Care Quality Commission

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Autumn Gardens

73 Trent Gardens
Southgate
London
N14 4QB

Lead Inspector
Jane Ray

Unannounced Inspection
25th April 2009 12:00

This report is a review of the 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.

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.

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SERVICE INFORMATION

Name of service	Autumn Gardens
Address	73 Trent Gardens Southgate London N14 4QB
Telephone number	020 8344 2600
Fax number	020 8344 2610
Email address	info@autumn-gardens.com
Provider Web address	
Name of registered provider(s)/company (if applicable)	Ourris Properties Limited
Name of registered manager (if applicable)	
Type of registration	Care Home
No. of places registered (if applicable)	40
Category(ies) of registration, with number of places	Dementia (0), Old age, not falling within any other category (0)

SERVICE INFORMATION

Conditions of registration:

1. The Registered Person may provide the following categories of service only:

   Care home only - Code PC

   to service users of the following gender:

   Either

   whose primary care needs on admission to the home are within the following categories:

   Old age, not falling within any other category - Code OP
   Dementia - Code DE
2. The maximum number of service users who can be accommodated is: 40

Date of last inspection 2nd December 2008

Brief Description of the Service:

Autumn Gardens is a registered care home for 40 older people including people with dementia. The home opened in April 2007. Autumn Gardens is located in a residential area in Southgate, North London, and is close to community resources and facilities such as a supermarket, local shops, places of worship and public transport. There are 40 single rooms on three floors, all with en-suite facilities. 8 bedrooms also have their own shower. The home has 3 lounges and a separate dining area. There is a large attractive garden at the rear of the home

Autumn Gardens has been set up to provide a home primarily for older people from the Cypriot community.

Fees range from £540-£650/week.

A copy of this report can be obtained direct from the provider or via the CQC website

SUMMARY

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

The quality rating for this service is **0 star**. This means the people who use this service experience **poor** quality outcomes.

The inspection took place on three days and was unannounced. The inspections took twelve hours to complete. The first visit took place on Saturday 25 April around lunchtime and the early afternoon, the second visit was on Tuesday 28 April for the whole day and the final visit took place on Wednesday 29 April early in the morning to see the home when the residents were waking up.

The inspector looked around the home and spent time speaking individually to some residents or observing what was happening in the service. We also interviewed seven of the care staff who work in the home covering the day and night shifts. We also spoke to four relatives who were visiting the home at the time of the inspection.

The inspector also looked at all the relevant records including resident records, staff files and health and safety information.

The home also prepared a self–assessment (AQAA) and this was submitted to the Care Quality Commission prior to the inspection. This information was used as part of the inspection.

The inspector also received twenty-one surveys completed by fifteen residents mainly with the support of their relatives, four staff and two care professionals providing feedback on the service.

The inspection is the annual key inspection and the aim is to look at how well the service is meeting the key National Minimum Standards for Older People.

The inspector would like to thank the residents, staff and relatives for their assistance with the inspection process.

What the service does well:

Some of the residents and their relatives were full of praise about their lives at Autumn Gardens and the care they receive from the staff. One resident said during the inspection "I am very happy in the home". Another relative said in the survey, "I am more than happy as my relatives are looked after as if they are family. The home is first class".

The atmosphere in the home was friendly, with the residents enjoying each other's company and chatting with the staff. It was positive to see that staff who do not speak Greek fluently have made an effort to learn some basic language.

The staff were very positive about the care of the residents and staff who had worked at the home for a longer period of time demonstrated a good knowledge of their individual needs. Even the staff who were doing cleaning or other non-caring roles were seen being affectionate and chatting with the residents.

The home is particularly good at responding to the religious and cultural needs of older people with dementia from the Cypriot community. A variety of Greek dishes are regularly served and available to residents. The owner has provided for the residents a selection of Greek television and radio channels so that they have more choice about what they watch and listen to. As a result residents feel more at home at Autumn Gardens. Residents are also supported to practice their religion if they wish to do so.

An extremely energetic activities co-ordinator, provides a range of activities throughout the week. These take place mainly within the home, but she also organises some community trips. These activities again reflect the culture of the residents and provide some very positive stimulation.

The home provides a very attractive physical environment. The home is still fairly new and well maintained. All the residents have single rooms with en-suite facilities. The lounges on the ground floor are spacious and lead out to a very attractive enclosed garden with ample outside seating. The home is tidy and homely and residents are encouraged to bring personal items with them to make their bedrooms familiar and comfortable.

The acting manager of the home was seen to be very hardworking and highly motivated. She is also very approachable for the residents, relatives and staff and constantly strives to resolve any issues or concerns as they arise.

What has improved since the last inspection?

The staff in the home have started to introduce new care plans for each resident that are far more person centred. The recruitment of new staff is ongoing and the manager said that six staff have started working in the last six months. The home is supporting the staff to either complete or enrol for an NVQ qualification in care. The home carried out a quality assurance exercise two months ago, but only sought the views of residents and their relatives and did not ask for feedback from care professionals. The medication is now well organised with additional storage available.

What they could do better:

Enforcement action is being considered in respect of repeated requirements as outlined in the body of the report.

Eighteen areas for improvement have been identified during this inspection a number of which have been identified previously. Whilst Autumn Gardens provides a caring, vibrant and culturally appropriate service, until these requirements are met, the safety and dignity of the residents cannot be assured.

The most significant requirement is that the staffing levels in the home need to increase to ensure that there are enough staff available in the home to enable the residents to receive an appropriate standard of personal care at all times, to be able to follow a routine of their choice and to be able to eat their meals with the necessary assistance in a timely manner. The manager also needs to have adequate administrative support to enable them to concentrate on addressing managerial issues rather than answering the front door and the phone.

