



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	Agnes House
Address:	11a Arthur Road Erdington Birmingham West Midlands B24 9EX

The quality rating for this care home is:

one star adequate service

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

Lead inspector:	Date:							
Brenda O'Neill	2	8	0	4	2	0	0	9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. 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.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) 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 Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Agnes House
Address:	11a Arthur Road Erdington Birmingham West Midlands B24 9EX
Telephone number:	01212416825
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Angel Care Homes Limited
Type of registration:	care home
Number of places registered:	14

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
mental disorder, excluding learning disability or dementia	14	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 14		
The registered person may provide the following category 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: Mental Disorder, excluding learning disability or dementia (MD) 14		

Date of last inspection								
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Brief description of the care home
<p>Agnes House was previously two domestic properties, which have been modified and adapted. It is located in a residential area on the outskirts of Erdington and is convenient to local shops, colleges, transport and leisure facilities.</p> <p>Agnes House is owned and managed by Angel Care Homes Limited and the Responsible Person is Mrs Balver Bislar. The home is registered to accommodate up to 14 people with mental ill health.</p> <p>The people living in the home are all male and they all have single bedrooms. The</p>

Brief description of the care home

home has three lounges and a dining area. The dining area is equipped with a tea bar where the people living in the home can help themselves to drinks and snacks.

The home is suitable for people with near full mobility.

There is a large garden to the rear of the home. There is a small amount of parking space on the drive of the home but visitors are also able to park on the road outside the home.

The service user guide for the home stated the fees at the home ranged from three hundred and twenty three pounds to seven hundred pounds per week. Not included in the fees were hairdressing dry cleaning and extra curricular activities. This applied at the time of the inspection and the reader may wish to obtain more up to date information from the care service.

