

## Key inspection report

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

<b>Name:</b>	Life Works Community Ltd
<b>Address:</b>	The Grange High Street Old Woking Surrey GU22 8LB

**The quality rating for this care home is:**

three star excellent service

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>
Patricia Collins	0 9 0 7 2 0 0 9

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:	Life Works Community Ltd
Address:	The Grange High Street Old Woking Surrey GU22 8LB
Telephone number:	01483757572
Fax number:	
Email address:	BGuthrie@lifeworkscommunity.com
Provider web address:	

Name of registered provider(s):	Life Works Community Ltd
Name of registered manager (if applicable):	The registered provider is responsible for running the service
Type of registration:	care home
Number of places registered:	24

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
past or present alcohol dependence	24	0
past or present drug dependence	24	0
mental disorder, excluding learning disability or dementia	24	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 24		
The registered person may provide the following category/ies of service only: Care home with nursing - N to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Past or present drug dependence - D Past or present alcohol dependence - A Mental Disorder, excluding learning disability or dementia - MD		
Date of last inspection		

### Brief description of the care home

Life Works Community Ltd is a UK based treatment centre providing assessment, intervention, detoxification and relapse prevention services for adults of both genders, from the age of 17 years. The Grange is the organisation's residential treatment facility in Surrey. Service provision is for people with alcohol and drug addictions, eating and compulsive disorders and anxiety or depressive disorders. A non - residential programme is also provided for family members, partners or friends. The main building is a large detached three storey grade II listed property set in two acres of mature gardens with ample parking facilities. Ground floor accommodation comprises of a reception and office space, a kitchen, dining room and sitting rooms, also therapy counselling facilities. Bedroom accommodation is on the first floor, accessible by stairs. The community ethos is based on peer support which extends to sharing bedrooms, bathing and toilet facilities, in single gender groups of up to three people. Limited provision of single occupancy bedrooms is available. The third floor provides additional office accommodation. A self-contained cottage in the grounds has been recently upgraded and now used to accommodate people receiving secondary treatment. Daily fee charges are 595 pounds.