The residents need to be protected by ensuring that all safeguarding issues are alerted appropriately to social services. All care staff need to have received safeguarding training that includes details of whistle blowing.

The home needs to correctly implement the complaints procedure to ensure complaints are addressed in a positive manner that is open and transparent and follow up action is taken as needed. Staff need training on how to respond appropriately to complaints.

Clarity is needed for residents on what they are expected to pay for in the home, through the introduction of clear contracts. In addition the homes statement of purpose needs to be updated to accurately reflect the services provided in the home in particular the day respite service.

The health of the residents needs to be protected by ensuring all the staff know how to put first aid principles into practice in the home. Also residents

with a high risk of developing pressure sores need to be assessed and referred to the district nursing service so that appropriate preventative measures can be put into place. Residents who would benefit from more input from healthcare professionals should be identified and services requested through the GP. A summary of each resident's essential details needs to be available for everyone who lives in the home, to go with them if there is an emergency admission to hospital. Measures should be put into place to alert staff to residents who wander in the middle of the night to ensure they get the support they need. The medication in the home needs to be stored at the correct temperature, which means the storage room must be cooler.

The environment of the home must be kept free of offensive odours at all times. The seating arrangements in the lounge need to be reviewed to ensure the space is homely rather than institutional.

Staff need additional support by completing a training analysis that identifies all the staff who need training in each mandatory topic. Training then needs to be booked to meet the staff teams training needs. All staff need to complete dementia training so they have the knowledge and skills to support the residents. Fire training that prepares staff for what they would need to do in the event of a fire at Autumn Gardens needs to be arranged urgently. In addition all staff working in the home must have all the recruitment checks in place including photo ID to safeguard the residents.

A permanent manager should be appointed as a matter of urgency to bring managerial stability to the home. The responsible individual must monitor the home effectively through the use of regulation 26 visits. The issues raised in the recent quality assurance exercise need to be addressed through the use of an action plan that is implemented.

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 INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 1,2,3 and 5 were inspected.

People using this service experience **adequate** outcomes in this area.

This judgement has been made using available evidence including a visit to this service.

People living in the home can be assured that their individual needs will be assessed as part of their admission process and that the manager of the home will establish if the staff have the skills and ability to meet these needs. New people moving to the service will have access to information in an appropriate format to tell them about the home and will be offered opportunities to visit the home. Changes within the home are not yet reflected in the homes statement of purpose. Contracts between the home and residents have not been given to everyone.

EVIDENCE:

"All service users are provided with a statement of purpose and a service user guide to relate to and read at leisure. All guides are available in Greek and English and if required an independent advocate can be asked to witness and explain the care plan". (Extract from the AQAA prepared by the home)

"They provide a holistic assessment of each service user". (Quote from a care professional survey)

The statement of purpose and service user guide, were inspected. Both of these documents were in a user-friendly format and were clearly written in both English and Greek. The service user guide has just been updated and a copy provided for the inspector. The statement of purpose needs to be reviewed and updated. The home has started to provide daily respite for a few people and at the time of the inspection there were four respite visitors using the home of which two were at the home that day. This activity has not been reflected in the homes statement of purpose. **A requirement number 1 has been made to ensure the homes statement of purpose clearly and accurately reflects the service they provide.**

All the residents surveys completed with relatives said that they felt that had received enough information prior to moving to the home. One survey says, "my relatives and I visited and were given brochures. My relatives spoke to the owner and manager at the time and were very impressed". Another resident however felt that they had not been given a correct impression of the home and said, "I was told there would be a mixture of residents ie some with dementia and some not, only recently has another resident without dementia arrived, so I have had little company up till now".

We looked at the case notes for four residents who had moved to the home since the last inspection. Only one of the four residents had a contract in place between the home and the resident and this person had been placed privately with the home. The surveys completed by the residents with their relatives said that only four of the fifteen people who completed the form could remember receiving a contract. One person said, "I don't recall receiving a contract when my mother went into the home. If there was a contract I would like a copy". One other relative said that whilst the council pays most of the fees, they pay a "top-up" and had not received a contract. The recently updated service user guide did not include details of the contract provided by the home. The resident's records did include copies of the contracts between the home and social services, but not between the home and the resident. The absence of contracts means that there is not total clarity between the home and the residents or relatives acting on their behalf about what is provided by the home and what residents will need to pay for themselves. **The requirement for all residents to have a written contract has not been**

met from the previous inspection therefore in accordance with the Care Quality Commissions policy and procedure enforcement action is considered. A statutory requirement notice may be issued. This is identified as requirement 2 in the statutory requirements section of this report.

Four case notes for people living in the homes were inspected and these all contained assessments as part of the resident's information prepared by the home. Information provided by an appropriate care professional is also available if the resident is placed by social services. The assessments whilst quite brief contained all the necessary information. In addition the home also prepares a "life history" for each resident with the assistance of the relatives. Earlier in the year there was a safeguarding review for one resident who was very unsettled and unwilling to accept personal care. There were questions raised as part of this process about whether the home had adequately assessed this person and really had the capacity to meet their needs, or if they had felt unwilling to disappoint the relatives who wanted this person to move to the home.

The feedback from relatives in the surveys was mixed. Six were generally satisfied with the home. One survey said, "the staff are always helpful and kind and they take care of my individual needs". The other nine surveys were more mixed, with a range of positive comments but also concerns and suggestions about how they would like to see the home improved.
The inspector discussed the current needs of the people living in the home with the care staff and observed the care they were receiving. Most staff talked about the complex needs of the residents and how difficult they find it to give them the time and attention they need. One member of staff said, "we love the residents and we try the best for them". The staff training records were inspected for four staff and training was discussed in the staff interviews and this showed that staff working in the home in 2007 received training on dementia, but this training has not been made available for staff who have joined since then. One survey said, "some carers are experienced and have a good knowledge of how to deal with people who have dementia – however I have concerns about some staff and they do not seem to deal with residents with dementia appropriately". **A requirement number 3 has been made to ensure all the staff have received dementia training to enable them to appropriately support the residents.**

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 7,8,9 and 10 were inspected.

