

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

## Wetley Manor Care Home

Abbey Road, Wetley Rocks, Stoke On Trent, ST9  
0AS

Tel: 01782551144

Date of Inspection: 21 May 2013

Date of Publication: June  
2013

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Requirements relating to workers</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	Wetley Manor Residential Care Home Limited
Registered Manager	Mrs. Dianne Rushton
Overview of the service	Wetley Manor Care Home provides accommodation with personal care for up to 22 people.
Type of service	Care home service without nursing
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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 21 May 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 and talked with staff.

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### What people told us and what we found

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During the inspection we spoke with people who used the service who told us that they were happy with the care provided. One person we spoke with told us, "I like it here, it's like home from home". Another person we spoke with told us, "The staff here are very good, I get looked after well".

We observed people being cared for in a respectful and compassionate way. People told us that staff respected their individual choices.

The provider had an effective recruitment system in place and the appropriate checks on staff had been undertaken to ensure that they were suitable to provide support to vulnerable people.

People told us that staff were caring and understood their needs. Staff told us that they received an induction and felt supported by their manager.

The provider had systems in place to monitor the quality of the service provided.

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

### Care and welfare of people who use services

✓ Met this standard

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.

People experienced care, treatment and support that met their needs and protected their rights.

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### Reasons for our judgement

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Through a process called 'pathway tracking' we looked at care plans, spoke with people about the care they received and staff about how they provided support. Pathway tracking helps us understand the outcomes and experiences of selected people and the information we gather helps us to make a judgement about whether the service is meeting the essential standards of quality and safety.

We saw that staff interaction and engagement was good with people who used the service. We observed staff listening to people's wishes and acted on their choices throughout the inspection. Staff treated people with dignity and we saw staff speaking to people in a respectful and caring manner. One person who used the service told us, "Staff make me feel comfortable. They talk to me and put me at ease". Another person told us, "Staff are excellent, and they always help me when I need them".

We spoke with staff who explained the needs of the people who used the service. Staff knew how people preferred to be supported and their level of independence. The care records we viewed confirmed this. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Risk management plans were in place for people who used the service. The plans contained details of the risks and the actions required to lower these. Staff we spoke with told us how they ensured that people were kept safe and followed the risk assessments. This meant that the provider had systems in place to protect people from the risk of harm.

We found that people who used the service had access to health services on a regular basis such as GP's, specialist consultants, chiropodists and district nurses. The service had an arrangement with the GP who visited on a monthly basis and was available in the event of an emergency. One person we spoke with told us, "I have seen the doctor if I have been unwell". This meant that people were supported to maintain their health and wellbeing.

We saw that daily activities were provided. The service had employed an activities coordinator who planned and undertook activities within the service. People we spoke with told us that they enjoyed the activities on offer. One person told us, "I like the girls who come in and we do exercises". Another person told us, "Some people use the computer but I just like to watch". This meant that people were supported with their social wellbeing.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We spoke with staff who told us that they had completed application forms when they applied to work at the service. We looked at five staff files, which contained application forms and references from previous employers. This meant that the provider had an effective recruitment system in place.

The registered manager had undertaken checks to ensure that staff were appropriate to provide support to vulnerable people. This used to be called the criminal records bureau check (CRB) and recently changed to the disclosure and barring service (DBS) check. This meant that systems were in place to ensure that appropriate staff were employed at the service.

We spoke with the registered manager who told us that there were procedures in place to assess the performance of new staff. The registered manager discussed the progress and observed new staff when they provided support to people who used the service. This meant that the provider had a system in place to ensure that the support provided to people was monitored.

**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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We spoke with three members of staff about the support they received when they commenced their employment at the service. Staff told us that they had received an induction before they provided support to people. The records we viewed confirmed this and contained information to help the staff member carry out their role. One staff member we spoke with told us, "I completed an induction which involved shadowing other members of staff, reading policies and meeting the residents. The shadowing was really helpful". This meant that staff were given information and support to carry out their role.

Staff we spoke with told us that they had received training to enable them to carry out their role. Staff told us that they had undertaken training such as; medication, manual handling, fire and national vocational qualifications (NVQs). The provider may wish to note that not all of the training had been updated as required.

We viewed memos that the registered manager had given to staff where there had been a change in practice. These contained details about the new or updated practices and guidance for staff to follow. This meant that staff were provided with up to date information to carry out their role to the appropriate standard.

We saw that most staff had received a supervision with the registered manager. Staff told us that they felt supported by the manager and were able to discuss any concerns. One member of staff told us, "The manager is very supportive and I am able to raise any issues, which would be dealt with". Another member of staff told us, "I find supervision useful as I get time to sit and discuss any issues or development needs". This meant that staff were given the opportunity to discuss any concerns and these were acted on.

## 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.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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We saw that weekly checks on medication had been undertaken by the registered manager. We spoke with the registered manager who told us that the medication administration records (MARs) were checked on a weekly basis to ensure that these had been completed correctly. The records we viewed contained signatures which showed this had been undertaken. This meant that there were systems in place to assess and monitor the management of medication.

We found that accidents that had happened at the service were recorded. The records contained details of the accidents and the recommendations in place to lower the risk of future accidents. The accidents were audited every 3 months by the registered manager to identify any trends and any actions required. This meant that the provider had assessed risks to people who used the service.

We spoke with the registered manager who told us that she had plans in place to send out questionnaires to people who used the service and their relatives. We saw that there was a procedure in place and a questionnaire template to be used. We spoke with the provider who told us that they were considering ways to ensure that the questionnaires were in a format that people could understand. This meant that the provider had recognised the need to gain the views of people who used the service and had taken action to address this.

The home had a complaints policy, which was displayed in the reception area and was available to people in the information that they received when they moved into the home. There had been no complaints about the service. We viewed compliments that the service had received, which contained feedback from people about the care provided. People we spoke with told us, "I would report any concerns to staff if I needed to, but I have no complaints". This meant that the provider had systems in place to gain the views of people who used the service.

## 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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