Key inspection report

Care homes for older people

Name:	Kingsland House Care Home
Address:	Kingsland Close, off Middle Road Shoreham-by-Sea West Sussex BN43 6LT

The quality rating for this care home is:	one star adequate service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	**Date:**							
Jennie Williams	2	8	1	0	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:	Kingsland House Care Home
Address:	Kingsland Close, off Middle Road Shoreham-by-Sea West Sussex BN43 6LT
Telephone number:	01273440019
Fax number:	01273455625
Email address:	sharon.mcnamara@barchester.com
Provider web address:	www.barchester.com

Name of registered provider(s):	Barchester Healthcare Homes Ltd
Type of registration:	care home
Number of places registered:	71

Conditions of registration:		
Category(ies) :	Number of places (if applicable): Under 65	Over 65
dementia	71	0
physical disability	71	0

Additional conditions:

The maximum number of service users to be accommodated is 71

The registered person may provide the following categories 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) Physical Disability (PD)

Date of last inspection	2	5	0	9	2	0	0	8

Brief description of the care home

Kingsland House is registered as a care home with nursing to accommodate people with a physical disability and a dementia. The accommodation is divided into two units. The Downs Unit accommodates thirty people with a physical disability and the Memory Lane Unit accommodates forty-one people who may have a dementia and a physical disability. The property has been purpose built and is situated in a residential area of Shoreham by Sea and is reasonably close to local amenities. An extension was completed in June 2007 to increase the number of rooms, there are now seventy-one beds. The registered providers are Barchester Healthcare Homes Ltd. The responsible individual acting on behalf of the company is Mrs Carole Hunt. Current fees range

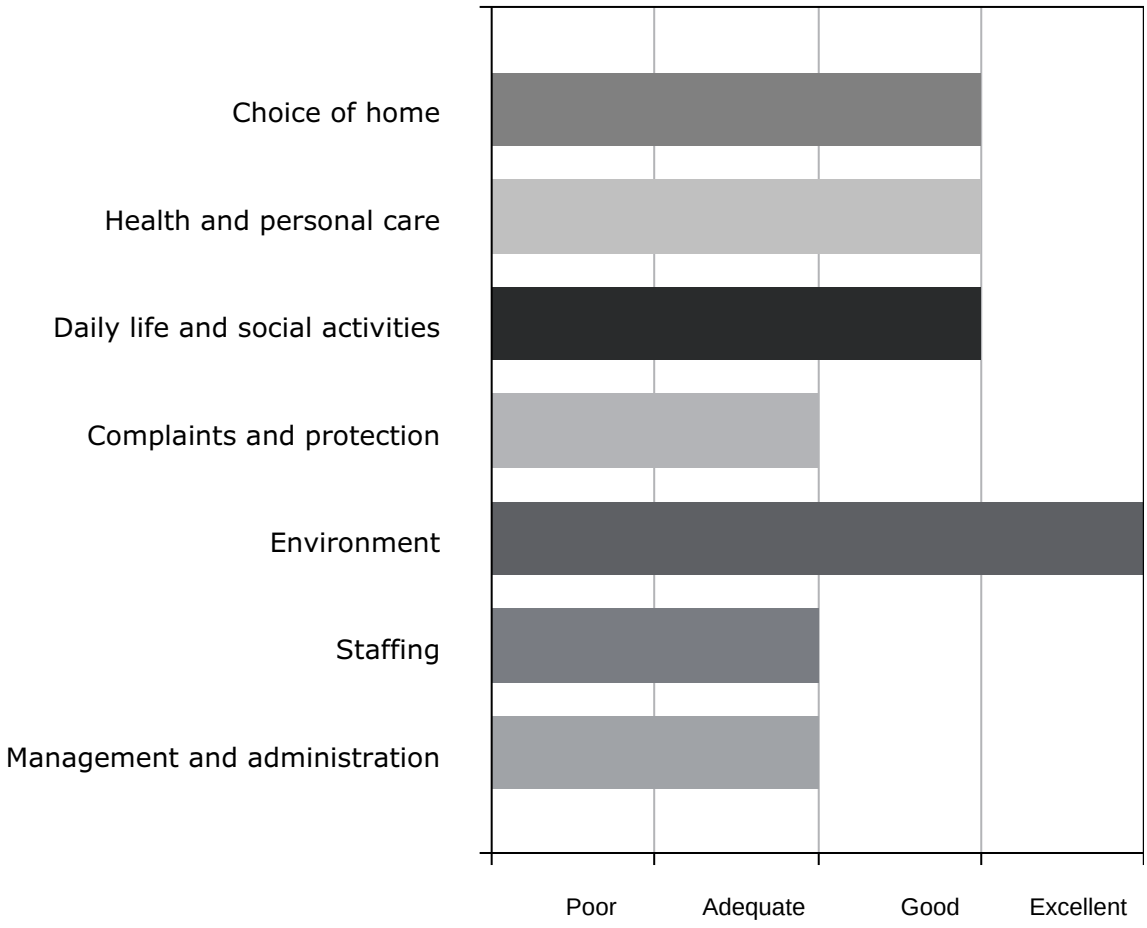
Brief description of the care home
from £650 to £950 per week. Additional costs are for personal items, hairdresser, chiropody and private physio. Full information regarding additional costs can be obtained from the service.