People using this service experience **poor** outcomes in this area.

This judgement has been made using available evidence including a visit to this service.

The people living in the home cannot be sure that they will be supported with their personal care to an appropriate standard at all times. Residents are supported to access some healthcare treatment they need but staff may not have the experience to respond appropriately in a healthcare emergency. Individual person centred plans of care are being developed and reflect each persons needs. Medication administration is carried out in line with appropriate procedures.

EVIDENCE:

"Through good communication with the GP we are in the process of working together to review all the service users medication. We have good

communication with all the healthcare professionals who visit Autumn Gardens and we are good at informing relatives of any healthcare concerns". (Extract from the AQAA prepared by the home)

"I am kept informed at all times when they take my relatives to the doctors". (Quote from a residents survey completed with a relative)

"If I am lucky there are staff available when I need them but at other times I have to wait for an hour or more for basic toileting. In the meantime I have got wet and I stay wet". (Quote from a residents survey completed with a relative)

The care plans for four people living in the home were inspected. These documents identified most of the areas where care and support were needed. They provided guidance to staff on what action they needed to take to meet each persons needs. The care plans had all been reviewed on a monthly basis. The care plans were holistic addressing peoples emotional as well as their physical needs and recognising the importance of relationships and cultural needs. The manager explained that they are working to make the care plans far more person centred and this work is in progress. **A recommendation is made to complete these person centred plans for all the residents.** The care plans did not have any clearly identified goals for each person based on their individual needs and wishes, but were focused more on ensuring people received the right care. **A recommendation is made that each resident as part of their person centred plan has some clear goals. This is to ensure people have an opportunity to achieve their aspirations.**

All of the residents whose care plans were inspected had been supported to attend a review meeting with either their care manager, relatives or key-worker. The outcomes of these meetings were recorded in their case notes. Each resident has a key-worker and this persons name is available in the residents bedroom.

The case notes that we inspected showed that areas of risk were assessed. These always included moving and handling and then any other significant risks for that person. For example one person had a risk assessment related to their wandering and another person had a risk assessment linked to rolling out of bed and the use of bedrails.

The manager explained that the time of the inspection only one resident had a pressure sore on their foot. We were surprised that none of the residents had any pressure relieving equipment especially as some were very immobile and frail. The manager explained that the district nurse has to arrange the hire of this equipment and that she had not recommended this equipment for the resident with the pressure sore. There was also a mattress waiting to be collected for a resident who was no longer in the service. The home does not

have a clear measure of the risk of developing a pressure sore such as the Waterlow assessment. It is recommended that everyone is assessed and where they have a high risk of developing a pressure sore this is referred to the district nursing service for advice on preventative measures. **A requirement number 4 is made to ensure that all residents are appropriately assessed to identify their risk of developing pressure sores and all those with a high risk are referred to the district nurse.**

The case notes showed that the home has a separate record of healthcare appointments for each resident. These showed that the residents were receiving primary healthcare input and being referred for specialist input as needed. Residents who had been living in the home for more than a few months had been supported to see the optician and dental hygienist. They had also received chiropody input where needed. They had also been assisted to go to hospital appointments such as the diabetic clinic or to see the psychiatrist. During the inspection one person had a specialist appointment and arrangements were in place to escort the resident to the hospital. The manager explained that they are in the process of arranging a new GP for some of the residents as the current GP has said they cannot take on more cases. The manager explained that two residents are receiving input from the speech and language therapist and one from the physiotherapist. This seemed low in a home where a number of residents have mobility issues or issues with their weight or communication. **A recommendation is made to review the residents in the home and where it is felt that input from a healthcare professional would be beneficial this is discussed with the GP to make a referral if this is felt to be appropriate.**

During the inspection an incident took place where the staff responded inappropriately to a resident who stated that she was in severe pain in her hip. The staff did not recognise the importance of seeking immediate medical help and instead dressed the resident and placed her in a wheelchair. The senior carer only called the ambulance when asked what action she was going to take with regards to this resident. This resident was diagnosed as having a fractured hip when she arrived at the hospital. It was also not clear how this injury had occurred as the resident said she had fallen out of bed but someone had helped her back into bed and not reported the fall. Two safeguarding meetings in December 2008 and January 2009 related to inappropriate action taken by staff following the fall of residents. In one case the resident was washed and dressed before going to hospital despite her injuries and in the other case a fracture was not found until a week after an accident as the resident was not supported to go to hospital. The two staff who assisted the resident during this inspection had both received first aid training but clearly did not recognise how to apply the knowledge. **A requirement number 5 is made to ensure all staff can confidently apply the principles of first aid, either through carrying out the training, repeating the training or reinforcing the training through team meetings, supervision and ongoing monitoring.**

Earlier in the year one outcome of a safeguarding meeting was for the home to ensure that information is available to go with residents if they need to be admitted to hospital. The manager said they have prepared a "resident detail sheet" and copies of this completed record were found in some resident records, but need to be completed for everyone. **A recommendation is made to complete the resident detail sheets for all the residents so there is always easily accessible information available to go with them to hospital in an emergency.**

We looked at the surveys completed by the residents with help from their relatives. Four said they always receive the care and support they need, six said they usually receive the necessary care and support and the others raised concerns. One said, "my relatives showering and tooth brushing is not consistent enough". Another person said, "there have been many occasions when I arrive and my relative is soiled and I have a wait a long time for them to take her to the toilet". Since the last inspection we have received two complaints from relatives. Both raised concerns about the standards of personal care, especially around using the toilet. During the inspection we observed that five residents smelt very strongly of urine. One relative also asked us to look at his relatives hand. This was tightly clenched, but when the hand was gently opened it was evident that all the folds in the skin were full of ingrained dirt. The manager when asked about these issues acknowledged that there may be occasions when residents get a quick wash rather than a thorough bath or shower. She did however explain that a record is kept of when each person has a bath or shower to ensure this happens regularly. **A requirement number 6 is made to ensure residents receive an appropriate standard of personal care at all times.**

A hairdresser visits the home and it was observed that the residents had good haircuts and were dressed very well.