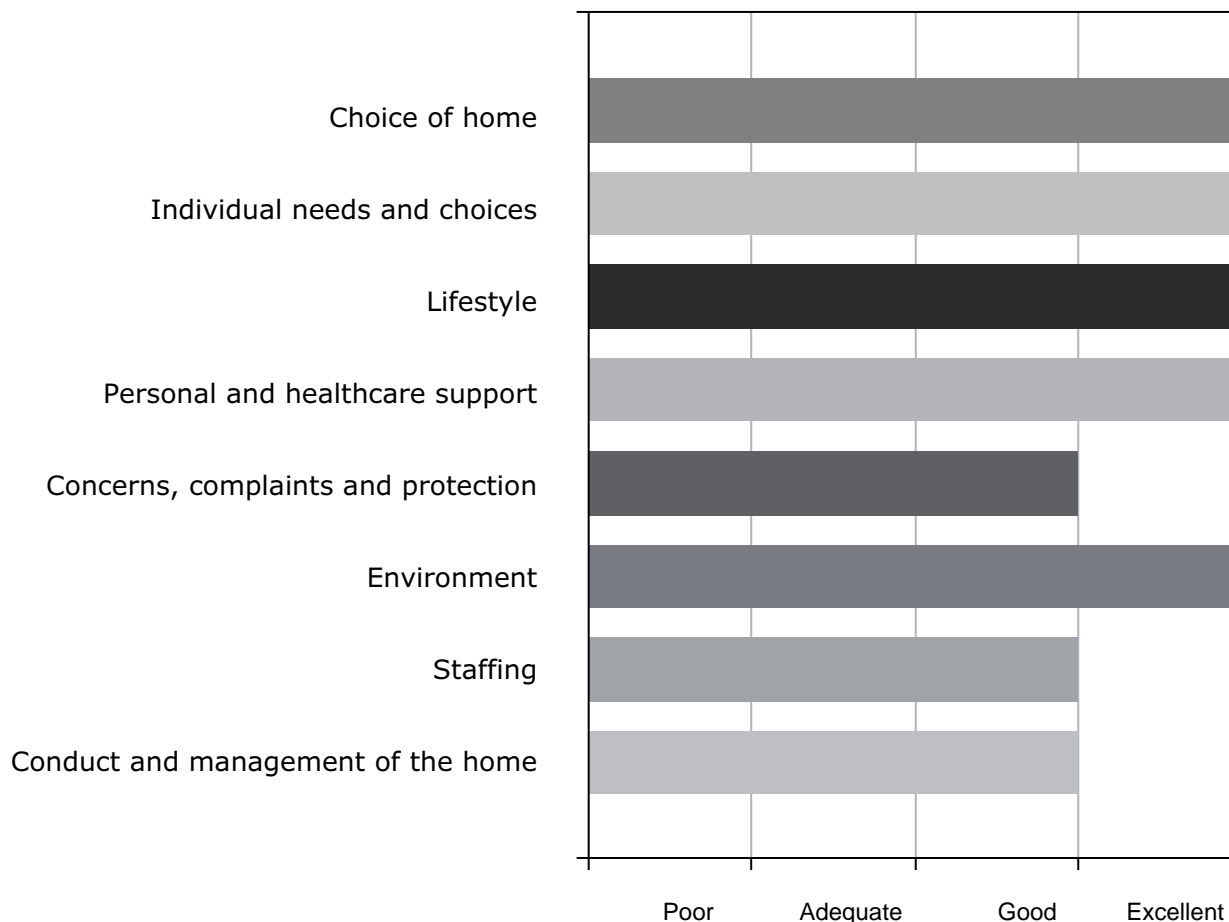
## Summary

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

The quality rating for this care home is:

three star excellent service

### Our judgement for each outcome:



### How we did our inspection:

Last Key Inspection: 9th July 2007.

This unannounced inspection visit formed part of the key inspection process using the Inspecting for Better Lives (IBL) methodology. It was undertaken by one inspector commencing at 10:50 hrs and concluding at 18:25 hrs. The inspection was facilitated by the registered general manager. The report will say what 'we' found as it is written on behalf of the Care Quality Commission (CQC).

All available information has been taken into account when forming judgments about how well the service is meeting the National Minimum Standards (NMS) for Adults. This includes accumulated evidence since the last key inspection and our knowledge and experience of the service. We sent ten survey questionnaires to the general manager for distribution to people using this service and one for the general practitioner. Eight were completed and returned, all from people who use this service.

Each year providers registered with the CQC must complete a self assessment called an Annual Quality Assurance Assessment (AQAA) and send this to the CQC. It provides quantitative information about their service, requiring assessment of the same against NMS outcome areas, demonstrating both areas of strength and where improvements can be made. The establishments AQAA was received on time and its content was clear, of good quality and validated by evidence. This was used to inform judgments about this service. The inspection process incorporated discussions with two people who use this service. We partially viewed the premises, looking at all communal areas, sampling bedrooms, bathrooms and toilets. We also visited the cottage in the grounds, recently adapted to provide self-contained accommodation. We viewed the garden and the new chalet containing exercise equipment. Information was gathered from staff and the registered general manager. We sampled a range of documents. These included care and assessment records, 'clients' handbook, staff rotas, recruitment and training records, menus, policies and procedures and those relating to quality monitoring and quality auditing systems. We also looked at a sample of completed exit interview forms, complaint and protection records and those for maintenance and fire safety. Additionally we examined how the home manages medication.

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

The management team appeared cohesive and information received indicated staff receive good direction and support. There is an understanding and application of 'best practice' operational systems for continuous improvement, quality assurance and customer satisfaction. People who use this service benefit from highly qualified, experienced staff team and a multi-disciplinary, inclusive approach to assessment and treatment planning. Staffing and admission policies promote equality and diversity and non-discriminatory practice. Feedback from people using services involved in the inspection was overall complimentary about the services received. All were very satisfied with the high standard of accommodation, comfort and cleanliness of the environment and with catering. Comments included: "They do everything well. I have never been in treatment before and I am blessed to have found this place. I am very happy with all the care I get here. Excellent all round and would highly recommend to others seeking treatment for addictions. Very caring and experienced staff." "This is an excellent treatment centre and it is helping me enormously." "Life Works has been fantastic in helping me deal with my drug and alcohol addiction". "Staff are good and professional" "The staff are kind and helpful, the counsellors are good and knowledgeable of addiction".

