

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## St David's House

Topsham Road, Exeter, EX2 6HA

Tel: 01392454200

Date of Inspection: 06 November 2013

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December 2013

We inspected the following standards as part of this inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cooperating with other providers</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	WESC Foundation
Registered Managers	Mrs. Jill Mary Dudding Mrs. Alison Margaret Miles
Overview of the service	St David's House, is a care home for 21 adults within the West of England School and College. It consists of three separate lodges, Maple, Ash and Mulberry. People who live there have a visual impairment and other disabilities, some of whom are continuing their on-going education at the college.
Type of service	Specialist college service
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Cooperating with other providers	10
Safeguarding people who use services from abuse	11
Management of medicines	12
Supporting workers	13
Assessing and monitoring the quality of service provision	14
<hr/>	
<b>About CQC Inspections</b>	16
<hr/>	
<b>How we define our judgements</b>	17
<hr/>	
<b>Glossary of terms we use in this report</b>	19
<hr/>	
<b>Contact us</b>	21

## Summary of this inspection

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### Why we carried out this inspection

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This inspection was part of a themed inspection programme specifically looking at the arrangements for transition from children's to adults services. The programme focussed on young people aged 14-25 years with complex physical health needs.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by other regulators or the Department of Health.

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### What people told us and what we found

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At the time of our inspection there were sixteen people living at the service. During our inspection we spoke with two people and the relatives of one person who lived at the service.

People living at the service had complex needs and people we met were unable to communicate their experience of living at the service in detail. We saw from observations during our inspection that these people were confident in their environment and interacted well with staff and other people living at the home.

People told us they were involved in their care and support and this was confirmed by relatives and staff we spoke with.

The service encouraged people to be as independent as possible and set goals with people for them to achieve.

We found that people's needs were assessed before coming to live at the home. Care plans were in place to guide staff on the support people needed.

The home worked with other services to ensure that when people moved into or out of the service, this was done in a planned way which ensured the safety and welfare of the person.

Medication was administered safely and the home had systems in place to monitor this.

The service had policies and procedures in place about protecting people from abuse.

Staff were trained and supported to enable them to carry out their roles effectively.

Overall, we found the provider had an effective system to regularly assess and monitor the

quality of service that people received.

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People we spoke with told us that they liked living at the home. One relative we spoke with told us "the home is excellent, the staff are wonderful and keep us informed of what X is doing. I wouldn't change anything about the home".

The registered manager told us that the purpose of the home was to support people to be as independent as possible. They said "we focus on maintaining independence without making the environment institutional". This was reflected in what we observed throughout our inspection.

People were supported in promoting their independence. The home had been adapted to be accessible for people living there. For example, the kitchen had been adapted so that the work tops could be lowered to the correct height for people. The cupboards also could be lowered to enable people to get items they needed themselves. We saw throughout the day staff encouraging people to be independent. For example we observed staff assisting people to cut vegetables as part of the preparation for lunch.

The registered manager told us about a programme they had developed to encourage and increase people's independence skills. This was called skills and knowledge for independent people (SKIP). People had their own SKIP files with specific goals for people to work on. The progress towards these goals was recorded by staff and evaluated at review meetings. One relative of a person living at the home told us "the staff are always trying to encourage independence and provide equipment to help this. X can butter his own toast by using a toast holder".

People's diversity, values and human rights were respected. The home had adapted the environment to maintain the dignity of people living there. For example, the bathrooms had been fitted with retractable screens. This meant that if staff needed to enter the bathroom to provide support, other people could not see into the bathroom whilst staff were entering or exiting the room.

We observed staff treating people with dignity and respect by communicating with them in a way that they could understand and allowing them time to respond to their questions. We saw that people's rooms were personalised to their tastes and interests. For example, one person was very interested in sport and the posters in their room reflected their interest.

People were supported to take part in meaningful activities and access the local community. There were a range of activities available for people living at the home. These included; wheelchair dancing, visiting exhibitions, pubs, cinema, clubs and church. We were told by the registered manager that people were able to invite friends back to the home and they supported people to maintain relationships with other young people. This was confirmed by relatives of one person living at the home.

All students had access to the internet and were given an email address. People were supported to use the computer to communicate with friends and family using a web cam. Staff told us that enabled people to maintain communication with their family and friends effectively.

