

Key inspection report

Care homes for older people

Name:	Willow Lodge
Address:	11-15 Stein Road Emsworth Hampshire PO10 8LB

The quality rating for this care home is:	zero star poor service
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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.

Lead inspector:	Date:							
Ian Craig	1	7	1	1	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 Older People can be found at 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

The mission of the Care Quality Commission is to make care better for people by:

- 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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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Willow Lodge
Address:	11-15 Stein Road Emsworth Hampshire PO10 8LB
Telephone number:	01243375382
Fax number:	01329836287
Email address:	andrew.geach@willow-lodge.co.uk
Provider web address:	

Name of registered provider(s):	Mr Andrew Robert Geach, Mr Stephen Richard Geach
Name of registered manager (if applicable)	
Miss Karey Abbott	
Type of registration:	care home
Number of places registered:	26

Conditions of registration:												
Category(ies) :					Number of places (if applicable):							
					Under 65		Over 65					
dementia					26		0					
old age, not falling within any other category					0		26					
Additional conditions:												
The maximum number of service users to be accommodated is 26.												
The registered person may provide the following category/ies of service only: Care home only - (PC) to service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Dementia (DE) Old age, not falling within any other category (OP).												
Date of last inspection					1	1	1	2	2	0	0	8
Brief description of the care home												
Willow Lodge is registered to support and accommodate up to 26 older people any one of whom could have a diagnosis of dementia.												
The home is in the residential area of Southbourne, close to Emsworth. There are 14												
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Brief description of the care home

single bedrooms and six double rooms, over three floors. The majority of the rooms have en-suite facilities, although most of en-suite baths are not currently in use.

There is one communal bathroom with an adapted bath on the second floor as well as a shower room. The ground floor has a 'walk-in' shower room.

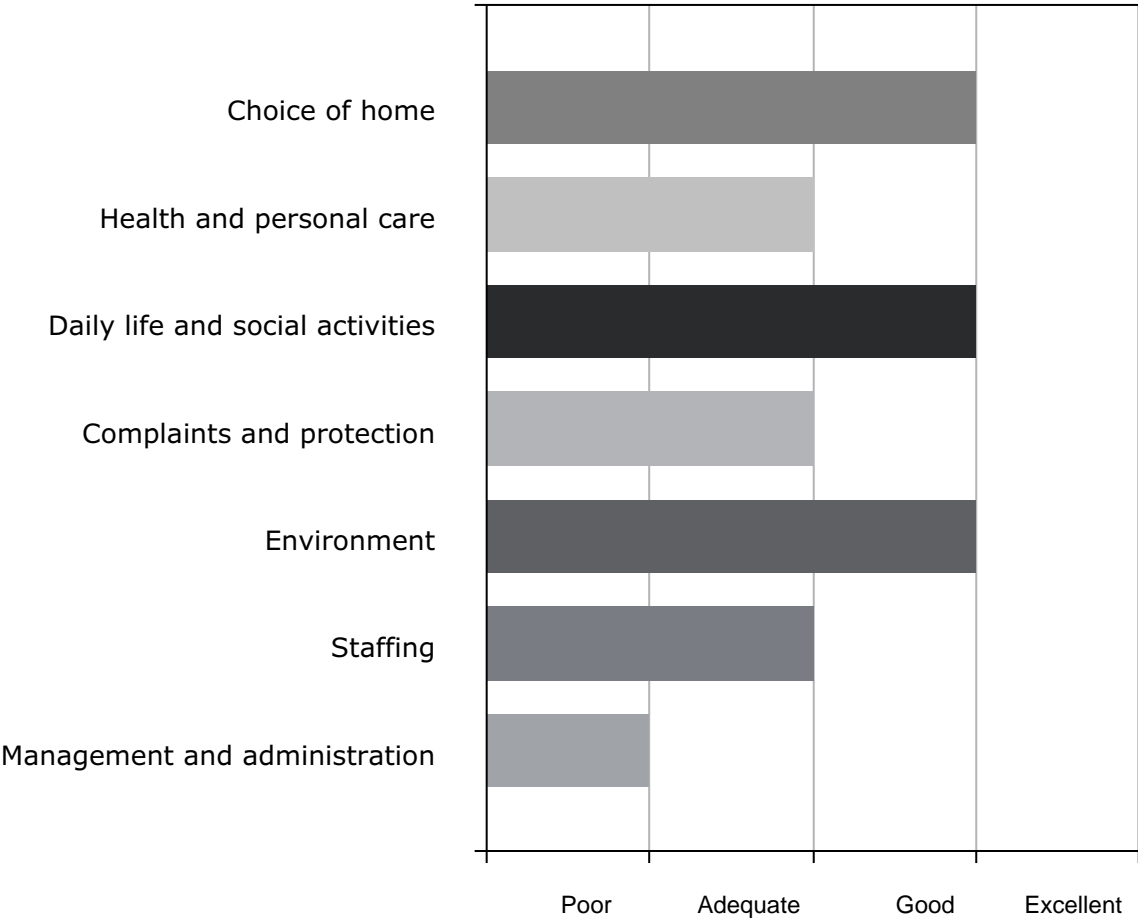
The home has a large open plan dining room / lounge which opens out onto a large patio area and secure rear garden.