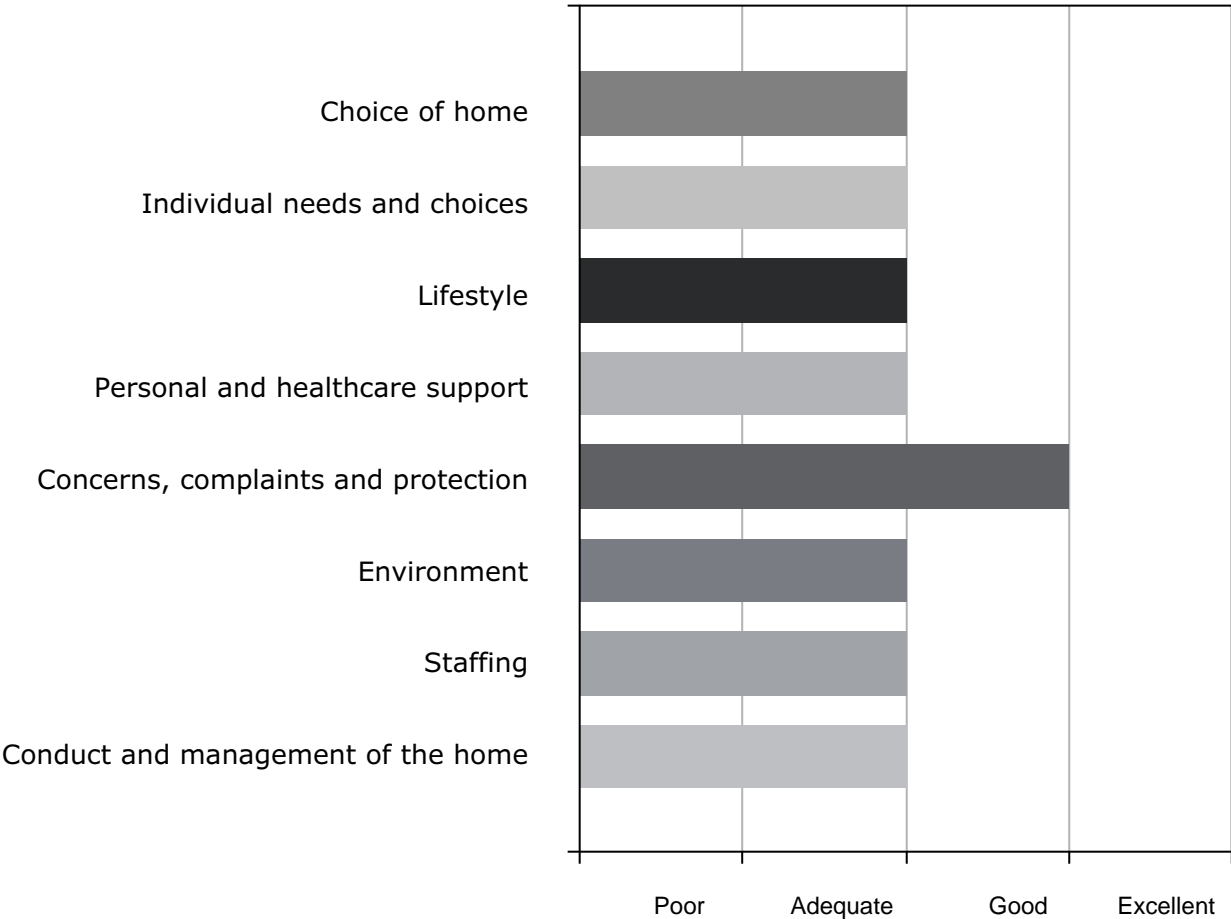
Summary

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:

The previous key inspection at the home was carried out on July 24th 2008. This inspection was carried out over one day. The home did not know we were going to visit. The focus of inspections is upon outcomes for people who live in the home and their views of the service provided. This process considers the care homes capacity to meet regulatory requirements, standards of practice and focuses on aspects of service provision that need further development. Prior to the visit taking place we looked at all the information that we have received, or asked for, since the last key inspection. This included notifications received from the home. These are reports about things that have happened in the home that they have to let us know about by law, and an Annual Quality Assurance Assessment (AQAA).

This is a document that provides information about the home and how they think that it meets the needs of people living there.

Two of the people living in the home were 'case tracked.' This involves establishing individuals experiences of living in the care home by meeting them, observing the care they receive, discussing their care with staff, looking at care files, and focusing on outcomes. Tracking people's care helps us understand the experiences of people who use the service.

We looked around some areas of the home. A sample of care, staff and health and safety records were looked at.

Where people who use the service were able to comment on the care they receive their views have been included in this report.

We sent 6 'Have your Say' surveys to the people living in the home, 5 to staff and 5 to health care professionals. A total of 9 surveys were returned to us, 4 from people living in the home, 4 from staff and one from a health care professional. These views have been included in this report.

What the care home does well:

People wanting to move into the home could visit before admission to assess the facilities available to them. Overnight stays were available if people wanted these.

Observations made indicated people were able to make choices and decisions in their everyday lives. People spoken with were very content, they were happy there were no undue restrictions on them.

The care plans were easy to follow and generally indicated how staff were to meet the identified needs of the people living in the home.

Wherever people wanted to see their family and friends this was enabled and supported by staff. There was evidence that people went to visit their family in their home and did stay with them on occasions.

There was evidence that the people living in the home were getting out and about and using local facilities such as shops and pubs.

People spoken with were satisfied with the meals being served in the home. The food records showed a good range of foods were on offer and peoples' cultural needs were being catered for.

There had been little staff turnover at the home which was good for the continuity of the care of the people living in the home. People living in the home told us the staff were 'good' and 'helpful'.

What has improved since the last inspection?

The risk management plans in place for the people living in the home had improved and detailed how all risks were to be minimised.

The acting manager was involving the people living in the home in writing up and agreeing their care plans and risk assessments. This meant they could plan for their futures and knew if there were any restrictions placed on them due to health and safety.

The records of the people living in the home were being held more securely and this ensured their confidentiality was maintained.

Staff had undertaken further training and the induction training was in line with the specifications laid down by Skills for Care. This ensured people had the skills and knowledge needed to care for the people living in the home.

There have been some improvements to the environment which has made it safer for the people living there and enhanced the facilities available for them. Further improvements are still required.

What they could do better:

There needed to be a robust system in place for recording, handling, safekeeping, safe

administration and disposal of medication received in the home. This would ensure people receive their medication as prescribed.

The statement of purpose and service user guide should be amended to ensure it reflects the current information in the home, for example, staffing. This will ensure that the information available for people wanting to move into the home is correct.

The arrangements in place for locking the front door should be looked into again to ensure it is not too restrictive for people or unsafe in the event of a fire.

Care plans could be further developed to ensure staff know how to support people in a way they prefer.

Several improvements were needed to the environment to ensure it was kept to an acceptable standard and entirely safe for the people living there.