We checked the medication. The medicines storage room was small but secure and located beneath a stairway. The record of the room temperature was inspected. This showed that ambient temperatures in the room reach 28 degrees, which is higher than it should be to ensure that medicines are stored within the licensed temperature range to maintain their therapeutic effect. Steps need to be taken to reduce the temperature of the storage room. The medication for four residents was checked. This was correctly recorded on the MAR sheet and had been dispensed from the blister packs. Medication entering the home was correctly recorded and signed. One resident was prescribed a control drug and this was also correctly stored, recorded and administered. A guide to medication had been purchased and was available for staff to use. Information had been used to prepare a medication profile for each resident. Two residents are having medication administered by the district nurses. The records for this include a photo of the resident to ensure they are correctly identified. The home had obtained copies of professional guidance provided by

the Care Quality Commission and the Pharmaceutical Society. The homes medication procedure had been amended to include details of how to deal with medication errors, what to do if a resident is self-medicating and retaining medication after the death of a resident. The staff who were administering medication had received medication training. **A requirement number 7 is made to introduce the necessary measures such as an air conditioning unit to ensure the medication storage room is cool enough.**

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 12,13,14 and 15 were inspected.

People who use this service experience **good** outcomes in this area.

This judgement has been made using available evidence including a visit to this service.

Residents are supported to make choices in all areas of their daily lives. People who use the service are able to enjoy a stimulating lifestyle and can enjoy the activities that are available. The meals are balanced and nutritional and reflect people's cultural wishes.

EVIDENCE:

"We have a good variety of activities throughout the day and an activities officer six days a week. We have regular trips out using dial a ride and all service users are given the opportunity to go even if this means doing the same trip several times". (Extract from AQAA prepared by the home)

"The meals are cooked with fresh ingredients every day and are good". (Quote from a resident survey)

"There is an activities person from 8am to 5pm. She takes responsibility for the exercising and keeping them active. She is exceptionally good. There is also the Greek television and Greek music and the Sunday service". (Quote from a resident survey)

The residents were observed at different times of the day throughout the inspection. Where possible the staff were trying to facilitate their choices in terms of their routine. Early in the morning the night staff were helping residents who wanted to get up early before the day staff arrived. It was however observed on the middle floor of the home that one resident was crying out in her room for 20 minutes before staff could go and help her. Another man was also asking for help to get out of bed and staff had to tell him they would come back later. One resident was also observed wandering down the hallway in her nightdress as staff could not attend to her immediately. Other residents were able to lie in bed for longer if they wished to do so. The morning day staff said that the responsible individual in insists that everyone is fully dressed by 10.30am and this puts them under time pressure when attending to each persons individual needs. One member of staff said, "the staff are very rushed in the morning and we need to look at the routines again". For residents who can move around independently they can choose whether to spend time in the lounge or their rooms. Some choose to have an afternoon nap. **A requirement about providing adequate numbers of staff to enable residents to follow a routine of their choice is incorporated in the staffing section of this report.**

The activity co-ordinator works in the home five days a week and provides a programme of activities. The activity co-ordinator said that on the other two days the care staff help to arrange the activities. These include large group activities and other small group or individual activities. The activities are very varied and during the inspection we observed indoor exercises, reading religious stories, creative activities and Greek music with dancing. The residents appeared to enjoy and respond to what was taking place. The activities very much reflect the culture of the residents including weaving, baking, celebrating name days and many other events. A couple of the surveys suggested that it would be nice to have more activities aimed at those residents who find it hard to participate such as activities for people with a visual impairment or activities for people who find it hard to communicate. The activity co-ordinator arranges trips out about once a fortnight including going to restaurants, visits to places of interest or shopping.

The residents are supported to practice their religion if they wish to do so. The priest from the church visits the home and conducts ceremonies for the main festivals. The staff also help the residents to go to the Greek Orthodox church. One resident survey said, "It would mean a lot for my relative to attend church as her faith means a lot to her".

It was very evident that the resident's really enjoy being able to continue their Cypriot traditions and that this makes a significant difference to the quality of their lives in the home. This is promoted by being able to communicate with the staff and each other. The manager explained that six staff speak Greek. The staff explained that where they do not speak Greek they have learnt some basic vocabulary to improve their communication. There is music, newspapers, radio and television available in Greek.

The manager explained that most of the residents have close contact with their relatives, extended families and friends and it was observed that visitors to the home are made welcome throughout the day. One relative said, "I can visit whenever I want". One resident who we spoke to during the inspection said, "my visitors are offered a cup of tea".

The home has a cook and during the inspection lunch was prepared on two occasions. The home has a four-week rolling menu and this was observed to provide a mixture of English and Greek food. Several of the residents commented on how much they enjoyed their meal. One resident in the survey said, "There is variety. They have both English and Greek. They have roast dinners on Sunday and fresh fruit available every single day". One resident said, "if you don't want to eat the meal you can always ask for a sandwich". It was observed that hot drinks were offered in the morning and afternoon and jugs of cold drinks were available at all times. One resident survey completed by a relative did say, "whenever I go to see my relative each day, she is always thirsty. Unless they ask her if she wants a drink – she will not ask.