Summary

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

The quality rating for this care home is: zero star poor service

Our judgement for each outcome:



How we did our inspection:

The inspection consisted of a site visit of 7 hours, during which time communal areas and the majority of bedrooms were seen. Discussions took place with the manager and one of the registered owners, Mr. Andrew Geach. Three staff were also spoken to. A health care professional was also spoken to. 2 residents were also spoken to.

Residents were observed taking part in activities and making use of the home's facilities.

Surveys were sent to residents, staff and health and social care professionals asking for their views on the service provided. These were returned by 9 residents, 5 staff and 1 health and social care professional. Some of the residents' surveys were completed with the help of a relative.

Records, documents and policies and procedures were looked at.

Care services are required to complete an Annual Quality Assurance Assessment (AQAA). This was completed by the home and returned to the Commission. Information contained in the AQAA has been used for this report.

What the care home does well:

Each person's needs are fully assessed before they are admitted to the home so that the service is able to ascertain whether or not their needs can be met.

Information about the service is available to residents in the form of a Service Users' Guide and there is a brochure for those thinking of moving into the home.

Each person has a set of comprehensive assessments of care and social needs with corresponding care plans. Residents report that they receive the care and support they need. One person said that the staff respond promptly whenever he/she asks for assistance. The assistance call point was tested and staff responded immediately.

The home liaises with health care professionals for advice and support in meeting health and personal care needs.

The home's medication procedures are generally satisfactory.

Residents appeared happy and were having impromptu singing sessions at lunch time and engaged in activities in the afternoon.

Records are made of any complaints made to the service and how the home dealt with the complaint, including correspondence to the complainant.

Staff receive training in adult protection and in managing challenging behaviour.

The environment is well maintained and there is a programme of refurbishment which was in progress at the time of the visit.

Adequate numbers of staff are deployed to meet residents' needs and 7 of the 10 staff have attained National Vocational Qualification level 2 or 3.

The home audits its own performance by the use of surveys given out to residents and health care professionals and monthly visits and reports as required by the Care Home Regulations 2001.

What has improved since the last inspection?

The home has liaised with health trust continence staff to improve this aspect of resident's care.

The previous report identified that staff did not always respond to residents when they requested assistance. Evidence at this inspection shows that this has improved.

The pre admission assessment process has been developed.

Care records have been developed to include more detail on health care needs.

The head of care has attended training in palliative care and the manager and head of care have attended training in the Mental Capacity Act 2005 and procedures for making referrals where someone's liberty may be restricted.

A weekly audit of medication is carried out to check that residents' receive their medication as prescribed.

The complaints procedure has been updated.

A walk-in shower room has been created on the ground floor. 4 bedrooms have been refurbished and a further 2 redecorated. The hall landing and stairs have been recarpeted. The home now has checklist to monitor cleanliness and decor.

There is an ongoing training programme for staff.

Accurate records of any monies held on behalf of residents are maintained.

What they could do better:

The home's manager applied for registration with the Commission after being in post for 6 months. The current Certificate of Registration is not displayed.

A health care professional reports a high incidence of pressure injuries to residents in a short period of time. Following the inspection this was referred to social services for investigation under the safeguarding procedures. It was also reported that staff have on occasions failed to follow the advice of the community nursing team as detailed in residents' care plans.