The home needed to have a registered manager so that people were assured that there was someone who was accountable for the home on a day to day basis.

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 set out 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, what they hope for and want to achieve, and the support they need.

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

The information available for people wanting to move into the home needed to be reviewed and updated so people could be assured they were getting the correct information about the home. The needs of the people wanting to live in the home were being fully assessed prior to admission to ensure the home was able to meet them. People wanting to move into the home could visit prior to admission to assess the facilities available to them.

Evidence:

We were told the statement of purpose and the service user guide for the home had been reviewed and updated. Copies of these were taken and some amendments had been made however further changes were needed. For example, the staffing assignment detailed in the documents was not reflected in the home they did not have a part time cook, laundry worker or gardener. The registered manager who was detailed had left the home some months earlier. Also the address and telephone number given for the Commission was incorrect. This could mean if people wanted to contact us to lodge any concerns they would not be able to do so.

Evidence:

The files for two people admitted to the home since the last inspection were sampled. Both files included copies of social workers assessments and documents from mental health workers about the needs and risks of the individuals. Where necessary medical reports were also available. The documents gave the staff at the home a considerable amount of information about the individuals being admitted to the home. This would help them decide if they could meet the needs of the individuals.

We were told people visited the home prior to admission. One person had visited for a half day and had an over night stay. No records of these visits were being kept. It is important that details of the pre admission assessment process are available so that it can be determined how the home made the decision that they were able to care for the individual. Both of the people concerned had settled well in the home.

Individual needs and choices

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 needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

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

The systems in place for care planning and risk assessments had been further improved and generally ensured staff would know what support people needed to meet their needs and ensure any risks were minimised. The people living in the home were able to make choices and decisions in their everyday lives.

Evidence:

At the time of this inspection the care for two people was tracked and this involved reading the care plans and risk assessments that were in place. As at the last inspection all the files included care plans and booklets entitled 'about me'. The booklets were written as if the statements had been asked of the people living in the home, for example, 'special things I want you to know about me' and 'my daily routine'. The booklets gave a lot of information about the individuals but the care plans did not always show how any identified needs and preferences would be supported by staff. For example, one person stated he liked gardening and listening to classical music there was nothing in the care plan to show how staff were to support him to do

Evidence:

these things. Some of the care plans that were in place could have been further developed, for example, one stated needs assistance with shaving and washing but there was no detail about the type of assistance that was required. This person could be forgetful and would not be able to direct his care on an ongoing basis. Staff would need to know what his preferences and abilities were to ensure he was supported in a way that suited him.

The care plans were easy to follow and generally indicated how staff were to meet the identified needs of the people living in the home. Areas covered included such topics as communication, mobility, accessing the community, personal hygiene, medication, behaviours, food and drink and mental health. The care plans did include the aims/goals and aspirations of the individuals but there was no indication as to whether people were achieving these and what their next steps would be.

All the care plans in place had corresponding risk assessments. These were generally well detailed and detailed how to keep people safe as much as possible. For example, one person had good details in place about maintaining his safety when out as he could not go out alone. There were also good behaviour management guidelines in place where people could be challenging. Records in the home and notifications sent to us indicated that staff knew what to do should there be any incidents in the home and would call for assistance from the police if necessary to ensure people remained safe.

It was pleasing to note that the acting manager was involving the people living in the home in writing up and agreeing their care plans and risk assessments. This meant they could plan for their futures and knew if there were any restrictions placed on them due to health and safety.

People made decisions about their every day lives on an ongoing basis in relation to how they spent their time, what they ate and so on. People spoken with were very content, they were happy there were no undue restrictions on them. All knew that smoking was only allowed in one area and were seen to comply with this. People chose when to get up, what they ate and where they had their meals. People were seen to spend time in the different lounges, or in their bedrooms. People could decide when they had their baths and showers. People were seen to come and go from the home throughout the day. It was noted that the lock on the front door had been changed and people had to come and ask staff to let them out. Care plans did indicate this had been discussed with people and if they would like a key. It was recommended that this was looked into again as the lock may not meet with the requirements of the fire officer and it was also quite restrictive on people who were continually having to ask for the door to be unlocked.

Evidence:

The issue raised at the last inspection in relation to the records of the people living in the home being held securely had been addressed.

Lifestyle

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 can take part in activities that are appropriate to their age and culture and 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 and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

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

Staff were recognising the rights and responsibilities of the people living in the home on a day to day basis. It could not be evidenced that the people living in the home were leading fulfilled lives. The people living in the home were satisfied with the meals being served and cultural diets were being catered for.