Summary

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

The quality rating for this care home is:	one star adequate service

Our judgement for each outcome:



How we did our inspection:

It should be noted that service users prefer to be called people who use services. It was confirmed that the home uses the term residents. For the purpose of this report, people who use the service will be referred to as residents. Two Inpsectors undertook this unannounced site visit on the 27 October 2009 for 6.3 hours. A Pharmacist Inspector also undertook an audit of the medication procedures within the service, whose findings are incorporated into this report. Evidence obtained at this site visit, previous information regarding this service and information that we have received since the last inspection forms this key inspection report. An annual quality assurance assessment (AQAA) was sent to us by the service, completed by the home on the 06 July 2009. The AQAA is a self-assessment that focuses on how well outcomes are being met for people using the service. It also gave us some numerical information about the service. The last key inspection was undertaken on the 25 September 2008.

Three residents were spoken with at the site visit. 10 resident surveys were sent to the

service prior to the site visit, of which nine were returned. Four of these were completed independently by the individual and others were completed with assistance by friends/relatives/staff. Four care plans were viewed and specific areas of care looked at in a further four care plans. Discussions was had with three relatives and a visiting health professional.

Eight staff, of various roles and responsibilities, were spoken with throughout the site visit and three people in managmenent within the company participated in the inspection process. Ten staff surveys were sent prior to the site visit, of which two were returned. Four staff files were viewed, along with training records.

A brief tour of the environment was undertaken and some individual rooms were viewed. The quality assurance system, complaint records and quality monitoring checks in place were viewed/discussed.
There were forty-two residents residing at the home on the day of the site visit.

What the care home does well:

The home has information available for prospective residents/representatives on the facilities and services provided to make an informed decision if their needs can be met at the home. The pre admission process ensures that only residents whose needs can be met at the home are admitted.

Individuals have care plans in place that provide staff with information and guidance on how to meet their needs. Residents privacy and dignity are respected.

Residents' lifestyle within the home are generally their own choice. Visitors are welcomed at the service and residents are able to receive visitors in private. Residents are provided with a variety of meals to ensure preferences are catered.

Complaints are dealt with in a non biased manner reassuring people involved they are listened to. Residents are provided with comfortable communal facilities. Residents are generally safeguarded by the recruitment procedures in place.

Some written comments received from residents about what they feel the service does well were: 'kind approach', 'lovely ground and very tidy home. Nice nurses', and 'it is generally very nice'. Written comments from staff surveys on what the home does well were 'Looks after the residents well as well as the staffs' and 'for prospective clients the idea of becoming a resident at Kingsland House is sold to them in a very effective way...'.

What has improved since the last inspection?

The AQAA identifies areas that the home has improved within the last 12 months and some examples given of changes they have made as a result of listening to residents are: refurbished some bedrooms and communal areas in Memory Lane, improved listening and responding to queries from relatives, continue to develop and improve their knowledge of residents to assit care profiles to be more person centred and review and update the social activities programme.

What they could do better:

One requirement made at the last inspection required the service to ensure that the home is managed by someone who is registered with the Commission. Whilst people have been appointed to manage the service, no one has completed the registration process with us. Priority must be given to ensure an application is submitted to us for the registration of a manager.

Action needs to be taken to ensure that medicines are stored at temperatures recommeded by the manufacturers so that medicine maintain their quality and is in a state fit for use. Individual care plans need to be implemented on medicines to use only when needed so there is consistency in the use of this medicine.