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

The service's statement of purpose has been updated, reflecting the lowered minimum age for admission. Linked to this, suitable checks have been carried out against the national register of staff unsuitable to work with children. These checks are also included in the revised staff recruitment procedure. The team has received child protection training in addition to safeguarding adults training and the service has both adult protection and child protection policies and procedures. Improvement was found in a number of areas. These included, staff recruitment and vetting procedures, management and recording of medication and infection control. New developments include use of treatment planning software which has enhanced treatment and care planning. The documentation of treatment planning has also improved following implementation of a customised, electronic record keeping system. Gym equipment has been relocated. Exit interviews are now carried out as part of the discharge procedure and feed back used for quality assurance purposes. Other developments include a new secondary care services, utilising and upgrading accommodation in the grounds for this purpose, change in night staffing levels and strengthened emergency and security systems.

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

There is management awareness of areas where services can improve and be further developed. Strategic and financial systems underpin decisions for increasing revenue, to resource further service developments. Whilst improvement has been achieved in staff recruitment and vetting practice, some shortfalls remain which the registered manager has agreed to address. In our survey, some people who use this service highlighted areas of service delivery which they felt could be improved. Comments included: "Sessions are of mixed value. Could be better if clearer about exact plan of treatment and programme before admission, better if more therapy sessions for eating disorders and more knowledge and less time with nothing to do". "They could be a bit more flexible over the telephone, television and walks. More subject matter required rather

than group sessions and integral sessions dominate".

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

People considering using this service and their representatives have access to a range of information about the service. Admission decisions are based on multi-disciplinary assessment of individual problems, needs and motivation, to ensure suitability of services.

Evidence:

We wanted to look at the information provided to people considering using this service to find out whether it was detailed and answered all their questions; also to find out how the service passed on the information. There are two types of admissions, those that are planned which usually involve a visit to the establishment for assessment, before admission. At this time comprehensive verbal and written information is received about the service, enabling an informed decision about its suitability. Crisis admissions however often do not afford time for a pre-admission visit or for information to be given in advance. We were informed that frequently people in crisis on admission are intoxicated or too distressed to absorb much information. Whilst three of the eight people using this service who participated in our survey did not have

## Evidence:

a choice of service, before admission, all stated they had accessed information about the service before their admission that would enable them to determine its suitability. We were informed by people using this service during the visit that their relatives had organised their admission, selecting the service based on professional recommendation and/or information available on the internet. They said that more information about programmes and daily routines on the intranet would help people considering using this service to decide if it was right for them. This comment was also made in a survey form received back, " They could be clearer about treatment plans and the programme, before admission".

The establishment's statement of purpose was updated last year, reflecting the decision to lower the minimum age of admission. A comprehensive service users guide has been produced and is issued to all people using the service, on admission. This has not been produced in a range of formats on the basis that there has not been a need to do so. This document, also the comprehensive financial contract and introductory agreement setting out the house rules, make clear the contractual restrictions on freedom and choice. These agreements are signed by people who use this service. Restrictions on choice, freedom, services and facilities are part of the service ethos and treatment programme, based on specialist needs and risks. The agreement is also clear about behaviours that are unacceptable and may result in immediate discharge. Discussions with the registered general manager confirmed his intention to obtain advice regarding any implications for the service specific to the Mental Capacity Act. The need to update policies, procedures and staff guidance, based on this advice, was discussed.

A clinical coordinator and admissions coordinator manage enquiries and referrals for admission. They also coordinate pre - admission assessment procedures. The two case files we viewed evidenced detailed pre-assessment referral forms had been completed and formed part of a comprehensive, multi-disciplinary pre-admission assessment process. Information is also gathered from other professionals and relevant agencies. The general practitioner carries out a full medical following admission and develops an individualised detoxification programme, if needed. Signed agreements are obtained from all patients specific to abstinence, confidentiality and sharing information. Discussions with staff established that all needs may not be identified at the outset of treatment. Assessment is a continuous process and are discussed daily at multi-disciplinary clinical meetings.

## 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 **excellent** 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 know and consent to restrictions placed on them, based on specialist needs and risks or as required by their treatment programmes. Their assessed and changing needs are reflected in individual plans and they are encouraged to take risks in new, healthy areas of their lives.