A controlled drug cupboard needs to be installed. Where a resident has medication on an occasional basis written guidance must be recorded so that staff know the circumstances when it should be given.

There have been a number of incidents between residents, and, a relative reports that some people do not feel safe. The monitoring and prevention of this needs to improve.

Greater attention is needed to address odours caused by incontinence.

Staff supervision needs to improve and this is outstanding from the previous report.

Staff recruitment procedures also need to improve to ensure that residents are fully protected.

A staff member and the manager report difficulties in recruiting competent staff and in retaining staff.

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. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

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 and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. 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 them 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 **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Prospective residents are able to make an informed choice about whether or not to move into the home.

The home's assessment process ensures that it accommodates only those whose needs it can meet.

Evidence:

The home has a document called a Service Users' Guide. This has details of the services provided by the home, information about the staff and activities as well the home's admissions procedure and complaints procedure. Reference is made in the document to respecting differing religious needs and how religious services can be accessed. A copy of this document is provided to each resident and is kept in each person's bedroom.

The home also has a brochure, which is given to those making enquiries about a

Evidence:

possible move into the home.

Each person who returned a survey said that they received enough information about the home before moving in and that this helped them decide if it is the right place for them.

The home's admission procedure states that prospective residents are able to visit the home and spend some time there to see if it meets their needs. This was also confirmed by a resident.

The process of assessing people's needs before they come into the home was looked at for 5 people. Records show that the home obtained a copy of each person's social services' assessment and that the home carried out its own assessment before the person was admitted to the home. The assessment completed by the home was found to be comprehensive and included the following needs: communication, medication, personal care, skin problems, diet and nutrition, continence, mobility, moving and handling, behaviour, orientation, memory, lifeskills, sociability and equality and diversity.

The home also obtains copies of hospital discharge letters and summaries. Two health care professionals said that the home's assessment arrangements 'usually' ensure that accurate information is gathered and the right service planned for people.

Health and personal care

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 health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they 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. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them 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 **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Improvements are needed to ensure that health and personal care needs are properly monitored and addressed.

Medication procedures are generally satisfactory with the exception that controlled medication must be stored in a suitable cupboard.

Evidence:

Care records were looked at for 8 people.

Assessments of need and care plans were found to be comprehensive. In addition to the assessments of need completed before the person moves into the home further assessments are completed such as pressure sore prevention and barthel assessments. Following the completion of assessments of need, care plans are devised. These are completed shortly after admission and are then extended and reviewed. Care plans include personal care, communication, mobility medication, continence, moving and handling, relationships, the person's daily routines and preferences, hair care, memory and behaviour. Each person has a separate care plan

Evidence:

for the night time. Care plans are reviewed on a regular basis.

Residents' relatives are involved in contributing to the care plans, including giving a social history.

Care records include assessments where risk is identified and how staff should minimise risks. This includes moving and handling, going out and risk of falls occurring as well as other relevant areas.

Residents appeared clean and well cared for.

Staff say that they are given up to date information about the care needs of the individual residents and that the home meets individual care needs. Since the last inspection, staff have received training in continence needs and records have been implemented to address where it is an individual need. Staff say that they receive relevant training in meeting the needs of residents and in health care.

Records show that health care needs are monitored. A community dentist visits the home and records show that residents receive eyesight checks. The home liaises with health care professionals, such as general practitioners, continence advisors, and dieticians. This was evidenced from records, discussions with the manager and from health care professional surveys who said that the home 'usually' seeks and acts on the advice given. One person said that the manager and senior carer seek advice and 'to the best of their ability ensure that the correct procedures are implemented... but, are not well supported by the care staff team at times, who do not always adhere to best practice.' Further comment was made that 'documentation is sometimes poor in relation to residents' conditions and deterioration.' The Commission received information that, on occasions care staff do not follow the guidance as given by the community nursing team and as recorded in the care plans. Also, comment was made that in a short period of time, 4 residents suffered pressure injuries, due in part to poor moving and handling procedures. One person had developed a pressure sore. Comment was made that the correct observation and care could have prevented this and that pressure relieving equipment was not being correctly used.

Residents said that the staff are kind and responsive when they ask for help. Each person who returned a survey said that they receive the care and support they need and that the home makes sure they receive the medical help they need.

