Key inspection report

CARE HOME ADULTS 18-65

Trumpington Road 130

130 Trumpington Road
Forest Gate
London
E7 9EQ

Lead Inspector
Anne Chamberlain

Key Unannounced Inspection
19th October 2009 10:30

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 home adults 18-65 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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Internet address	www.cqc.org.uk

SERVICE INFORMATION

Name of service	Trumpington Road 130
Address	130 Trumpington Road Forest Gate London E7 9EQ
Telephone number	0208 496 1440
Fax number	0208 496 1442
Email address	myrtlebrown02@walthamforst.gov.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	London Borough of Waltham Forest
Name of registered manager (if applicable)	Post vacant
Type of registration	Care Home
No. of places registered (if applicable)	15
Category(ies) of registration, with number of places	Learning disability (15)

SERVICE INFORMATION

Conditions of registration:

1. 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:

   Learning disability - Code LD
2. The maximum number of service users who can be accommodated is:
   15

Date of last inspection 5th May 2009

Brief Description of the Service:

Trumpington Road is a purpose built 15-bed respite unit managed by the London Borough of Waltham Forest. The buildings are detached on their own plot which sets them apart from the other houses in the street.

The service is divided into four units. One of the units can accommodate people with physical disabilities. Generally the length of stay varies and can be as short as an overnight. However, at present there are service users who have been staying in the service for extended periods for particular reasons.

The service caters for people with a wide range of disabilities and support needs. The establishment does not provide nursing services.

SUMMARY

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

The quality rating for this service is one star, this means that service users experience adequate quality outcomes.

The inspection was undertaken on behalf of the Care Quality Commission and the terms 'we' and 'us' will be used throughout.

This was an unannounced key inspection which took place over two days. We were at the service for thirteen hours. During that time we spoke with several residents, and staff, we interviewed the manager and viewed documents. We viewed three service user files and three key worker files. We also viewed key policies and procedures, recording and safety certificates. We inspected the environment of the service including the main kitchen and we viewed the arrangements for the administration of medication, also the arrangements for the safekeeping of service users monies.

We would like to thank all who contributed to the inspection for their co-operation and assistance.

What the service does well:

All the service users spoken with said they liked being at Trumpington Road. A stakeholder spoken to said the staff were pleasant, hospitable and friendly.

The structures and systems in the service are good and there is staff stability. The acting manager is knowledgeable and experienced. The environment is pleasant and well maintained.

What has improved since the last inspection?

The service has met all of the requirements of the previous inspection and we commend them for achieving this in five months.

What they could do better:

The inspection resulted in 9 statutory requirements and 6 good practice recommendations.

Care plans and risk assessments are in place but need further development and improvement. Health information needs to be dated and updated.

The manager must have access to any recommendations which are made at a safeguarding meeting, even if it is attended by the responsible individual.

Where she has the authority to do this the manager must amend and update policies which need it. Where policies are corporate she should advise her senior managers when they need amendment and updating.

The fire risk assessment is out of date as is the fire alarm and emergency plan. The emergency lighting must be checked monthly.

Proof of up to date gas inspection should be obtained.

Control of Substances Hazardous to Health (COSHH) practice can be improved.

We are concerned that the improvements which have been brought about may not be sustained when the current manager goes on maternity leave. We hope that an equally competent replacement can be found.

We noted a theme emerging around service users having more opportunities to go out socially from the service. We understood from the manager that this is an aspiration that the service is working to achieve.

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.

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

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

2.

People using the 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 service has a process for assessing prospective service users and does not accept placements unless it can meet the needs of the individual.

EVIDENCE:

We had a discussion with the manager and she outlined the process used for assessing prospective service users. When they get a referral the service obtains the community assessment and risk assessment. They meet the service user at their home if possible. After that a tea visit is arranged and an assessment including observation is undertaken. The service makes sure that the information they have been given is up to date. They talk with the family and an overnight stay with waking night staff is offered. If there are no concerns following this then a place is offered.

The manager stated that the first care plan is based on the paperwork and information they have and is then reviewed.

The service is not accepting emergency admissions and declines to admit service users without adequate information. We saw documentary evidence of the afore-mentioned tea visits in the form of a letter from a relative.

The manager stated that the bookings book records all the admissions and the duration of stays.

We formed the view that the arrangements for assessing prospective service users were satisfactory.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 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):

6,7 and 9.

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

Care planning and risk assessment are in place and up to date, but could be better developed and of a higher standard. Service users have a range of opportunities for making decisions.

EVIDENCE:

We viewed three case files. File number one, had a care plan which was up to date and covered health, medications, culture (halal diet) and communication, in this case makaton. The manager said three staff have makaton and we noted charts for basic makaton in the units. The care plan referred to risk assessment and night arrangements. The service user's room has an alarm which rings if he leaves his room and we saw this equipment in place.