Evidence:

Use of a treatment planning software programme, which has enhanced treatment processes, is a new development. Documentation of treatment planning and record keeping in general has improved since implementation of a customised, electronic record keeping system. The system is accessible to and used by all disciplines, collating records in chronological order for ease of reference. This supports methods for evaluation and monitoring programmes and risks. The records sampled demonstrated understanding of equality, diversity and human rights issues, ensuring basic requirements of the law are met. Staff understand diversity and meet needs using a person-centred approach. There is a culture that recognises and celebrates

## Evidence:

differences and can meet the cultural, religious and spiritual needs of of the people who use this service. Existing facilities are not suitably adapted or equipped to meet the needs of people with severe mobility or sensory impairment. The registered general manager said there has not been a demand for services from these groups.

We looked at two randomly selected case records in detail. The information gathered during the admission and assessment process forms a baseline for planning individual specialist programmes and goal setting. Risk assessments are undertaken and risk management plans drawn up, as necessary, and are regularly monitored and reviewed. Treatment programme plans are discussed, agreed and countersigned by the people who use this service. The plans are clear about restrictions on choice and freedom. All needs and goals may not be identified at the outset of their treatment programme and may become increasing clearer as treatment progresses. Daily clinical meetings take place where each person is discussed and information shared between the whole team. Records of these meetings are maintained but were not sampled. People using this service confirmed they had an allocated primary counsellor and very very positive about the support received from their counsellors and all staff. They attend a weekly feedback group with the registered general manager. Here they can make suggestions and express views about any aspect of the service. Points raised are then circulated electronically to the team. Individuals said they felt listened to at this meeting and at one to one meetings, though some expressed the view that they would like a more individualised approach to house rules and restrictions. A comment received was, " They could be a bit more flexible over telephones, televisions and going for walks.

The length of stay depends on individual needs. Usually this is for a minimum of five weeks which may be extended, dependent on progress and individual circumstances. Developing self-efficiency is a crucial goal of the programme and people completing the programme are strongly encouraged to engage with the most effective aftercare resources, to support them at this stage. These resources are scarce and for this reason a small secondary care residential service on site is a new development.

## 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 **excellent** 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 treated as individuals. Staff are responsive to their needs, respecting their dignity and rights. They have agreed any restrictions on their lifestyle and contact with their local community. Opportunities for recreational activities and contact with family, partners and friends is limited. Catering is of a high standard ensuring provision of nutritious meals.

Evidence:

The short duration of placements at this establishment and restrictions of the intensive treatment programme, limits opportunity for people who use this service to form strong relationships with others; or participate in educational and leisure activities. Whilst promotion of independence, individual choice and freedom of movement is the eventual aim, the treatment programme at Life Works requires strict adherence to a structured routine. People using this service were informed before or at the time of admission that their individual programmes are compulsory and drug

## Evidence:

and alcohol testing may be carried out at any time. It is likely that a number of the activities engaged in prior to admission would be addiction related, therefore inappropriate to continue. The focus of activities is essentially on in-house counselling, therapy and support. There is an expectation for people using services to make their own beds, keep their bedrooms tidy and undertake specific domestic tasks allocated each week. Laundry facilities are available for their use at set times. Wide-ranging restrictions on people who use this service are underpinned by risk assessments and principles of programme plans. Restrictions include not leaving the site, though some opportunity to visit approved local amenities is available at weekends. Access to bedrooms is limited to specific times, also to the telephone and visiting times and numbers also restricted. Any parcels received are opened in the presence of staff and access to films or news must be agreed by clinical staff, to ensure compatibility with individual programmes. People using services are encouraged to participate in peer support networks in the community and to continue these following discharge. There is a large, well-maintained garden and furnished patio and limited access to gym and other exercise equipment.

Life Works uses the Eating Disorder Inventory tool for diagnosis of eating disorders. Programmes for people with eating disorders incorporate meal plans devised by a nutritionist, to ensure a balanced, healthy diet. Catering staff prepare meals which conform to these plans. Individual structured programmes ensure meals and weights are monitored, in addition to provision of therapy. Restrictions of choice of when and where to eat are agreed. The menu sampled indicated provision made of a varied diet and choice of food, though one person told in a survey, " There could be more choice of food". Dining tables were nicely presented. A meal was not observed however the majority of people using this service, involved in the inspection, were very positive about the meals and standard of cooking. " The food is lovely, using all fresh food", was another comment received.