Evidence:

The 'About me' booklets that were on file for people did include some detail of what people liked to do with their time, who they liked to see and the places they liked to visit. The care plans did not indicate if people needed support to meet their social care needs. For example, for one person some information was included in the 'About me booklets' such as 'goes to local shops with staff' and 'goes to bank with CPN'. Other social preferences had no detail with them, for example, likes gardening but there was no indication how the person would be supported to do any gardening.

Evidence:

The daily records for the people living in the home included some detail of how people were spending their time, for example, 'gone into town shopping', 'went for a walk', 'playing pool' and 'went to the pub.' Records were quite brief and did not say if people were enjoying their activities or not. People spoken with seemed quite content but it was difficult to determine if they were leading fulfilling lives. Staff indicated in the surveys that were returned to us that they thought the one area that could be improved in the home was the range of social activities available for the people living in the home.

There was evidence that people were using local facilities such as shops, banks, pubs and doctors surgeries. We were told that some people were attending colleges, having swimming lessons and attending a Friendship club. The home were organising trips out once a month locally and further afield. The acting manager spoke to us about encouraging other people to try college courses and clubs to help them lead more fulfilling lives.

We spoke to the acting manager about trying to encourage people to be more independent so that they could reach their full potential and perhaps live more independently. For example, making their own beds, keeping their rooms clean. Some people were seen making themselves drinks but no one was seen helping prepare the meals.

Wherever people wanted to see their family and friends this was enabled and supported by staff. There was evidence that people went to visit their family in their home and did stay with them on occasions. There was also ample evidence that families and friends were able to visit the people living in the home. The acting manager also spoke to us about someone not wanting to speak to relatives on the telephone and this was not seen as an issue. One of the people living in the home had an advocate from his own background who visited him. Staff spoke to us about him refusing to see this person sometimes and this was not an issue.

People spoken with were satisfied with the meals being served in the home. The food records showed a good range of foods were on offer and peoples' cultural needs were being catered for. Food records could be further developed to show exactly what people were being served, for example, people could have cooked breakfast if they wished but what was included in this was not included on the records. The minutes of the meetings held with the people living in the home indicated people were consulted about the menus and if there were any suggestions for different foods.

Personal and healthcare support

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 receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people 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.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

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

Where needed people got support to meet their personal care needs. People's physical and mental health care needs were being met. The management of medicines needed to improve to ensure people received their medicines as prescribed.

Evidence:

The support people needed with their personal hygiene varied considerably. Some people required only prompting by staff and others required a considerable amount of support. The acting manager and staff were aware of the needs of people in relation to personal care and what their abilities were. Some care plans did include the support people needed with personal care but as cited earlier others did not and this could mean people would not have their needs met.

People did not have health action plans but any ongoing health concerns were detailed in care plans. As at the last inspection it was recommended that health care action plans were developed for the people living in the home so that all their health care needs and how these are to be met are detailed in one place making it easier for staff to find and record information.

Evidence:

People had access to health care professionals as required, for example, G.P.s and opticians. Records also showed that people had considerable contact with professionals in relation to their mental health, for example, community psychiatric nurses and psychiatrists. People also had ongoing contact with their social workers. The acting manager spoke to us about one person whose social worker was trying to get a referral to a clinic for eating disorders for an ongoing problem. The acting manager was also able to tell us about one person who she was concerned about as his physical health had deteriorated and the staff were finding it more difficult to meet his needs. She was attempting to get him reassessed as he may need to move to an alternative placement where they are better equipped to meet his needs.

Staff were recording when people were seeing health care professionals but were not including the outcome of the visits. For example, 'visit from clinical psychiatrist lasted one hour.' It is important that staff record the outcome of professional visit wherever possible as the information may need to be known by staff to ensure that the appropriate support is given to people.

The majority of the medication continued to be administered via a 28 monitored dosage system. A sample audit of the system was undertaken. The pre prepared blister packs from the pharmacist that were sampled were found to be correct. Some discrepancies were found in the amounts of medication remaining in boxes when they were cross referenced to what was received and what had been administered. In one instance it was thought this was because the balance remaining at the end of the previous cycle had not been brought forward to the MAR (medication administration record). The other discrepancies could not be accounted for. The acting manager needed to ensure the discrepancies were looked into and staff were regularly audited to ensure they were competent to administer medication.