Action is required to ensure robust systems are in place to ensure all staff receive relevant training and are kept up to date with all mandatory training to ensure needs are met and residents remain safeguarded.

Staffing levels must be regularly reviewed to ensure that suitable numbers of staff are

on duty at all times to meet all health, social, welfare and personal needs of residents. Five of the resident surveys commented on staffing levels as an area that needs to be addressed. A staff member also wrote that 'employ more care staff' is an area in what the home could do better.

Information provided to us in the AQAA needs to be expanded when we next ask for it and the service must ensure that all key standards are addressed and evidenced. The AQAA identifies that further changes they are planning to make as a result of listening to people is to continue with their refurbishment programme.

Any minor shortfalls noted at the site visit, of which no requirement or recommendation has been made have been highlighted throughout the report. The reader is advised to read the report for full details. A representative of the company has confirmed in writing following the site visit some of the changes that have already been implemented and demonstrated a commitment to ensure futher changes are implemented to ensure outcomes for residents are improved and built upon.

Some areas of improvements are: to assess the provision of activities provided to residents, reiterate to residents the procedures in place for raising concerns/complaints, that care pertaining to individiuals are fully discussed with the individual ie: in relation to end of life care/resuscitation wishes and that policies and procedures are regularly reviewed to ensure they are reflective of up to date good practice guidance.

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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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.

The pre admission process ensures that only residents whose needs can be met at the home are admitted.

Evidence:

The home has a Statement of Purpose and Service User's Guide that provides prospective residents with information regarding the services and facilities provided at the home. 67% of resident surveys received identified that they received enough information before they moved in to help them decide if this home was the right place for them.

Pre admission assessments were seen to be in place for three newly admitted residents. A further assesment is undertaken with the individual upon arrival at the home. Information is obtained from other health professionals wherever possible.

Prospective residents and/or their representatives are encouraged to visit the home

Evidence:

prior to moving in to meet staff and other residents and to see if the home will meet their expectations.

The home does not have dedicated accommodation to provide intermediate care. Respite care is available if there is a spare place available.

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

Residents' needs are being met at the home with the information contained in care plans. Residents are generally safeguarded by the medication procedures in place.

Evidence:

Documentation was viewed for four residents that evidenced that all had a care plan and risk assessments in place. There was guidance observed to be in place for staff for an individual who may display challenging behaviour. There was evidence that care plans are reviewed. Evidence of guidance for staff was seen in a further four care plans regarding specific areas of care.

Resident surveys received identified that 22% always, 45% usually and 33% sometimes receive the care and support they need. When asked what the service does well, some written comments regarding care were: 'kind approach' and 'my personal hygiene and cheerful atmosphere'. Quick accessible information is available in the nurses station regarding specific care needs for specific individuals, such as: diabetics, who needs fluid input and output monitored and who may need hourly checks on their whereabouts. Three relatives were spoken with. All stated they were very happy with

Evidence:

the overall care provided and spoke well of the staff who kept in touch with them and were friendly.

There was evidence that advice is sought from health professional. Resident surveys identified that 33% percent felt that they receive the medical support they need, 56% felt usually and 11% felt they sometimes receive the medical support they need.

The pharmacist inspector assessed the medicine management at this service and found that the medicine storage rooms were fitted out with sufficient cupboards and work surfaces to allow safe medicine management. Temperature were monitored in the medicine storage area and it was noted that the one of the fridges for storing medicine had been below the recommended range for a period of two weeks. No action had been taken to address this. One medicated cream to be stored well below room temperature was seen in the medicine trolley. This would mean that it would no longer be fit for use. Records around medicine stock control and use were kept for audit purposes. The policies available to staff on medicines were not localized and there were no individual no care plans on the use of medicines to be taken only when needed. This is important so that medicines are managed in a consistent way. One person was given medicine in food. Although there were consent forms from the family and the doctor it was not clear from the care file whether this person was choosing to have medicine in food or was it a decision made by a multidisciplinary team on their behalf as they were unable to make this decision. Records of medication prescription for individuals, medicine administration or non administration were complete and gave a clear picture of the medication history.

Staff were observed to have a good professional rapport with residents on the day of the site visit and were heard to be calling them by their preferred term. 22% of resident surveys received identified that staff always listen and act on what they say, 45% identified staff usually listen and act and 22% felt only sometimes staff listen and act on what they say. 11% answered don't know.

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' lifestyle within the home is generally their own choice and residents are provided with stimulation to fulfil their interests and needs. Residents' are provided with a choice of meals.