Whilst at Life Works all people using this service participate in the Family Works Programme. This is a three and a half-day non residential programme for family members or significant others in their lives. It is designed to enable participants to establish a mutually supportive 'family' whilst developing the requisite tools for ongoing growth and development. People using services may take family members out to lunch on the last day of the programme.

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

The health and personal care received by people using this service is based on their individual, assessed needs and medication is safely managed. Principles of respect, dignity and privacy are put into practice.

#### Evidence:

The approach to treatment is holistic, drawing on psychotherapy, psychiatry, family therapy, art therapy, nutritional advice and acupuncture. Generally people who use this service do not require assistance with personal care, though some support may be necessary for individuals during detoxification or those with a particular disorder. We were informed by people using services involved in the inspection that personal and nursing care is provided in a sensitive, dignified and respectful manner. The choice of primary counsellors takes account of gender issues relevant to the background and needs of the individual. Healthcare receives high priority and a general practitioner and psychiatrist privately employed are on twenty-four hour call. Several qualified registered nurses are employed and a nurse on duty on the premises, at all times. People undergoing detoxification may have more acute medical needs for a short period and one to one nursing may be arranged, usually for one to five days.

## Evidence:

Nurses are also actively involved in the support of individuals with eating disorders. Records sampled clearly identified health care and medical support needs. These are reassessed at various stages of treatment. The general practitioner assesses people on admission and monitors their progress, throughout their stay. Several people using this service were prescribed medication at the time of the visit. Due to the nature of the service and associated risks, the practice of self-medicating is not permitted. Procedures, practice and records relating to the storage and management of medication were examined. A number of improvements in this area of practice had been achieved following an external medication audit, earlier this year. Examples include signage for storage of oxygen, clear record of directions for administration of medication prescribed to be given 'when necessary' and other improvements to record keeping, to ensure an audit trail of medication received, administered and disposed of. The service has a domestic license for stock controlled drugs and observations confirmed compliance with legislation for the storage, administration, recording and disposal of these drugs. Medical emergency procedures are in place and the nurse consulted during the visit, familiar with the same. We were told by the registered general manager stated nurses who work at the home are trained to safely respond and manage epileptic seizures, in first aid and had received refresher training in resuscitation and use of defibrillation equipment.

Psychotherapists who work at this establishment are trained in a diverse range of specialisms. They were stated by the registered general manager to provide treatment programmes based on best practice. Because of the nature of the illness of addiction and the way it is treated, people who use this service were stated to not always be in agreement with staff identifying their emotional and psychological needs and how these should be met. They may be ambivalent or resistant to treatment and staff work with them to try to overcome this. Feedback from people using the service involved in the inspection indicated most were satisfied their programmes, though some highlighted areas which they considered could be improved. Comments included, " All the staff are good and professional", "This is an excellent treatment centre and it is helping me enormously", " Sessions are of mixed value, more subject matter required, group sessions and integral sessions dominate".

## 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 use this service are protected by its policies and procedures and their views are listened to and acted upon.

Evidence:

The complaint procedure is included in the service users guide (clients handbook) and is also prominently displayed in the building. Observations during the inspection confirmed an ethos that welcomes complaints and suggestions, using these positively and learning from them to improve services. Eight complaints had been investigated by management in the past twelve months and one upheld. The complaint records demonstrated robust investigation of all complaints and a clear audit trail of the action taken to resolve complaints. The responsible individual on behalf of the organisation follows up all complaints during his statutory monthly inspections. The complaint procedure informs complainants that if they are not satisfied with the registered general manager's response in this matter, they should contact the responsible individual who will review the manager's findings. Complaints are also an agenda item at internal Clinical Governance meetings, forming part of the quality assurance process. The registered general manager facilitates weekly feedback meetings with people using services where they can raise any concerns. Those involved in the inspection said they find these meetings useful.