It was also noted that on occasions staff were not using the correct symbols when medication had not been administered in the home. For example, the symbol for refused and destroyed had been used for one person when in fact he had been on social leave and had taken his medication with him. There were protocols in place for the administration of PRN (as and when required) medication in some cases but not all. Some of the protocols needed further detail so that staff were clear as to when the medication should be administered. For example, one protocol stated 'when agitated' but there was no indication as to how the agitation would present and at what stage the medication should be given.

None of the people living in the home were administering their own medication however one of the care plans stated the person was able to administer their own

Evidence:

medication. There was no explanation as to why this person was not self administering.

Concerns, 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. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

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.

The people living in the home were aware of how to raise any issues or concerns they may have. There were systems in place and staff received training to ensure people were safeguarded.

Evidence:

No complaints had been logged at the home since the last inspection. A copy of the complaints procedure for the home was seen on the wall in all the bedrooms and people received a copy in the service user guide. As mentioned previously the acting manager needed to ensure the contact details for the Commission in the procedure were correct. This will ensure people have the correct information if they wish to raise any concerns outside the home. Good relationships between the people living in the home and the staff were evident and individuals had no problems with approaching the manager. This would give people the confidence to raise any issues. There was evidence in meeting minutes that the complaints procedure had been discussed with all the people living in the home.

It was suggested that any minor 'grumbles' and how they are addressed are documented as evidence that people are listened to. Further evidence of this could also be shown in the minutes of the meetings with the people living in the home if their actual comments were recorded and then following meetings commented on any actions that had been taken when issues had been raised.

Evidence:

The surveys returned to us indicated people knew how to make a complaint and would know who to speak to if unhappy.

No adult protection issues had been raised with us or the home since the last inspection. Staff had undertaken refresher training in adult protection issues. The acting manager also said staff had been told again about the importance of the whistle blowing procedure due to the issue raised at the last inspection.

Some of the people living in the home managed their own financial affairs other needed assistance from the staff at the home. The records for this were sampled. All income and expenditure was detailed and receipts were available for any purchases made on behalf of people. All the balances checked were correct. The minor issues raised at the last inspection appeared to have been addressed, for example, records saying exactly what money has been spent on. At the time of this inspection the bank cards were held for people and staff had to go and draw money for people. It was recommended that a balance slip was obtained immediately prior to any withdrawal and then a receipt for the withdrawal. This would give a very good audit trail with times, dates and so on that could be cross referenced to bank balances. This would ensure people are safeguarded as much as possible.

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, comfortable, 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. People have enough privacy when using toilets and bathrooms.

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 had been some improvements made to the environment. Further improvements were required to ensure the home was kept to an acceptable standard throughout for the people living there.

Evidence:

There have been ongoing concerns about the standard of the accommodation offered at this home. The proprietors have made some improvements over time however these have been done at low cost and tend not to last. It has been noted that the proprietors will do a certain amount of refurbishment work on the home but then stop. The home needs an ongoing programme of redecoration and refurbishment. This needs to address all the issues raised at this inspection (as detailed below) with dates as to when they will be addressed.

At the time of the last inspection several issues were raised in relation to areas of the home that needed refurbishment particularly toilet and bathing facilities and the kitchen. At the time of this inspection the kitchen had been refurbished and had new units, new cooker, cooker hood, microwave and so on. However it was noted that the ceiling had not been painted and the grouting in the tiles had not been replaced or cleaned. The downstairs bathroom had been changed into a wet room and was a much

Evidence:

nicer facility for people to use. There had been no changes to the toilet facilities in the home many of which needed upgrading.

Several health and safety issues were raised at the last inspection most of these had been addressed making the home safer for the people living there. Improvements included, better COSHH storage, overloaded electrical adaptors had been replaced and faulty kitchen equipment had been replaced. It was noted that one of the fridges still needed to be replaced and the seal was badly split.

At the time of the last inspection a requirement was made that a system was put in place to ensure that regular health and safety inspections of the home were undertaken, any issues noted and include the date when the issues have been resolved. This had been done to some degree but the checks were more for cleaning than health and safety and needed to be extended to include safety measures.

The issue raised at the last inspection in relation to one of the monitors for the CCTV impinging on the privacy of the people living in the home had been addressed.