Privacy screens are provided in shared rooms and were being used in communal areas when residents were helped by staff to transfer using a hoist. Locks are provided on

Evidence:

bedroom doors, but none of the residents wish to have a key to their bedroom door. The AQAA states that staff are aware of good practice regarding privacy and dignity. Residents said that the staff treat them with respect and kindness. Staff were observed interacting with residents in a considerate and respectful manner.

The home's medication procedures were looked at. Staff receive training in medication procedures. This was confirmed from training records, discussions with the staff and manager.

The medication administration recording sheets are signed by staff each time medication is given to a resident and the medication packs show that medication is administered as prescribed. Each person's medication records includes a photograph of the individual. For one medication for one person receiving a variable dose of a painkiller it was not possible to tell on the medication records if the person had receive 1 or 2 tablets due to lack of space on the medication records. This could, however, be checked by looking at the stock. The senior carer dealing with the home's medication agreed that this should be recorded on the reverse of the medication records.

Controlled medication procedures were looked at. Whilst the medication is locked within 3 lockable containers, it is not stored in an approved controlled drug cupboard. Controlled medication records show that 2 staff are involved in the administration, both of whom record the amount given and the amount remaining. These amounts tallied with the stocks being held.

The AQAA states that a weekly audit of the the medication is carried out.

Daily life and social activities

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 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. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

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.

Residents benefit from a range of activities and stimulation, although this could be developed further.

A nutritious diet is provided.

Evidence:

Residents say that they are supported to lead a lifestyle of their choice. This was also confirmed from health and social care professionals. One person said how he/she is able to go to bed and get up in the morning when he/she likes. Residents also said that they can choose to stay in their room if they wish to. At the time of the visit, residents were observed sitting in the lounge area; some were involved in activities and others were watching television. Residents' rooms contain personal possessions.

Residents' meetings are held on a regular basis so that there are opportunities for residents to communicate and discuss life at the home. Minutes of these meetings are displayed on an activities notice board in the hall.

All but 2 of the surveys returned by residents confirmed that activities are provided that they can join in with. Two people said that this is only 'sometimes' the case. A

Evidence:

staff member also said that the provision of activities could be improved and one resident said that he/she would like to go out to see the countryside now and again. The home organises a range of activities but this has been temporarily disrupted as the activities co ordinator has left. This has been addressed by the use of 'outside' providers for entertainment and activities. These include music for health every 2 weeks and music from a singer/guitarist also every 2 weeks. At the time of the visit residents were observed enjoying a singing session and were provided with percussion instruments to play along.

The AQAA recognises that the activities programme needs to be reviewed and developed.

A mobile library visits the home every 2 weeks. Some of the residents have a newspaper delivered.

Residents are provided with a reflexology session.

The home has obtained 2 guinea pigs at the request of residents.

A pantomime will be staged in the home near Christmas.

Residents had a trip to a country park in June 2009.

One person's wish for an area of the garden to cultivate has been accommodated.

Staff were observed interacting with residents in a stimulating and lively manner.

The arrangements for food have changed since the last inspection. Meals are no longer prepared at the home but are brought to the home from a catering provider. The manager said that the catering provider specialises in meals for residential and nursing homes and that the meals help ensure adequate nutrition. Surveys and discussion with residents show that there are mixed views about the provision of food. Three people said that they 'always' like the meals, 5 said 'usually and 1 'sometimes.' Two people said that they preferred food when it was prepared at the home. One person said that there is not enough choice. The AQAA refers to the home's own surveys showing that residents have mixed views about the food and that this needs to be taken account of.

The midday meal consisted of pork and apple casserole, potatoes, cauliflower and sprouts. Dessert was sticky toffee pudding or tapioca. The meal looked appetising.

Evidence:

Dining tables were set with table cloths and napkins. A number of residents in the dining room appeared jovial and took part in their own impromptu singing session.

Residents were given help to eat where appropriate.

Residents were observed having snacks of fruit in the afternoon.

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. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

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

The home has an effective complaints procedure.

Adequate steps are not always taken to ensure that residents are prevented from possible harm.

Evidence:

The home has a complaints procedure which is provided to each resident. Each person who returned a survey states that there is someone available to speak to on an informal basis if they are not happy and that they are aware of the complaints procedure. The home has received 5 complaints in the last 12 months. There is a record of each of these and details of how the home investigated the complaint as well as a letter to the complainant about the findings of the home's investigation.

