a legal requirement.

What other people have told us through their surveys.

What has this told us about the service?

The service sent us the AQAA within the requested time scale. It was a clear, comprehensive and provided all the information we requested.

They told us of changes they had made to promote the equality and diversity of people, which included:

- A designated member of the staff team to resource external opportunities to enable individuals to fulfil life choices
- We continue to promote a Person Centred Approach and Practice.
- A designated member of the staff team to resource external opportunities to enable individuals to fulfil life choices
- We continue to promote a Person Centred Approach and Practice.
- Continue to include these topics in group meetings, supervision, and training. Should issues arise that cannot be resolved we would seek assistance and support from our Senior Management team or external sources.

They told us of changes they have made as a result of listening to people who use the service. These included:

- Service User participation in interviewing new staff is being actively encouraged, however only one Service User has opted to be involved so far.
- More one to one social activity is taking place. We have designated staff to assist Service Users with this.
- Introduced Sue Ryder Volunteers to the home who actively assist individuals with one to one activity.
- Designated staff member to resource external opportunities for Service Users to fulfil life choices.

Families are encouraged to use the open door policy implemented by the manager and the staff, to discuss any issues they may have.

The medical needs of all the people using the service have been identified and are addressed by the arrangements for the continued health care provided by other

professional agencies.

Staffs responsible for the administration of medicines have completed the relevant training.

People using the service are encouraged to maintain links with families, friends and the community.

The registered manager has many years experience of caring for people with disabilities. She is a registered nurse has achieved the Registered Managers Award. She tells us she seeks further development with training relevant to her role, ensuring the service is operated effectively and efficiently.

The service tells us that they follow their recruitment procedures in seeking references and completing safety checks to make sure that suitable staff are employed.

The service told us that they will continue to motivate staff and to provide satisfaction for the people using the service.

We received completed surveys from residents, relatives and staff members. People told us in their surveys that they always receive the care and support they need and they know how to raise concerns, if necessary. Staff told us that they are always given up to date information about the needs of the people they care for.

The service tells they have received seven complaints in the last twelve months. These were investigated under the company's complaints procedure. This demonstrates that people know their concerns will be taken seriously by the service and investigated in a timely manner. No complaints have been made to us about the service.

The service told us about the plans they have to further move the service forward:

- We need to encourage Service User participation in the Service provision. Should they wish they could become more actively involved in planning of service provision, recruitment of staff and training of staff. We are looking at returning to our old style of Service User meetings to enable group discussion on how they see the home what they would like from the service for their futures. Families and Advocates to be involved also. That may be together with the Service Users if they want or as a separate forum
- All documentation needs its format reviewing so that it is available in more than written word
- We need to continue with the rolling program for improvements environmentally
- We need to ensure all staff continue with training and personal development by monitoring training undertaken and supporting staff during training
- To continue to resource external opportunities. A designated member of staff has been allocated this area of work
- Improve admission day processes to ensure the day is as relaxed as possible. A designated staff member to co-ordinate admission day
- Improve external areas of our environment. The quadrangles that are used daily need a face lift. Planned improvement in consultation with the Service users must be organised
- Would like to look at creating a sensory area in the home. Need to determine financial implications first.

We have looked at all the information available to us and in our judgement the service continues to provide a good service.

What are we going to do as a result of this annual service review?

We are not going to change our inspection plan and will do a key inspection by 01 August 2010.

However we can inspect the service at any time if we have concerns about the quality of the service or the safety of the people using the service.

## Reader Information

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