The lunchtime was observed during the inspection. The residents who are able to eat independently sit in the dining room. Those who need support to eat remain in the lounge. One survey said, "the staff are very busy at lunchtimes. Sometimes they are away from the main hall and only the one assistant is available". Relatives who were at the home during the inspection also commented on how residents who need help with eating often had to wait and have cold food as there were not enough staff to assist at lunchtime. We saw that two care staff were available to help residents and because some residents were eating at the table and others were in armchairs with small tables in front of them the staff had to move around trying to help several residents at once. This meant that the meal was not relaxed, or an opportunity for interaction and the food became cold and in some cases was largely uneaten. **A requirement about providing adequate numbers of staff to enable residents to eat their meals in a relaxed and timely manner is incorporated in the staffing section of this report.**

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
17. Service users' legal rights are protected.
18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 16 and 18 were inspected.

People who use this service experience **poor** outcomes in this area.

This judgement has been made using available evidence including a visit to this service.

People living in the home are able to access an appropriate complaints procedure. Complaints are not being recorded or addressed appropriately. Whilst staff know how to recognise abuse the failure to notify significant events in a timely manner or use safeguarding procedures correctly could potentially compromise the safety or wellbeing of the residents.

EVIDENCE:

"If I have concerns I would speak to the owner but so far this is not needed". (Extract from a residents survey)

"I usually go to the staff who are around when this is needed". (Extract from a residents survey)

The complaints procedure is available in the service user guide and includes details of who complainants can contact. The surveys completed by the residents with help from their relatives all said they would know who to speak to if they wanted to make a complaint. The complaints record was checked. There was one written complaint received since the last inspection. This included a record of the response letter sent to the complainant. Since the last inspection the Commission had received two verbal complaints about the home and had directed the complainants to use the homes complaints procedure in the first instance. From speaking to the complainants we knew they had spoken directly to the home. The acting manager was asked if there had been any verbal complaints and she gave details of three. This included one of the two complaints received by the Commission. The other complaint was not mentioned. When asked why the verbal complaints were not recorded, the manager said she had thought only written complaints were entered in the complaints record. One complainant when spoken to said they felt the acting manager was trying hard to address the complaint. One resident during the inspection said, "I have complained to the owner several times that there is too much noise at night – but so far I have not noticed any difference". One member of staff said "the relatives always complain, sometimes it is deserved and other times not". The evidence raises concerns about whether complaints are genuinely welcomed and addressed appropriately using the complaints procedure that is provided by the home. It can also be implied that the home does not wish to be open and transparent about the concerns that are raised. It also suggests that the owner is not monitoring the implementation of the complaints procedure in the home. **A requirement number 8 is made to ensure that all complaints both verbal and written are recorded and responded to appropriately in line with the homes complaints procedure. Staff also need to be trained on how to respond to complaints.**

Since the last inspection there have been three safeguarding meetings that have taken place. The acting manager of the home has contributed to this process and taken on board the issues that have arisen that have needed to be addressed. During the inspection relatives bought to our attention a large and unexplained bruise on the side of one of the residents head. When this was discussed with the acting manager she said that she was also unsure how this could have occurred without the staff being aware of the injury. When asked what action was being taken she said she had spoken to the responsible individual of the home and they were carrying out an internal investigation, speaking to all the staff. When asked if she had notified the incident to the Commission or made an alert using safeguarding procedures, neither had taken place. She said she was not aware that she could raise an alert. When asked if she had a copy of the Enfield safeguarding procedure, which is the host authority she was unable to find a copy in the home. After the inspection, the inspector asked the responsible individual why he had started an internal investigation rather than referring the matter to social services using safeguarding procedures. He said "we talked about it between ourselves and

we decided to take that action. We talked to the staff and family. Incidents are going to happen". In April 2008 another serious incident happened in the home and this was also not properly notified or reported to social services. The responsible individual was involved in the subsequent safeguarding meetings and made aware of the need to use safeguarding procedures correctly. A requirement was also made for the previous manager to attend safeguarding training. Whilst the acting manager might not have fully understood the procedures, the responsible individual would be fully aware of what action should be taken with a serious unexplained injury. The failure to appropriately use the safeguarding process correctly indicates a lack of openness, transparency and a willingness to work with other professionals to protect the welfare of the residents in the home. This potentially puts residents at risk from further abuse and from not receiving the correct support. **Compliance with regulation 13 of the Care Home Regulations 2001 has not been met at this inspection and has been subject to a previous requirement in May 2008. Therefore in accordance with the Care Quality Commissions policy and procedure enforcement action is considered. A statutory requirement notice may be issued. This is identified as requirement 9 in the statutory requirements section of this report.**

Staff training records were inspected for four staff and discussed in staff interviews. Staff who have worked for a longer period in the home have received safeguarding training, but this needs to be refreshed and new staff need to be trained. The acting manager also needs training on how to respond to a safeguarding issue. Two staff when asked about whistle blowing did not recognise what this meant. **A requirement number 10 is made to ensure all staff have updated safeguarding training that includes whistle blowing.**

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 19,20 and 26 were inspected.

People who use this service experience **good** outcomes in this area.

This judgement has been made using available evidence including a visit to this service.

People who live in the home have access to an environment that is attractive and comfortable. Sometimes there are unpleasant odours in the home and this needs to be addressed.