Bedrooms in the home varied in size and some included basic en suite facilities. One of the bedrooms had been refurbished to quite a good standard with new furniture and fittings. It was noted that some of the bedroom doors, which are fire doors, did not fit back onto the rebates properly and some had holes in the doors where locks had been removed. These issues needed to be addressed. Some of the other bedrooms were generally clean, tidy and decorated to an acceptable standard however the majority remained in need of some upgrading. One room in particular needed cleaning and another needed the mattress replaced. The acting manager told us after the inspection the mattress had been replaced and a better cleaning schedule had been put in place for the other room.

There was adequate communal space in the home with three lounges and a dining area. The only area that had been kept to an acceptable standard was the dining area even this was beginning to show signs of wear and tear. This also had an adjoining kitchenette where the people living in the home could make their own drinks and snacks. All the lounges were in need of decoration, one of the sofas was badly ripped and needed replacing and carpets in hallways and lounges were in need of replacing.

To the rear of the home was a large garden. Although a lot of the rubbish had been removed since the last inspection it remained very overgrown and in need of cultivation so the people in the home could use it.

There were adequate numbers of toilets and bathing facilities throughout the home but

Evidence:

as stated earlier apart from the new wet room these were very basic facilities.

The infection control processes in the home had improved since the last inspection but there was still room for further improvement. For example parts of the home were not particularly clean and some toiletries had been left lying around bathrooms. As at the last inspection it was strongly recommended that the home employed a cleaner for the communal areas in the home as staffing levels did not allow support staff enough time to clean the home effectively without this impinging on the life of the people living in the home.

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, qualified 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. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

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

The staffing levels at the home were appropriate for the needs of the people living there but did not ensure good housekeeping around the home. Staff were receiving the appropriate training to ensure they could care for the people living in the home. Recruitment procedures were robust and ensured the people living in the home were safeguarded.

Evidence:

As at the last inspection although staffing levels for the needs of the people living in the home were appropriate there were insufficient staff to ensure good housekeeping around the home. As stated in the previous section of the report it was strongly recommended that a cleaner was employed at the home.

Staff spoken with were aware of the support needs of the people living in the home. They told us the staff worked well as a team and the home had improved since the acting manager had taken over.

The rotas showed that there were two support workers on duty throughout the day with the manager's hours as supernumery. There had been relatively little staff turnover since the last inspection which was good for the continuity of support for the

Evidence:

people living in the home. People spoken with were very happy with the staff team and said they were 'good' and 'helpful'.

The recruitment files for three staff employed at the home since the last inspection were sampled. These showed that all the appropriate checks were undertaken to ensure people were safe to work in the home prior to them commencing their employment. Records included completed application form, POVA first check, CRB check and two written references.

Staff told us they had adequate training to undertake their roles. The surveys returned to us by staff also indicated staff were satisfied with the training they received. Staff told us and records were also seen that showed staff had received training in topics such as POVA, manual handling, infection control, health and safety, food hygiene and medication. The files for the new staff employed at the home showed they had received induction training in line with the specifications laid down by Skills for Care. The AQAA indicated that seven of the eleven staff employed at the home were qualified to NVQ level 2 or the equivalent.

Conduct and management of the 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 have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because 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. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

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

The home needs a registered manager so that people are assured there is someone accountable for the running of the home on a daily basis. The home needed to have a quality assurance system in place based on seeking the views of the people living in the home with a view to continuous improvement.

Evidence:

The owners of the home took it over in 2006 and have not had a registered manager since then. It is important they address this issue so that people can be assured there is someone accountable on a day to day basis for the home.

Since the last inspection the acting manager had left the home. The deputy manager is now the acting manager. The home has improved further with better care plans and risk assessments and people do seem to be enjoying more fulfilled lives. However the environment can only be described as basic and needed to be improved for people. This could not be achieved by the management of the home alone as it had financial implications and would need considerable input from the owners of the home.

Evidence:

The acting manager demonstrated throughout that she had a good knowledge of the needs of the people living in the home, what their abilities were and when she had concerns that the home could not meet their needs.

No progress had been made on implementing a quality monitoring system in the home. There were regular meetings with the people living in the home and the minutes for these were seen. Topics discussed included leisure activities, food and their responsibilities within the home i.e. good personal hygiene and health and safety issues such as fire procedures. As at the last inspection it was recommended that the minutes for the meetings detailed exactly what people said and how topics or issues that needed to be followed up had been addressed. This would ensure the people living in the home were listened to and their views acted on. There were also regular staff meetings. The home needed to have a quality assurance system in place based on seeking the views of the people living in the home with a view to continuous improvement.