The AQAA states that the home has made 3 referrals to social services' safeguarding team in the last 12 months. Care Quality Commission records show that there have been 4 incidents where there has been aggressive behaviour between residents. A relative of a resident referred to the residents who have aggressive behaviour frightening others. Where this is an identified need care plans outline how staff should monitor the residents. Record show that where an incident has occurred comprehensive reviews take place and that care plans are updated to give staff guidance on how to deal with any reoccurrence. For one person, it was noted that the care plan for managing this behaviour needs to be in more detail to show how staff

Evidence:

should handle situations of conflict. Records show that staff have dealt with incidents in a tactful and appropriate way. Training has been provided for staff in dealing with 'challenging behaviour.' Records also show that the home liaises with the appropriate health services in these situations.

Then home has a copy of local authority safeguarding procedures. Staff receive training in safeguarding procedures, which was evidenced from training records, discussions with staff and the manager. Staff state in surveys that they know what to do if someone has concerns about the service.

There has been 1 incident where a staff member have left the employment due to a poor attitude towards the residents. The home has reported 2 thefts.

The community nursing team highlighted that there has been 4 pressure injuries to residents in one week as well as the development of a pressure sore in one case. The community nursing team view these as a result of either a lack of attention and/or appropriate care. Several other injuries have been reported due to skin tears thought to be from moving procedures. This information has been passed by the Commission to the local social services safeguarding team for investigation. These injuries were not notified by the home to the Commission or to social services.

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, 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.

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.

Residents benefit from a generally clean and well maintained home.

Evidence:

The majority of bedrooms and all of the communal areas were seen.

The home has a programme of refurbishment. At the time of the visit hallways, stairs and landings were being recarpetted. New furniture has been recently purchased.

The home has a maintenance staff member.

Since the last visit a ground floor 'walk in' shower room has been created. There are a further 2 bathrooms for residents to use.

Bedrooms contain items of personal possession such as televisions, ornaments and pictures. Some of the decor in the bedrooms was showing signs of wear and tear. 4 bedrooms have recently been refurbished and 2 redecorated.

There is a lounge/dining room with a large screen television. Residents were observed sitting in the lounge either watching television or engaging with staff in activities.

There is ramped access to the rear garden. One resident has his/her own area of

Evidence:

garden to cultivate. Another resident was observed sitting on the patio enjoying the autumn sunshine.

The home has a passenger lift so that residents can access the first and second floor.

There are a number of lifting aids for staff to use in transferring residents.

Residents said that the home is 'fresh and clean.' Two people said that areas of the home are in need of updating. The home was found to be clean and free from any offensive odours apart from in one area.

Staff receive training in infection control.

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 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 to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

Staff are provided in sufficient numbers and receive regular training but do not always perform to a standard that ensures residents' needs are met.

Staff recruitment procedures need to be improved to ensure that residents are protected.

Evidence:

The home aims to provide the following staffing levels: 8am to 2pm 4 or 5 care staff, and, 2pm to 8pm 3 care staff plus a kitchen assistant. The manager's hours are additional to this.

Night time staffing consists of 2 'waking' staff.

The staff rota and observation showed that these staff hours are being maintained.

The home also employs kitchen, laundry, cleaning and maintenance staff.

The manager said that there have been difficulties in retaining staff and one of the staff surveys says that the home has had some problems in recruiting suitable staff. Shortfalls in providing staff have been covered by the use of agency staff.

Evidence:

Staff say in surveys that there are usually enough staff on duty. A health care professional expressed the view that staffing levels need to be increased adding that it is sometimes difficult to find staff when the professional visits.

There is a staff induction programme, which is recorded. Staff say that the induction they received prepared them for the job.

The manager maintains a training matrix so that staff training can be monitored. Staff complete mandatory training in first aid, fire safety, food hygiene, infection control, adult protection, moving and handling and contamination of substances hazardous to health.

7 of the 10 staff have, or are studying for, the National Vocational Qualification (NVQ) level 2 in care and 5 staff have NVQ level 3. Training records and staff confirm that they have attended a 2 hour training session on caring for those with dementia. Training has also been completed in working with those with challenging behaviour and in adult protection.

Staff confirm that they receive training which is relevant to their role and gives enough knowledge about health care and medication. One staff member said, 'Training at Willow Lodge is very good and always updated.' Staff say that they work as a team and that regular staff meetings take place.