Evidence:

There is an activities co-ordinator that works full time at the home. The activities co-ordinator stated that there was an activity plan, but this was not always followed as residents are asked on the day what they would like to do. We observed a reminiscence group in the memory lane unit and later a painting group during the afternoon being facilitated. We observed preparations being made for a party to be held for Halloween.

A resident informed us that their routine within the service is flexible, some activities were offered but these were often not what they wished to join in with. They stated that 'there was no religious service in the home to join in', which she was surprised about. A staff member confirmed to an Inspector that one resident goes to mass every week. Another resident informed us that there are enough activities offered to keep themself occupied.

Evidence:

We were informed that most residents on the Bluebell unit have one to one activities, with two residents per week receiving one to one activities. This unit has not had any entertaintment for the last four weeks. We were informed that there is access to a mini bus and outings are provided. It was confirmed that the two different units do not mix together for any activities. Staff spend time with residents when time permits.

We received mixed feedback from the resident surveys regarding the provision of activities at the home. 22% of resident surveys identified that there were always activities provided at the home that they could take part in. 56% stated there usually were activities and 22% identified there are sometimes activities provided at the home.

When asked what the service does well, one resident wrote 'attention and taken me out, lovely bedroom'. When asked what the service could do better, another resident wrote 'more entertainment would help us not to just sit around and be bored'.

No requirement has been made in relation to the provision of activities, as this needs to be addressed through the homes' own quality assurance and quality monitoring system and action taken if identified as an area for improving outcomes for residents. The AQAA identifies that resident are encouraged to remain independent and to pursue outside activities if they wish.

Residents are able to receive visitors in private. Three relatives spoken with confirmed that there is flexible visiting within the service. The AQAA identifies that visitors are welcomed at any time and relatives/representatives are invited to organised events at the service.

When asked what they do well in the AQAA in relation to meals and mealtimes, no information was provided to us, despite this being a key standard. The AQAA identifies areas in relation to food that they could do better and provides us with information on how they plan to make these changes. An example given in what they could do better is to introduce a wider range of finger foods for residents living in the Memory Lane unit and to have carers eat meals with residents to encourage residents to eat and use their skills.

A resident spoken with found the food to be 'good', whilst another resident commented that the food was 'OK'. 33% of resident surveys identified that always like the meals provided, 56% usually liked the meals and 11% sometimes liked the meals provided at the service. When asked what the service does well, a written comment was 'food is nice and there is plenty of tea'.

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.

Complaints are dealt with appropriately, reassuring those involved that they are being listened to and that action will be taken, if necessary. Training of staff in Safeguarding Adults will assist in ensuring residents are further safeguarded.

Evidence:

There is a complaints procedure available at the home. 67% of resident surveys received identified that there was someone they could speak informally to if they were not happy. 78% identified that they did not know how to make a formal complaint. Both staff surveys identified that they know what to do if someone has concerns about the home.

The AQAA identified that there have been eight complaints made to the service within the last 12 months, of which none were upheld and all were resolved within 28 days. The AQAA identified that there were seven complaints waiting for an outcome on the day it was completed. The information provided was not clear. At the site visit we confirmed that there had been nine complaints in the last 12 months from the date of the site visit. There was no easy way to ascertain what the outcomes were without having to read through all the information. The representatives of the organisation confirmed they would clarify this information for us and provide outcomes of the complaints, this information was not forwarded on to us.

Records are maintained of complaints investigated by the service to evidence they are

Evidence:

investigated in a non biased way. It was recommended that a summary of complaints be maintained, along with outcomes. This will assist them to provide statistical information to us when we next ask for an AQAA to be completed. It will also assist them to ascertain if there are any recurring themes in relation complaints. The AQAA identifies in what they do well is that all complaints are managed appropriately and as part of good practice the manager operates an open door policy.

Whilst the AQAA identifies in what they do well is that staff receive induction and annual training in respect of Safeguarding Adults, training records viewed identified that 10 out of 20 nurses require updating (we were informed seven of these nurse are on long term leave) and 25 out of 44 care staff require update training (we were informed that five carers are on long service leave/absent from the home). There was evidence that some ancillary staff require this training or need an update.

The information we had received did not match the information viewed at the home in relation to Safeguarding Adults referrals/investigations. The AQAA identifies that there has been nine Safeguarding Adults referrals/investigations made in the last 12 months. There was no easy way for us to ascertain outcomes for any investigations without having to read through all the information. We requested the service send us this information.