EVIDENCE:

"We always improve the home and environment to meet the service users needs. Maintenance checks are carried out on a regular basis and a maintenance book for staff and service users to report any fault they notice". (Extract from the AQAA prepared by the home)

"The communal areas are very clean. My room is also clean but sometimes it does not smell very nice". (Extract from a resident survey)

"My relatives room is always kept clean and tidy. I think more effort needs to be put into keeping the social room smelling fresh as most of the residents spend a lot of time there". (Extract from a resident survey completed with a relative)

Autumn Gardens opened in April 2007 and is very spacious and comfortable. All areas of the home have been furnished and decorated to a high standard. All bedrooms have en-suite facilities, with some having a shower as well. There are 3 lounges so residents have a choice about where they sit & relax. As a result residents feel more comfortable and less anxious about living at Autumn Gardens.

Most of the residents have some degree of dementia and so all the rooms are numbered to help people find their way around. A number of residents are at risk of wandering and so the home has a front door secured with a number pad. The stairwells at night are protected by doors, which have a high handle to help prevent people wandering onto the stairs. A safeguarding meeting earlier in the year identified that some residents are able to open these doors and wander into other resident's bedrooms. It was suggested that additional methods need to be explored to identify when residents are out of bed or to secure the stairs. The night staff spoken to during the inspection said that three residents regularly wander at night and the person who wanders the most can open the internal doors and enter other resident's bedrooms. **A recommendation is made to implement measures to alert staff when residents are wandering and to ensure they and other residents in the home are safe at night.**

Since the last inspection further work has taken place in the garden including planting flowers and providing garden furniture. This makes it a very attractive place to sit.

We saw the laundry being cleaned and the equipment was working well. Clothes are labelled to ensure they are returned to the correct resident.

The home employs three domestic staff and they were observed working during the inspection. The home was very clean although strong unpleasant odours were identified coming from certain bedrooms. There was also an odour in the lounge with the large television. The cleaners explained that they use a specialist carpet cleaner and whilst the carpets are drying the odours can continue. The home needs to continue to explore the reasons for the odours and take steps to eliminate them. **A requirement number 11 is made to eliminate the unpleasant odours in all areas of the home.**

The furniture in the lounges has remained largely the same since the last two inspections. The chairs are arranged in a large circle, which gives the room a rather institutional appearance. In the main lounge one couch has been purchased and in the conservatory there is one armchair for a specific resident. **It is recommended that the seating arrangements in the lounges are reviewed to provide a less institutional appearance.**

Staffing

The intended outcomes for Standards 27 – 30 are:

27. Service users' needs are met by the numbers and skill mix of staff.
28. Service users are in safe hands at all times.
29. Service users are supported and protected by the home's recruitment policy and practices.
30. Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 27,28,29 and 30 were inspected.

People who use this service experience **poor** outcomes in this area.

This judgement has been made using available evidence including a visit to this service.

The people living in the home are supported by a caring team of staff but staffing levels are not adequate to ensure the residents are supported in a safe and dignified manner. The staff team have not all received the training they need to provide them with the knowledge to work to an appropriate standard.

EVIDENCE:

"Team work between the staff is improving daily. The number of staff on duty is adequate to meet the needs of the service users. A good structured staff rota makes sure the right mix of staff are on duty at all times. There is a senior member of staff on duty at all times". (Extract from an AQAA prepared by the home)

"Most of the staff are good, two or three are more difficult. I wouldn't complain about the staff, I don't want them to loose their job". (Quote from a resident)

"There are not enough staff in the morning when people are getting up – or in the evening for that matter when residents want to go to bed". (Quote from a member of staff)

At the previous two inspections the inspector has been concerned about the staffing levels in the home. This previously consisted of four carers in the morning, four in the afternoon and three at night. Since the last inspection this has increased to five care staff in the morning, with the staffing levels at other times unchanged as confirmed from discussions with the manager and observing the rota. Since then the home has become full and additional day respite people are being offered a service. In addition many of the residents have complex needs in terms of their high care needs and complex behaviours. The two complaints received by the Commission since the last inspection both said there were not enough staff. The three safeguarding reviews since the last inspection also raised concerns about staffing levels in the home both during the day and at night. We were very concerned to hear that one family have asked the night staff to lock their relatives door from the outside to protect her from residents wandering into her room during the night. This was not recorded in her care plan or risk assessment, but the manager said it had been discussed with the social worker and a referral made for a review following the Mental Capacity Act guidance. Whilst night staff say she is checked regularly, the residents who are wandering need to appropriately managed rather than residents being prisoners in their own room. Six of the resident surveys returned raised concerns about staffing levels. One person said, "the staff are very busy and cant clear up as quickly as they should". Another resident survey said, "the staff are very good but there needs to be more of them who are fully trained to deal with dementia. Since my relative has been in the home residents have become immobile and unable to feed themselves and so staff are very, very stretched". This was also reflected in the observation made at lunchtime during the inspection.

The staff also raised concerns in their interviews about staffing levels. One explained that there are five carers in the morning. One of the carers gives out the medication, one prepares the breakfast and this leaves three staff to help the residents to get up. Whilst some residents have been supported by the night staff this still leaves the day staff with about 7 residents each to get up and dressed. Most of these residents will need a bath or shower and a few need two staff for moving and handling. The observations made in the daily lives section of this report, regarding the early morning routine and helping resident's at lunchtime also highlight the staffing shortfall. Subsequently to the inspection we asked the acting manager how many residents needed more than one member of staff to help with personal care. She said that seven residents needed more than one member of staff. Four had this recorded in their case notes and three did not have a record of this although the manager said their support needs change each day according to how they are feeling.