The AQAA stated that regulation 26 visits were ad hoc. Two reports of the visits were seen for February and March of this year these had been undertaken by one of the owners of the home. Many of the issues in relation to the environment had not been noted on the reports the only things that were noted were one lounge needing decorating and the staff toilet needing refurbishing. The owners need to be more vigilant when conducting these visits and note the failings in the environment.

Health and safety was being generally well managed. Staff had received training in safe working practices. The AQAA indicated that the equipment in the home had been regularly serviced and was up to date. The in house checks on the fire system were sampled and found to be up to date. The records also showed that fire drills were undertaken at the required frequency. As stated earlier the acting manager needed to ensure the bedroom doors complied with the requirements of the fire officer. We were being notified appropriately of any incidents or accidents in the home and these appeared to be well managed.

Are there any outstanding requirements from the last inspection?

Yes

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No

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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
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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
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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	20	13	<p>There must be a robust system in place for recording, handling, safekeeping, safe administration and disposal of medication received in the home.</p> <p>This will ensure people received their medication as prescribed.</p>	31/05/2009
2	24	23	<p>All areas of the home must be maintained and decorated to an acceptable standard.</p> <p>This will ensure the home is comfortable and safe for the people living there.</p>	30/11/2009
3	42	13	<p>Bedroom doors must close fully onto the rebates. Any holes in bedroom doors must be repaired.</p> <p>This will ensure people are not put at risk should there be a fire.</p>	14/06/2009

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
1	1	The statement of purpose and service user guide should be amended to ensure it reflects the current information in the home, for example, staffing. This will ensure that the information available for people wanting to move into the home is correct.
2	4	Records of pre admission visits to the home should be kept. This will ensure that it can be determined how the home made the decision that they were able to care for the individual.
3	6	Care plans should be regularly reviewed and records should indicate if people's aims are being achieved and if not why not. This will ensure people are leading fulfilled lives.
4	6	Care plans should detail how staff are to support people to ensure their needs are met. This will ensure people received support in a way they like.
5	7	The arrangements in place for locking the front door should be looked into again to ensure it is not too restrictive for people or unsafe.
6	11	People could be encouraged to be more independent so that they reach their full potential.
7	12	The people living in the home should wherever possible have structured weekly activity programmes in place that they have been involved in so that staff know what they would like to do and offer the required support to help people achieve their goals.
8	12	Daily records should be further developed to show how the people living in the home are spending their time.
9	17	Food records should detail all the foods served to the people living in the home so that it can be determined they are receiving a balanced diet.
10	19	It is recommended that the outcome of health care visits are recorded as the information may need to be known by staff to ensure the appropriate support if given to people.
11	19	All the people living in the home should have health care action plans in place. This will ensure both the physical and mental health care needs of the people living in the home are met.

12	20	Wherever possible and when safe to do so people should be encouraged to administer their own medication to develop their independence.
13	22	It is recommended that any minor issues and how they have been addressed are recorded to show that the people living in the home are listened to.
14	23	It was recommended that a balance slip was obtained immediately prior to making any cash withdrawals from the bank on behalf of individuals and then a receipt for the withdrawal. This would give a very good audit trail with times, dates and so on that could be cross referenced to bank balances. This would ensure people are safeguarded as much as possible.
15	24	The system in place for checking areas of the environment should be further developed to include health and safety issues. This will ensure people are safe when in the home.
16	24	An ongoing and timed redecoration and refurbishment plan for the home should be forwarded to the Commission showing when all the issues raised during this inspection will be addressed. This will ensure the environment is kept to an acceptable standard for the people living there on an ongoing basis.
17	33	It is strongly recommended that the home employ an additional member of staff to help with the cleaning of the home to ensure it is kept to an acceptable standard.
18	37	The owners should ensure a manager is registered for the home so that the people living there can be assured there is someone accountable on a day to day basis.
19	39	The owners of the home should be more vigilant when conducting regulation 26 visits and show that all shortfalls have noted. this will assure the people living in the home someone is overseeing the conduct of the care home.
20	39	The home must implement a system of self-monitoring assessment to determine its performance against its goals and objectives. This will ensure plans are in place to continuously improve the service for the people living in the home.

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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