We received written information the day after the site visit that since 01 July 2009 there had been six Safeguarding Adults investigations of which two were unsubstantiated, one substantiated and three investigations are currently ongoing. Due to concerns raised during investigations, the local purchasing authority has currently suspended placements and has arranged for two residents to be moved to another service where their needs will be better met.

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

Residents live in a homely environment and are provided with comfortable communal facilities and their private accommodation personalised to suit their taste.

Evidence:

The last inspection report identified that the outcome for residents within the environment was excellent. The AQAA identified that there have not been any major changes made to the environment since the last inspection. They have continued to improve areas within the service. An example given in how they have improved is to put a door in the Memory Lane lounge to create another smaller quiet lounge. An area they realise they could do better is to encourage more use of the gardens and grounds when the weather permits.

Whilst walking around the home, we observed that the home continues to be well maintained. Some individual rooms viewed were noted to be personalised to reflect the individual's choice and character.

The AQAA identifies that there is an action plan in place to deliver best practice in prevention and control of infection. Further information in the AQAA needs to be included the next time we ask for it regarding Hygiene and Control of Infection, as this is a key standard for assessment. Eight resident surveys identified that they always/usually find the home fresh and clean. Some written comments were: 'lovely

Evidence:

grounds and very tidy home' and 'lovely bedroom'.

We were informed that the home was currently recruiting for additional domestic staff due to staff shortages and will be looking to increase the number of domestic cover in the home. We did not observe any areas that have been negatively impacted by the shortage of domestic staff.

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.

There is a risk that health, personal and social needs are not being met with the number and skill mix of staff on duty. Residents are generally safeguarded by recruitment procedures in place.

Evidence:

The AQAA identifies that 26 care staff/registered nurses have left employment in the last 12 months. 44% of resident surveys identified that staff are usually avaialble when needed and 56% felt they were sometimes available. Copies of rotas provided identified that there were different numbers of staff on duty on different days, whilst the number of residents remained the same.

Whilst positive written comments were received about the staff, it was concerning to read some written comments regarding staffing levels. Positive feedback regarding staffing were: 'nice nurses', 'cheerful atmosphere' and 'staff are very pleasant, chatty and professional'. Written comments regarding the staffing levels were: 'Get more staff to care for me when I need help. I am often wet because I have to wait so long to be taken to the toilet', 'the shortness of staff is not good', 'employ more staff so they have time to do their jobs properly' and 'it is not right to hear staff complaining about staff shortages. It makes me feel very frightened and upsets my daughter.' One staff member has written 'Stop filling up with residents when there are not enough of us to care for the residents we already have...'. Management must ensure that

Evidence:

staffing levels are regularly reviewed and that suitable numbers of staff are on duty at all times to meet all health, social and personal needs of residents.

The AQAA identifies that all people who have started work in the home in the last 12 months have satisfactory pre-employment checks. Staff spoken with confirmed that they have received training and were happy working at the service. Staff files viewed identified that good recruitment practices are generally followed. The home must ensure that written confirmation be obtained from the Nursing and Midwifery Council that all nurses have current registration to practice, prior to commencement of employment and not just when a renewal is due, as is current practice. Both staff surveys received identified that their employer carried out recruitment checks before they started work.

It was confirmed that all new staff undertake an induction. The AQAA states 'Our traning records confirm our commitment to ensuring our staff are fully compliant with mandatory traning...' There was evidence in staff files of some training being provided, however on viewing a copy of the training matrix and on discussion with the representative it was apparent that all staff were not up to date with mandatory training. Some examples are: fire training, six out of 20 nurses need updating and 15 out of 44 care staff need updating, fire drills, seven out of 20 nurses need an update and 12 out of 44 carers need updating. Control of Substances Hazardous to Health (COSHH) identifies five out of 20 nurses need updating and 27 out of 44 care staff need training update. We received written confirmation following the site visit that action is being taken to address training shortfalls.

The AQAA identifies that there are 47 permanent care workers of which eight have National Vocation Qualification (NVQ) level 2 or above. Despite being a key standard, no information was provided to us in the self assessment section of the AQAA regarding NVQ's or what action the service is taking to ensure that at least 50% of staff are NVQ trained.

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

Whilst the home is generally run in the best interest of residents, robust internal monitoring systems will assist in ensuring residents are safeguarded and evidence that the home is meeting its aims and objectives.