People were involved in the decision to move into the service. We viewed one person's transition plan for moving into the service. We saw this was developed with the person and was produced in a format that this person could understand. The plan included several visits to the home and opportunities to meet with the other people living at the service and the staff. The registered manager told us that all transitions were evaluated following the move and questionnaires were sent out to relatives and other people involved in the transition.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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We looked at five people's care records and saw that people's needs were assessed before moving into the service. This ensured that the service was able to meet the person's needs and additional training and equipment could be put in place before the person started using the service. Care plans were then developed which provided guidance for staff on what support the person needed to ensure that assessed needs were met. We saw from daily records that care was delivered in line with the care plan.

It was clear from speaking with staff that they had detailed knowledge of the care needs of the people they supported. The interactions we observed between staff and people living in the home were positive. Staff were aware of the need to provide support in a consistent way for people. Staff told us that care plans were updated regularly and they were informed of any changes to people's needs. This was reflected in records we viewed.

We saw that the risks associated with providing care were assessed. We saw that these had been reviewed regularly and updated where appropriate. The risk assessments were not restrictive and allowed people to take reasonable assessed risks. Measures were put in place to ensure risks were managed in a safe way. This meant that care was planned and delivered in a way that was intended to ensure people's safety and welfare.

The home used a computerised system to record people's health and support notes. We saw that health records were maintained and the system was able to alert staff when an appointment was due. It also alerted key staff following an appointment when information from that appointment was uploaded onto the system. The registered manager told us that this ensured that the staff team were kept up to date with changes to people's health and support needs.

We were told the people living in the home had the mental capacity to make decisions about day to day issues. However, the home had procedures in place to ensure that where people were assessed as not having the mental capacity to make more complex decisions, these were made in people's best interest. This involved professionals and relatives as well as the staff in the home.

We saw from records that best interest meetings had occurred for people who were unable to consent to certain medical treatment. Staff we spoke with had received training on the Mental Capacity Act 2005 (MCA). They were aware of the procedures they needed to take if they were concerned that someone did not have mental capacity to make a particular decision.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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**Reasons for our judgement**

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People living at the home had 'hospital passports' in place. These were documents that people would take with them if they were admitted to hospital. They provided a summary of the person's health and support needs and what medication they were prescribed. These were reviewed regularly and were up to date. This meant that when people are admitted to hospitals for treatment, the hospital had an up to date record of the care and support they received.

We saw from looking at people's care records that multi professional meetings were held for people to discuss their care and support needs. The minutes of these meetings demonstrated that the home provided clear information to other professionals about the present care needs of the person. This enabled health professionals to make informed decisions about whether changes to treatment or support were needed. For example, detailed records were maintained of people's epileptic seizure activity. This enabled health professionals responsible for this area to get a good picture of how the person's epilepsy was being controlled and whether they needed to change their treatment regime.

The registered manager told us about a recent transition a young person had made from the home to a home nearer to where the person came from. We saw that the transition plan included a timeline and the person had made several visits to the new service. Staff at the home had worked with the new service to ensure that the person's care and support needs were communicated effectively. This included providing training to the staff from the new service on supporting this person with their mobility needs. This demonstrated that the home had provided the new service with the information they needed to support this person.

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

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People we spoke with told us they always felt safe living at the home. One person told us "the staff are very nice and listen to what I have to say, I feel very safe here".

The provider had appropriate arrangements in place which ensured care workers had the necessary knowledge and skills in relation to protecting people from abuse. Staff demonstrated a good knowledge and understanding of safeguarding adults and abuse. They were aware of what could constitute abuse and their responsibility to report any concerns. Staff told us they would report any concerns directly to nominated staff within the service. We saw that the contact details for these staff were displayed in various locations throughout the service. Staff told us that when they had reported any concerns they were dealt with effectively by the service.

Staff were aware of other agencies they could contact such as the local safeguarding adults team or the police. They told us that they would contact these agencies if they were not satisfied with the response to their concerns. The provider may wish to note that the contact details for the local adult safeguarding team were not displayed in the home.

Records we viewed confirmed that staff were up to date with their safeguarding training. The service had policies and procedures in place about protecting people from abuse so that there were structures in place to respond professionally to such concerns. We noted that the service had referred previous concerns to the safeguarding adult's team as appropriate. This meant that the service had responded appropriately to any concerns about possible abuse.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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Medicines were kept safely, being stored securely for the protection of people who used the service. The medication room was secured with an electronic key system, which only senior staff and staff trained to give medication could gain access. We saw that there were facilities to store controlled drugs although at the time of our inspection there were no controlled drugs being stored at the home. We also saw that medications that needed to be refrigerated were stored in a lockable fridge. We noted that fridge temperatures were recorded and were in line with recommended limits.