On file number two we noted that the service user has an advocate, frequent family visits and attends a day centre.

The care plan was satisfactory in parts, but there had been some confusion regarding shower arrangements and we felt that it and the risk assessment for personal care needed further development. Workers needed to be reminded to get everything ready before they start a procedure and to call for help if they had forgotten something rather than leave the service user. The care plan also needs to make clear how many workers are needed for each task. The care plan said something different to the personal care guidelines. The care plan should point to the guidelines and they should be consistent.

We understand that the responsible individual is working with the family on a person centred plan for this service user. However in the meantime the care plan and risk assessment must be developed to a satisfactory level.

The service user had been the subject of a safeguarding investigation and this is dealt with later in the report under standard 23. This service user had also had an accident with a glass tumbler and it had been decided that he should use plastic tumblers, however the care plan had not been updated to reflect this.

The care plan in file number three said that the service user takes Thyroxine and stated that the reason for this is "to make her better". This is clearly inadequate and we would expect it to be amended to something like "for an underactive thyroid". The care plan does not make it clear how independent the service user is in the community. We were not clear about this after reading it. The care plan needs to be made clearer in this respect. We would recommend care plan training for the author of this care plan and any other staff who would benefit from it.

We noted that care plans were signed by service users or their relatives, and by staff, and were dated. They were standardised in format and accessible.

We asked for evidence of reviews of care plans and staff said that the evidence is that the care plan has been updated. There were older care plans in the files and the care plan dates showed that they were recent. We were satisfied that care plans are reviewed and updated.

There was a variety of evidence of decision making. One service user is very independent and goes out and about undertaking errands of her own and socialising. The manager stated that sometimes she chooses to take a staff member with her. Service users are able to bring personal possessions into the unit to personalise their rooms. They choose their food and clothes and make choices about their daytime activities, shopping and community involvement. Families are involved with the service users. They may bring

them into the service, visit them, and take them home. Some families take holidays whilst their service user is in respite care and they often telephone to talk with them. One service user has a mother and boyfriend and goes out to see them both. They all went on holiday together this year.

There were risk assess on all three files, on appropriate topics. These included setting off alarms, epilepsy, electric wires, personal care and manual handling.

One service user has a risk assessment because she is vulnerable to abuse in the community. However this service user accesses the community quite independently and successfully. We accept that she has some vulnerability but it is not properly explained and there is not enough detail. We require this risk assessment to be improved.

Another manual handling risk assessment stated that this service user has no awareness of danger. The manager stated that this is incorrect. We require that this risk assessment is revisited.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

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

This is what people staying in this care home experience:

12, 13, 15,16 and 17.

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

Service users have a range of educational, leisure and recreational, community opportunities. Their relationships are supported and meals are wholesome with pleasant mealtimes.

EVIDENCE:

We noted in recording that one service user had been out to High Beach and to feed the ducks in the park. This service user has a private carer, and a sister who takes him out. He also has an advocate. Another service user in addition to seeing family and her boyfriend likes to go bowling.

We observed a service user doing puzzles with her keyworker. This worker is of the same culture and she can talk with the mother of the service user in her first language.

We were told that most of the service users go to day centres and college. One has a job which he is not actually doing at the moment. Service users do art and drama and attend the Mencap disco every Friday and go to the swimming pool. On Saturdays and Sundays they go to the cinema and there are also outings. The service has a bus to use or they get a cab service vehicle. Staffing is dependent on the needs of the group.

We were told that service users get involved with some domestic tasks. They like to help with washing up and one makes tea. They all like to sit down with a cup of tea when they come home from their daytime activities. On the day of the inspection one service user was observed to go out with a worker to do some shopping.

The service users are supported in their relationships with families and friends who are encouraged to visit and keep in touch.

We asked the manager what the arrangements are for meals and mealtimes.

For breakfast a variety of cereals is provided and there are eggs, toast with jam or marmalade and coffee or tea. For lunch service users who are at home heat soup and make sandwiches with care workers.

Dinner is cooked in the main kitchen. We viewed a recording of what had been eaten in one unit. There was a variety, with various meat dishes, and a lot of fruit for pudding. This helps service users who have weight issues, but the manager said that cakes and tarts also appear. Service users go shopping with staff and can buy their own items in addition to what is provided.

The units all have small kitchens and dining areas which were pleasant. They had tables which can seat the service users in the unit all together.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 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):

18,19 and 20. People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Personal care, emotional and health support is provided but the planning and recording of this can be improved. Medication practice is sound but can also be improved and made more secure.

EVIDENCE:

We were pleased to see that service users have health action plans. The plans contained evidence of health needs being met.

There were good guidelines for the administration of medication and the management of severe epilepsy. A seizure chart had been well kept. Nutrition charts and fluid charts were also observed and evidence of physiotherapy at a local clinic. Weight charts were seen for two service uers and a bowel chart. We spoke to a service user who had just come back from having a blood test.