Evidence:

The service has been without a Registered Manager for approximately two years. The person appointed to manage the service is currently going through the registration process with us. We have been informed that the appointed manager has not had any experience at managing a care home, however has had numerous roles in a management position, predominantly working in an agency setting. The appointed managers' registration with the NMC has lapsed. We have been informed that another person has been employed to provide clinical support to the home.

The AQAA identifies that their plans for improvement within the next 12 months is to define roles more so as to ensure they maintain solid chains of responsibility. A health professional spoke of a lack of leadership within the home and when problems are

Evidence:

highlighted support is sent from the organisation, but not for the workers on the floor. Action should be proactive and not reactive. Written comments from a staff member also idenitifed a lack of leadership, identifying that care staff are 'exhausted at covering each others shifts' and 'often called in at short notice because the rota is not cared for'.

The organisations representative confirmed that the appointed manager has attended a local seminar in relation to Deprivation of Liberty Safeguard (DOLS). It was confirmed that an application for authorisation has been submitted for an individual. On reading notes for one residents' end of life resusicitation wishes, it was identified that there had been family involvement and their views sought, however no evidence that decisions had been discussed with the individual.

The last report identified that the home has a quality audit process and the views of residents, relatives and staff are sought every year. This information is collated and published by head office of the organisation. A representative of the company confirmed that the same process is in place. There were no recent results available for viewing at the service from the last surveys they undertook.

We were informed that the organisation undertakes a main audit yearly, of which an action plan is devised and a second audit is undertaken to ensure any action points have been followed up. Whilst records were not viewed, we were informed that monthly (Regulation 26) visits are undertaken. Shortfalls in staff training and other shortfalls noted by us should have been noted through the homes own quality assurance and quality monitoring systems.

The AQAA identifies that a lot of policies and procedures had not been reviewed for over two years. The registered providers must be pro active and ensure policies and procedures are reviewed regularly and reflective of up to date good practice guidance.

Ways to improve the information in the AQAA when we next ask for it was discussed. Clear information/evidence must be provided for all key standards. The AQAA identifies areas in what they could do better, how they have improved in the last 12 months and their plans for improvements in the next 12 months to ensure outcomes for residents are improved upon.

The home will hold personal allowances for people for safekeeping. It was confirmed that no one within the service acts as an appointee for any resident. We were informed that when people give the service any money for safekeeping, this goes into a general non interest bearing bank account and a receipt is given. Receipts are kept

Evidence:

of financial transactions. Internal audits are undertaken every month.

It was confirmed that regular health and safety checks are undertaken and the AQAA identifies that equipment in use has been serviced or tested as recommended by the manufacturer or other regulatory body. The AQAA identifies that they have written assessments on hazardous substances, Control of Substances Hazardous to Health (COSHH). We observed two hoists with service stickers identifying that they were overdue to be serviced. We gave this information to the service to address.

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	31	8	The registered providers should ensure that the home is managed by someone who is registered with the Commission In order to ensure that the service is run efficiently and effectively meets with Regulations	31/12/2008

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	9	13	When medicines are disguised in food, there must be an assessment of mental capacity of the service user and a care plan agreed by a multidisciplinary team. This is to ensure that peoples rights are protected.	28/11/2009
2	9	13	To ensure local medicine policy is available that reflects the practice in the home. So that staff have clear guidance in managing medicines in a consistent way	04/12/2009
3	9	13	To have individual care plans on medicines to use only when needed. So there is consistency in the use of this medicine.	28/11/2009

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
4	9	13	To ensure that medicine are stored at temperatures recommeded by the manufacturers. So that medicine maintain their quality and is in a state fit for use.	13/11/2009
5	27	18	To ensure staffing levels are regularly reviewed. To ensure that at all times suitably qualified, competent and experienced persons are working at the care home in such numbers as appropriate for the health and welfare of service users.	15/03/2010
6	30	18	That all staff employed to work at the care home receive training appropriate to the work they are to perform. Training must be kept up to date. To ensure all service users needs are met and residents are safeguarded.	31/03/2010
7	33	24	That robust internal quality monitoring systems are implemented and used effectively. This will ensure residents are safeguarded and assist in evidencing the home is	15/03/2010

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
			well managed and meeting its aims and objectives.	

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

Helpline:

Telephone: 03000 616161
Email: enquiries@cqc.org.uk
Web: www.cqc.org.uk

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