People who use this service can be vulnerable but may not see themselves as vulnerable adults. Procedures and systems are in place for their protection. The

## Evidence:

organisation's safeguarding adults procedures has been reviewed and reflects the local multi-agency procedure. The need to obtain the latest edition of the local safeguarding adults procedure was identified. Since the last inspection two safeguarding referrals were investigated. Both are now closed. New developments include a child protection policy and procedure and staff training in child protection. This is linked to the decision for lowering the minimum age for admission. We were informed by the registered general manager that checks had been carried out for the whole team against the national register of people not suitable to work with children. It has been standard practice in the past, as part of the recruitment procedure, for checks to be carried out against the national register of people not suitable to work with vulnerable adults. Both checks are now part of the recruitment process before new staff take up post. There is a clear system for staff to report concerns about colleagues and managers, ensuring concerns are investigated in line with local policies and procedures.

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

The environment is fit for purpose, safe and clean, providing a high standard of accommodation.

Evidence:

The design and layout of the premises is 'fit' for purpose. The environment is not adapted or equipped to meet the needs of people with severe physical or sensory disabilities. The registered general manager said there had been no demand for services from people within these groups in the years he has managed the home.

A planned maintenance and renewal programme is in place for the fabric and decoration of the building. An overall high standard of accommodation is provided. Bedrooms are mostly shared, in groups of two or three people of the same gender, in line with the treatment ethos. There can be circumstances when it is more appropriate to provide single occupancy accommodation and this need is met. Requests for single occupancy of shared rooms, not based on clinical needs, are considered at additional cost. The ethos of peer support at all times is explained to people using services. Those who took part in this inspection did not raise any concerns about sharing bedrooms. They said their rooms are always fresh and clean. The recruitment of a second housekeeper was a further new development. At the time of the last inspection the kitchen was in the process of being upgraded. This work had been completed and

## Evidence:

the kitchen observed to be overall clean and well maintained. Action was in the process of being implemented to comply with a requirement made at the time of the recent inspection of food hygiene by the Environmental Health department. Toilet and bathing facilities were adequate and an adverse comment from a person using this service, in our survey, relating to plumbing in the building, was followed up. The issue was specific to a blocked macerator which is the system fitted to two toilets, which the registered general manager stated is no longer a problem.

New developments include the recent renovation and adaptation of a self-contained cottage on the same site, formerly used for office administration. This provides a self-contained living unit for people receiving secondary extended treatment. The registered general manager confirmed the site's planning agreement permits the cottage to be used for residential business purposes. The former requirement for gym equipment to be relocated away from the dining room had been met. A chalet style wooden cabin has been built for this purpose. The large garden with wildflower meadow and furnished patio area was well-maintained at the time of the visit. Several people using this service were observed using and enjoying the garden. Since the last inspection an infection control audit had taken place, resulting in improvements to service facilities and practice. Taps had been changed in clinical areas and a clinical waste disposal contract arranged. Extensive risk assessments for the building were noted. Risk management equipment includes a CCTV system installed to monitor external areas. This does not impinge on privacy. Developments include an upgraded burglar alarm control system and an on-call private security system.

## 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.

Staff are clear about their roles and responsibilities. People using services benefit from a competent, qualified staff team. Mostly recruitment procedures have improved though there remain some shortfalls which the manager is committed to improve.

Evidence:

A diverse workforce is employed and policies ensure compliance with diversity and equality legislation. The three staff files sampled demonstrated recruitment practice had overall improved though some shortfalls were identified which the registered general manager agreed to address. Specifically some application forms were incomplete and a full employment history not obtained for all staff. Information that recruitment processes had been further developed, with increased use of panel interviews, use of person specifications and standardised interview questions, was not evidenced. We were unable to establish also that gaps found in an employee's employment history were explored or a discrepancy relating to this person's last employer, picked up at interview. Also discussed was the need to maintain a record in accordance with the Criminal Record Bureau (CRB) policy and for the CRB policy regarding recording, retention and disposal of CRB disclosures be followed. It was noted that employment policies and procedures had been reviewed and job descriptions further developed. New staff undertake a two - day induction and initially work supernumerary to staffing levels. The need to ensure the induction covers the six

## Evidence:

common induction standards and for induction records to be signed off by the registered general manager was highlighted.