Staff recruitment was looked at for 3 recently appointed staff. These show that for 2 staff the required checks were obtained before the staff started work, which includes a criminal record bureau (CRB) and protection of vulnerable adults (POVA) check as well as 2 written references. For the third person it was noted that an employment history could not be found and that the references were not from a previous employer. Criminal record bureau and protection of vulnerable adults checks had been obtained before the person started work.

Management and administration

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 led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate 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. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

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

Improvements are needed in the way the home and staff are managed to ensure that residents' well-being and health and safety are promoted.

Evidence:

The home's owner wrote to the Commission on 26 January 2009 confirming that the home has a new manager who will be applying for registration within 3 months.

The latest certificate of registration was not displayed in the home. The owner said that the latest certificate had not been received although the Commission's records show that this was sent to the service.

Staff say that they feel supported by the manager, who is described as helpful and approachable. The manager said that she is committed to improving the standards at the home saying this was reflected in the time she spent there.

There was conflicting evidence regarding the supervision of staff. Each staff member

Evidence:

who returned a survey or was spoken to said that they meet regularly with their manager to discuss their work and that the manager and head of care are always available for advice. The manager said that staff are supervised throughout the day, which was also confirmed by a staff member. The manager has attended a course in staff supervision and appraisal. Supervision records show that formal one to one supervision has been inconsistent. One staff member has received 5 supervision sessions in the last year whereas others have received only 1 or 2. The home's monthly visit and reports as required by Regulation 26 highlight that staff performance has been an issue. The Complaints and Protection section of the report includes reference to reports from a health care professional and a relative, that staff do not always perform to an adequate standard. The requirement made in the last report has not been fully implemented.

Staff recruitment procedures have also not adhered to the requirements as set out by the regulations.

The home is audited on a monthly basis and a report completed as required under Regulation 26 of the Care Home Regulations 2001, but there is evidence that the home's management do not always act on the report's content.

Surveys are sent by the home to residents and health care professionals asking for their views on the service provided by the home. The results of these are summarised so that the home can consider any improvements they need to make. The AQAA refers in detail to the findings of the surveys and how the home intends to develop and improve where indicated.

The home looks after some of the residents' money. Records are maintained of any amounts deposited for safekeeping and any amounts withdrawn plus a corresponding balance. This is also audited on a monthly basis.

The Commission has not been notified where a resident developed a pressure sore injury, which is required by Regulation 37 of the Care Homes Regulations 2001.

The AQAA confirms that the home's equipment and appliances are serviced and tested by suitably qualified persons.

Staff are trained in food hygiene, moving and handling, infection control, first aid, fire safety and contamination of substances hazardous to health. Communication from a health care professional indicates that staff may need to be more closely supervised in moving and handling procedures to prevent injury.

Evidence:

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
1	36	18	<p>Staff must receive regular formal supervision.</p> <p>So that staff performance is monitored to ensure that staff are meeting residents' needs.</p>	12/02/2009

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
1	8	13	The home must ensure that staff follow the correct care procedures as advised by the community nursing service and when using specialist equipment. So that residents receive the care they need.	24/12/2009
2	9	13	Where medication is prescribed to be administered 'as required' there must be clear guidelines for staff to follow of the circumstances and symptoms of when the medication is required. To ensure that residents receive medication when it is required.	31/12/2009
3	9	13	Medication that is classed as a controlled drug for storage must be stored in a cupboard as required by the Misuse of Drugs (Safe Custody) Regulations 1973.	16/02/2010

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
			So that medication is safely stored.	
4	18	13	Adequate measures must be put in place to protect residents from the following: injury from lifting procedures and other methods of transfer. So that residents are not injured	24/12/2009
5	26	16	The home must be free from offensive odours. So that residents can enjoy a pleasant environment.	04/01/2010
6	29	17	A full employment history of each care staff member applying for a job must be obtained. Two written references must be obtained before care staff start work, one of which must be from the last employer. These records must be available for inspection as required by Schedule 4. So that the recruitment procedure protects residents.	31/12/2009
7	37	37	The Commission must be notified of incidents where	24/12/2009

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
			residents have sustained a serious injury, including the development of pressure sores. So that the Commission can monitor that needs are being met.	

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

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