The previous two inspections have also raised concerns about the lack of administrative support for the manager. Since the last inspection the responsible individual has relocated a finance administrator to be based in the home. Whilst the purpose of this move was to provide administrative support for the manager, this member of staff was observed at various times throughout the inspection and did not once open the front door or answer the phone even when the acting manager or care staff were not immediately available. The acting manager was seen frantically trying to open doors and answer phones whilst dealing with a wide range of urgent managerial issues. **The requirement for the registered person to ensure there are adequate numbers of staff available has not been met from the previous two inspections therefore in accordance with the Care Quality Commissions policy and procedure enforcement action is considered. A statutory requirement notice may be issued. This is identified as requirement 12 in the statutory requirements section of this report.**

The acting manager stated that in the past year five staff have left and six staff have been recruited. Five of the day staff and one of the night staff speak Greek, although several of the staff commented on how they are learning a few key words. The acting manager explained how they have tried to recruit more staff who can speak Greek especially to work at night.

The AQAA completed by the home identified that twelve care staff have completed or are enrolled to do an NVQ. The acting manager said that since then all the care staff who have not got the qualification are enrolled to take an NVQ.

Three staff records for staff who had started working in the home in the last six months were inspected. They all had a POVA check (protection of vulnerable adults), a CRB disclosure (criminal record bureau) and two references. One did not have a copy of photo identification and two did not appear to have a record of their permission to work in the country, in their staff record. **A requirement number 13 is made that all staff must have the necessary recruitment checks in place to safeguard the residents living in the home.**

The staff training records were inspected for the three new staff. This shows that their induction training is underway or complete using a comprehensive checklist prepared by the home. The staff who were interviewed were able to explain how they had been inducted including a period of shadowing an experienced member of staff.

Four other staff records were also inspected for staff who had worked at the home for more than six months. These included copies of certificates for the training they had received either at Autumn Gardens or with previous jobs. It was not however possible to get a clear list of which staff had completed certain areas of training and how many still needed this training across the

whole staff team. The manager confirmed that she still needed to complete a staff team training analysis as identified and recommended at the previous two inspections. **A requirement number 14 is made that all members of the staff team must have the training they need.**

The acting manager explained that she can access a local training resource, which offers free staff training but can only apply for a few staff at a time. The applications for these courses were seen. She said that she would really like some training for larger groups of staff in the home, so that she can ensure staff training needs are being addressed in a timely manner. **A requirement number 15 is made that the training must be provided in a timely manner.**

Staff team meetings are taking place about every two months and the minutes were inspected. These discussed a wide range of operational issues.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 31,33,36 and 38 were inspected.

People who use this service experience **adequate** outcomes in this area.

This judgement has been made using available evidence including a visit to this service.

The people living in this home benefit from having the service run by a willing and hard working acting manager. The home does however need a permanent manager and deputy manager to address all the issues in the home and ensure it provides a good service to the residents. The responsible individual does not effectively monitor the operation of the home to ensure it is working at an appropriate standard in all areas. Not all staff know how to respond in the event of a fire and this may place residents at risk.

EVIDENCE:

"There is good communication between the management, service users and their families. There is a good knowledge of paperwork within the home". (Extract from the AQAA prepared by the home)

The registered manager left the home in January 2009 and since then the deputy manager has been an acting manager. The deputy manager role has been unfilled. The staff who were interviewed were positive about the acting manager. One person said, "the acting manager always helps the staff, she listens and supports the staff". This report does however reflect that there are a large number of very serious issues to address in the home and this needs a stable management team. The responsible individual said that he is in the process of recruiting for a home manager. **A recommendation is made that a permanent manager is appointed.**

Since the previous inspection the annual quality assurance exercise seeking the views of the service users and relatives has taken place. The results have been summarized in the updated service user guide. The exercise needs to be extended to care professionals and other people associated with the home to get some broader feedback and this has been a requirement at the previous two inspections. The responsible individual when asked why this had not taken place said that he thought the use of the CQC questionnaires was enough and would include this feedback next time. The quality assurance exercise carried out in the home raised a number of areas where some residents would like to see change. For example under half the responses felt there was enough choice about meals and things to do. An action plan needs to be introduced to address these issues. **A requirement number is 16 is made that the home must improve the quality of care provided at the home in response to the issues raised in the quality assurance exercise.**

The inspector asked the owner if he was completing the regulation 26 visits. He said "I am at the home every day I do not need to". During the inspection we asked the owner in the absence of the acting manager if he could show us the complaints record. He was unable to do this, which indicates that he does not know the location of essential records in the home. The responsible individual needs to be actively involved in supporting the manager to make improvements in the home and monitoring their progress. The completion of regulation 26 visits is part of this monitoring process. **The requirement for the registered person to ensure that regulation 26 visits are completed and recorded has not been met from the previous two inspections therefore in accordance with the Care Quality Commissions policy and procedure enforcement action is considered. A statutory requirement**

notice may be issued. This is identified as requirement 17 in the statutory requirements section of this report.

The staff supervision records were inspected for six staff. At the time of the inspection the acting manager was supervising all the staff and everyone had been supervised in the previous two months.

The acting manager explained that in most cases families manage the finances of residents. The home just holds some cash for some residents to spend for example on chiropody or hairdressing. The records for this cash expenditure were inspected and signed by two staff whenever money is withdrawn. The cash is held in the safe and each resident's money is stored in a separate pouch. One resident manages his own money and is supported by staff to go to the building society when he needs to withdraw cash.

The AQAA completed by the home confirmed the maintenance for the electrical appliances, gas appliances, fire alarm and extinguishers, lift, hoists, nurse call and water system. The portable electrical appliances have been serviced since the last inspection and the report was inspected.