Appropriate arrangements were in place in relation to the recording of medicine. Clear records were kept of all medicines received into the home and given to people. These records were able to show that people were getting their medicines, when they needed them. We saw that regular medication audits were conducted and actions were taken to improve systems when shortfalls were discovered.

Medicines were safely administered. All staff who gave medicines to people had received comprehensive training before they administered medication. The training consisted of a theory assessment, practical training and observation. Staff were then assessed to ensure they were competent in the administration of medication. Once trained, staff received regular competency assessments by senior staff. Staff who undertook more complex tasks received additional training. This was confirmed by staff we spoke with and records viewed.

Clear and detailed plans were available to inform care workers when and how to give prescribed medicines, should a person using the service have a seizure. These informed care staff on when and how medications prescribed for this purpose should be administered. They also included information on what action to take if the person continue to have a seizure after having their medication.

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

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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People we spoke with told us they liked the staff working at the home. One relative we spoke with told us "the staff are excellent and work really well as a team".

Staff received appropriate training to their role. During our inspection we spoke with the registered manager, a care manager, three care staff and a nurse. Staff told us they receive regular training and that they are reminded when they are due to update their training. Records we saw showed that training was up to date. The service organised regular training sessions for staff which were held on Mondays and Fridays. The registered manager told us that staff were able to attend these training sessions, which were advertised in the staff bulletin. This training was in addition to the mandatory training that staff were required to complete.

The home had a training committee who set specific themes every year. We were told by the registered manager that the theme for this year was communication, with a specific link to speech therapy and swallowing difficulties. We were told that all staff working in the service would have a better understanding of how to support people with swallowing difficulties. They would also be able to identify if people were developing problems in this area and seek appropriate support for them from health professionals. Staff confirmed that this training had enabled them to be more confident about supporting people with swallowing difficulties.

Staff told us they received regular supervision meetings with their line manager. The supervision structure was based around the college terms and staff received two supervision meetings every term. Records we viewed showed that these supervisions occurred as planned. Staff said that the supervision they received was very good and that they also received annual appraisal meetings in which they discussed their performance and on-going development. Staff told us that the managers in the service were approachable and supportive. They told us that if they had an issue they would not have to wait for their next supervision meeting to discuss it with senior staff. This meant that staff received appropriate professional support and development.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The service had effective systems in place to monitor the quality and effectiveness of their service. We saw that regular audits were carried out by senior staff in areas such as health and safety, medication, training and supervision and care records. We saw that where shortfalls were identified, actions were taken to improve the service. For example, we saw that care plans had been audited and an action plan developed for the key worker to address any issues found during the audit.

The service conducted weekly house meetings for the people living at St David's house. We saw that the minutes of these meetings were displayed in the home. It was clear from the minutes of these meetings that people were given the opportunity to feed back their comments about the service. Relatives we spoke with also told us that they were consulted regularly at review meetings and when visiting the service about their views on the service provided. They were also aware of how to make complaints and were confident that these would be acted on by the management of the home.

The provider carried out an annual survey for people and relatives to comment on the service they received. We saw that the survey was sent out directly by the provider and was the same survey that was sent out to people who attended the school which was on the same site. The survey requested that people returned the completed questionnaire within a short time frame for results to be included in the overall survey. We found that no one from St David's house had returned their completed survey. The provider may wish to note that a survey conducted in a more accessible way for the people living in St David's house may produce feedback that could be used to develop and improve the service further.

Systems were in place to ensure that incidents and accidents were reviewed and monitored. We saw that the registered manager was required to sign off any incident and accident forms and put in place actions where appropriate, which reduced the risks of these occurring again. We saw that where actions were recommended people's care plans were updated to reflect this. This meant there was evidence that learning from incidents and accidents took place and appropriate changes were implemented.

We saw that training was monitored and staff were booked into refresher training when their training was due to expire. We looked at records of medication competency assessments carried out by suitably qualified staff. We saw that these had occurred when planned. This meant that the provider had suitable arrangements in place to monitor the training of the staff team.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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