There was also evidence on file of liaison with chiropody.

The district nurse calls regularly to treat one service user. We spoke to her on the telephone. She reported that the staff at the service are very pleasant, hospitable and friendly. Her patient is always clean. She has witnessed nice interaction between service users and staff and believes her colleagues who visit, have had the similar positive experiences.

We did however have some issues with the health care at the service. We found evidence that one service user is supposed to wear glasses but does not bring them to the service. He attended the optician two years ago. We asked the service to follow this up with the family.

We found that the mother of this service user said back in June of this year that she thinks he needs a hearing test. We asked the service to follow this up with her.

A Physiotherapist had raised that a service user has athletes foot and although the service user lives at the service there was nothing recorded to show that this had been followed up. The manager stated that a report had been made to the family, who chose not to follow the advice up. In this case the service should have recorded the conversation on file. If they feel that the service user's health is being neglected they should of course make a safeguarding alert to the local authority.

One health action plan had no date on it, and one states that review is due in June 09 but this had not been done. The health action plan had been, started on 23/6/08, so the review was overdue.

One health action plan stated that a toileting programme was in place but we could find no evidence of this. The manager stated that the service user does not have a formal toileting programme but staff are aware that they need to offer him regular opportunities for toileting. The health action plan or care plan should make this clear.

Some of the health action plans were undated and it was difficult to work out how old they were. We have made a requirement that all action plans are dated and we suggest that old action plans are removed from the files, to avoid confusion.

The manager stated that some families get involved in taking service users for health appointments. The two service users who live at the service have their appointments sent there. If staff attend with them a detailed recording sheet,

daily record and diary record the appointment, feedback and next appointment, The manager stated that the diary is checked for appointments at the beginning of every day by the deputy manager on duty.

We saw evidence in the diary of an appointment for a service user but the daily recording did not mention he appointment and there was no detailed report. Obviously the system is not working totally efficiently, although the handover book did mention the appointment. We recommend that the manager monitor the health appointment system until it is working effectively.

We viewed the arrangements for the administration of medication. There is a medication policy and a copy is kept with the medication cabinets on all four units. There is a homely remedy policy kept with it. Each unit has a locked medication cupboard and a thermometer to check the temperature is suitable for storing medication. Medications into and out of the service are recorded and medication is checked in by two staff. We saw the documentary evidence of these procedures.

We sampled the medication administration recording (MAR) charts for the three service users whose files we viewed. One chart balanced with the stock of medication remaining. One chart we could not balance because there was no brought forward balance. On one chart we noted that the service user had missed many doses of a medication. It was a cough syrup and the manager stated that the general practitioner who prescribed it was not concerned about missed doses. Medication administration is signed by two staff which is good practice.

The manager stated that families bring to the service the number of tablets which are going to be needed for the stay. Families also keep stocks of medications at home When service users have their medications dispensed in monitored dosage systems and they miss doses because they are at home, the tablets are simply returned to the pharmacist. We noted that MAR charts had appropriately recorded home leave. We felt that this system is not ideal but is a feature of respite care services working with families, and the stocks of medications can still be balanced.

We recommend that proper audits with stock checks be undertaken by the management and to do this brought forward stock must be recorded.

There is an 'absent doses' policy which says that family sign a sheet to certify that they have medicated the service user at home. This is not happening in practice so the policy needs to be changed. The policy looked very old and had no date on it.

We understand that medications travel about with service users. Sometimes they come to the service from their day service with medications in their bags.

The manager said that the policy and practice is that two members of staff check the bag on arrival and medications must be labelled with name and quantity.

Agency staff do not do administer medications.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

22. Service users feel their views are listened to and acted on.
23. Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 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):

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

EVIDENCE:

Complaints and Protection

The corporate complaints policy and procedure were viewed. They were adequate but looked really old. The manager confirmed they are but they are also the most up to date versions. Corporate policies and procedures are produced by the borough and the manager is not able to update them.

We viewed accident and incident reports and discussed them with the manager. The accident and incident rate is high and the manager stated that she is aware of this and aims to get it down.

A staff member had been kicked by a service user and an incident form completed. However the signature was unreadable and there was no printed name underneath. This incident occurred in June 2009 and had not been followed up by the then manager. The triggers for the incident had not been identified and therefore neither the service users care plan or risk assessments could not be updated in any helpful way. The incident should have been properly followed up for the benefit of the service user and the staff member (who was agency).

We noted that the safeguarding policy had been revised in May 08. It is the local authority policy. The policy was good including the duty to report, to ensure the immediate safety of the victim, and to record. The policy gives a good flowchart, and refers to professional telephone discussions, strategy meetings and case conferences.