Staff turnover remains low and the stability of core staff credited with steady, incremental service improvements as the team becomes more experienced, knowledgeable and skilled. The organisation's high commitment and significant investment in clinical staffs' continuing professional development, in addition to all statutory training, has enhanced the team's expertise. Staff were stated to be confident and clear of their roles and responsibilities. A counsellors involved in the inspection expressed high regard for arrangements for external, professional supervision, commenting this had positive outcomes. The clinical team have a range of relevant qualifications and between them have many years experience of treating a range of addictive disorders, eating and mental health disorders. Twelve staff were stated to have Masters degrees either completed or ongoing, in either counselling, psychology or business management/finance. Registered nurses have general and/or mental health qualifications. Program assistants are either experts by experience and/or in professional training to become counsellors. At the time of this inspection of the eight programme assistants employed, one had a National Vocational Qualification (NVQ) at Level 2 in health and social care. This programme assistant and one other had completed a course in counselling skills and theory, one had almost finished this course and two due to embark on the same.

Feedback from people using this service confirmed a high level of satisfaction with staff. Comments included, " Staff are caring and experienced", " Staff are good and professional", " staff are kind, helpful and caring, counsellors, cleaners and gardeners are good". No adverse comments were received about staffing levels. A recent development has been a change to night staffing levels. A lone working policy and procedure has been implemented. This has not affected compliance for a nurse to be on duty throughout the twenty -four hour period. This policy has been risk assessed and additional safety and security measures implemented. It is also underpinned by robust assessment procedures for determining evening and night staffing levels, on a daily basis. Should night staffing requirements change during the night an on-call person is available to come in, at short notice.

## 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.

The establishment is effectively managed and is run in the best interest of people using its services, ensuring their best interest, safety and welfare. Quality assurance systems are inclusive of their views.

Evidence:

The new provision of a secondary residential treatment programme has not changed the maximum numbers accommodated. The founder and chief executive of Life Works, who is the designated responsible individual, was said to spend at least one day a week at the establishment and is on call. The management structure does not include a deputy manager. The senior team includes a clinical director with clinical management responsibilities and a nurse coordinator. Management responsibilities have been reviewed since the last inspection and new posts or roles created enabling delegation of management and clinical responsibilities. Examples include marketing, admissions, human resources and hotel services. At the time of this inspection an advert was out for a new facilities manager. This post had been reviewed and no longer includes combined responsibility for garden maintenance, which is now a separate post. The registered general manager does not have a nursing qualification.

## Evidence:

There is an expectation within the care homes national minimum standards for a nurse manager to be appointed and registered for homes providing nursing care. Where a care home is unable to recruit a registered nurse manager, providers can propose a non-nurse in addition to appointing a clinical lead nurse. The nurse coordinator fulfills this role in this establishment. The registered general manager has been unsuccessful in sourcing a course to study for the Registered Managers Award qualification, as agreed at the last inspection. He confirmed his intention to pursue studies for the National Vocational Qualification (NVQ) Level 4 Management and Leadership qualification, in due course.

Individual records were found to be secure, mostly up to date and in good order. We were informed that the security and confidentiality of electronic records is preserved by password protected access to the system, linked to each signatory. It was also clarified that changes to data are detectable. The registered general manager acknowledges written equality and diversity policies are specific to staffing issues and is aware of the need to broaden these, encompassing services, covering the six stands of diversity. It is suggested the service has an equalities and diversity plan that is known and understood by the team. Also for equality and diversity issues to be monitored and assessed, as part of the quality assurance system.

The registered general manager ensures safe working practices. Records sampled included the report of a recent inspection of food safety by the Environmental Health Department and Fire Officer. We also examined the outcome and remedial action taken following an infection control audit also a medication audit. An electrician has rewired the cottage recently and quotations were being obtained for the necessary work identified. A new electrical certificate was viewed. A fire safety audit and risk assessment had been recently carried out by an external company and work ongoing for compliance with recommendations made.

Exit interviews are another new development for people using services. Their feedback is analysed and used for quality assurance purposes. Exit surveys were sampled and indicated overall high satisfaction levels with services. Clinical Governance board meetings are supposed to be held quarterly to review the quality of existing operations and discuss developments. It was noted these meetings had not taken place for some time. The responsible individual had picked up on this at the time of carrying out the last statutory monthly visits and requested this meeting be convened.

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

## Helpline:

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

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