The staff who were interviewed all said they had received fire training but three did not understand about what would need to happen in the event of a fire in terms of the layout and compartments of the building. They thought that all the residents would need to be evacuated even at night. This lack of knowledge could potentially kill residents in the event of a fire and fire safety training needs to include clear guidance on how this is applied at Autumn Gardens. **A requirement number 18 is made that all staff must be trained on what action they need to take in terms of keeping residents safe in the event of a fire at Autumn Gardens.**

The staff training records did not make it possible to confirm whether all staff had received or were booked to receive all the health and safety training. This needs to be checked as part of the training analysis identified in the previous section of the report.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion
"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	***Score***
1	2
2	1
3	3
4	2
5	3
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	***Score***
7	2
8	1
9	2
10	1
11	x

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	**Score**
12	1
13	3
14	x
15	2

COMPLAINTS AND PROTECTION	
Standard No	**Score**
16	1
17	x
18	1

ENVIRONMENT	
Standard No	***Score***
19	4
20	2
21	x
22	x
23	x
24	x
25	x
26	2

STAFFING	
Standard No	**Score**
27	1
28	3
29	2
30	1

MANAGEMENT AND ADMINISTRATION	
Standard No	**Score**
31	2
32	x
33	1
34	x
35	x
36	3
37	x
38	1

Are there any outstanding requirements from the last inspection? YES

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP1	4(1)	The registered person must update the statement of purpose to ensure it accurately reflects the services provided by the home. This is to ensure that all people who want to know about the home are clear about what services are available.	31/05/09
2.	OP2	5(1)(b)	The registered person must ensure each service user is supplied with a contract for the provision of services and facilities provided by the home. This is to ensure that service users and their relatives have a clear understanding of what they are expected to pay for. This requirement is restated from the previous two inspections. The timescales of 30/06/08 and 31/03/09 were unmet. **As this is a repeat requirement further enforcement action is being considered.**	30/06/09
3.	OP4	18(1)	The registered person must ensure all the care staff working in the home have received dementia training. This is to	30/06/09

			ensure they have the knowledge and skills needed to perform their job.	
4.	OP8	12(1)	The registered person must ensure that all service users are assessed to establish their risk of developing a pressure sore and where there is a high risk that they are referred to the district nursing service. This is to ensure the appropriate preventative measures are in place to prevent a service user developing a pressure sore.	30/06/09
5.	OP8	13(4)	The registered person must maintain the residents health and welfare by ensuring staff can confidently apply the principles of first aid through carrying out training, repeating training and reinforcing training through team meetings, supervisions and ongoing monitoring.	30/06/09
6.	OP9	13(2)	The registered person must introduce the necessary measures such as an air conditioning unit to ensure the medication storage room is cool enough to appropriately store the medication.	15/06/09
7.	OP10	12(4)	The registered person must ensure the dignity of the residents is preserved at all times by ensuring they always receive an appropriate standard of personal care.	15/06/09
8.	OP16	22	The registered person must ensure that all complaints both verbal and written are recorded and responded to appropriately in line with the homes complaints procedure. Staff also need to be trained on how to respond to complaints. This is to ensure that complaints are addressed in a positive, professional, effective and open manner for the benefit of the	15/06/09

			residents.	
9.	OP18	13(6)	The registered person must ensure all staff are trained in and are able to recognise and respond to incidents and accidents in a manner that protects service users. **As this is considered a repeat requirement further enforcement action is being considered.**	30/06/09
10.	OP18	13(6)	The registered person must ensure that all the staff have received training on safeguarding vulnerable adults including understanding whistle blowing. This is to ensure all staff can recognise and respond appropriately to allegations of abuse.	30/06/09
11.	OP26	16(2)(k)	The registered person must takes the necessary steps to ensure the home is kept free of unpleasant odours at all times.	30/06/09
12.	OP27	18(1)(a)	The registered person must ensure adequate numbers of suitably qualified, competent and experienced staff are employed in the home to meet the needs of the service users at all times. This requirement is restated from the previous two inspections. The timescales of 31/07/08 and 31/12/08 were unmet. **As this is a repeat requirement further enforcement action is being considered.**	30/06/09
13.	OP29	19	The registered person must ensure all staff have the correct recruitment checks in place including a photo ID and current permission to work in the country. This is to safeguard the residents.	30/06/09

14.	OP30	18(1)	The registered person must ensure that all the staff receive the training they need in response to identifying their training needs.	30/06/09
15.	OP30	18(1)	The registered person must ensure that where staff need mandatory training including all health and safety training, that takes place in a timely manner.	15/07/09
16.	OP33	24	The registered person must ensure that improvements in the quality of care take place in response to the issues raised in the homes internal quality assurance exercise to ensure peoples views are taken seriously.	30/06/09
17.	OP33	26	The registered person must monitor the operation of the service and complete a written report each month in accordance with Regulation 26. A copy of this report must be supplied to the Commission each month. This requirement is restated from the previous two inspections. The timescales of 31/07/08 and 31/01/09 were unmet. **As this is a repeat requirement further enforcement action is being considered.**	30/06/09
18.	OP38	23(4)	The registered person must ensure that all the staff are trained on what action they need to take in terms of keeping residents safe in the event of a fire at Autumn Gardens.	30/06/09

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP6	The care plans should continue to be reviewed to ensure they are all person centred, holistic, have clear goals to enable people to achieve their aspirations. This is restated from the previous two inspections.
2.	OP8	Each resident should be reviewed to see if they would benefit from any input from other healthcare professionals such as dieticians, physiotherapists and speech and language therapists. This should then be discussed with the GP to make a referral if this is felt to be beneficial.
3.	OP8	Each resident should have a completed "resident detail sheet" so that information is available to go with them to hospital in an emergency.
4.	OP19	Measures should be implemented to alert staff when residents are wandering at night and to ensure they and other residents in the home are safe at night.
5.	OP19	The furnishings in the lounge should continue to be reviewed to ensure it is comfortable and homely. This is restated from the previous two inspections.
6.	OP31	A permanent manager should be appointed to manage the home.

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