The whistleblowing policy is old and needs updating. We suggest the manager update it herself or bring it to the attention of her senior managers.

A safeguarding alert had been raised for a service user and a safeguarding meeting held. This had been attended by the responsible individual who was dealing with the matter. However the manager had not been made party to the recommendations of the meeting and therefore she could not carry them out.

The manager must be given access to any recommendations which are made at a safeguarding meeting. A requirement has been made.

A bruise had been noted on a service user and this had resulted in a safeguarding alert. There was an incident where a service user was allegedly assaulted by another service user and this had also been raised as a safeguarding alert. The manager stated that the criteria for safeguarding alerts does not depend upon a bruise or mark for a referral to be made, and an allegation would be enough. She said that she is not aware of any bullying between individuals.

We asked if the manager checks the accident and incident reports to see any patterns which are emerging. She stated that as the manager has to complete the section which deals with actions to be taken, she reads all the reports.

We viewed the arrangements for the safekeeping of service users money. One service user signs for cash sums herself. Other service users take money out with staff members and change and receipts are produced. We checked the balances for the three service users whose files we viewed and they all balanced with no discrepancies.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 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):

24 and 30.
People using the 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 environment of the service is good, well decorated, well furnished, comfortable and clean.

EVIDENCE:

We toured the environment of the service. It is divided into four units, but only three are currently in use. Two have male service users and the third has female service users. The sitting room in the unit for females was definitely more 'girly' in character.

The units all have sitting rooms, dining rooms and small kitchens. These were all in a good state of décor, clean and well furnished. The units also have at least one shower room/bathroom, which were modern and well equipped. In

addition to the communal areas there are individual service user rooms in the units. These were adequate and reasonably decorated but have little natural light and are gloomy. There is little the service can do about this as it is due to the orientation of the building and the number of big trees which surround it.

We saw the main kitchen which was appropriate for its purpose, clean and well kept. The manager and cook told us that an environmental health officer had inspected very recently and stated that the hot water was not hot enough and this was being rectified.

The service appeared clean and hygienic. We saw the separate laundry room which was satisfactory for the purpose. The manager stated that no one in the service has an infectious disease and she was aware of the possibility of hospital acquired infections being brought into the service.

Staffing

The intended outcomes for Standards 31 – 36 are:

31. Service users benefit from clarity of staff roles and responsibilities.
32. Service users are supported by competent and qualified staff.
33. Service users are supported by an effective staff team.
34. Service users are supported and protected by the home's recruitment policy and practices.
35. Service users' individual and joint needs are met by appropriately trained staff.
36. Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 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):

32,34 and 35.

People using the 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 service users are supported by an effective team who are safely recruited and have appropriate training for their jobs.

EVIDENCE:

We were not able to see evidence of recruitment at the service as this kind of information is kept at the human resources department. However we did view a recruitment policy which mentions equal opportunities monitoring, person specifications and personal identity. The file also contained another recruitment policy so we suggest that the older one is weeded out to avoid confusion.

The staffing consists of twelve people plus a cook, two cleaners and a laundry worker. There is one manager and two deputies one of whom is permanent and one is long term agency. They alternate at each shift with a shift leader

and three support workers. The manager stated that the service uses agency staff all the time and these are requested through a commissioning department. However the services tells the department that they want to use only one or two agencies and a small number of workers, for consistency. The service is currently advertising for a manager with Registered Manager's Award NVQ level 4, which the current manager has.

There is some stability in the staffing, two workers we met had worked at the service for 9 years, and four years. This second worker also worked at Markhouse day service and knows the service users from there.

The previous inspection carried a requirement that staff be offered appropriate training for the work they are to carry out and this training should be properly recorded. This has not been wholly achieved but there is a significant improvement in the level of training. Also a great deal of training is booked for the near future and there was good recording to evidence ths. For example by the end of October 2009 twelve staff will have undertaken medication training, by November 2009 seven will have done manual handling and food hygiene, by 10th December 2009 ten workers will have undertaken epilepsy training. The manager has a first aid certificate and by February 2010 seven staff will also have undertaken first aid training. For staff who have been working in care for some years this will not be the first time they have undertaken these courses but will be a refresher.

We formed the view that the staff are skilled and competent to support the service users.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

37. Service users benefit from a well run home.
38. Service users benefit from the ethos, leadership and management approach of the home.
39. Service users are confident their views underpin all self-monitoring, review and development by the home.
40. Service users' rights and best interests are safeguarded by the home's policies and procedures.
41. Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
42. The health, safety and welfare of service users are promoted and protected.
43. Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 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):

37,3, 40 and 42.
People using the 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 home is well run and quality assurance work is undertaken. The health and safety of the service users is promoted, but there is a need for improvement in safety systems.

EVIDENCE:

Based on the competency of the manager, the structure, systems and recording in the service, we formed the view that it was well run. We understand that the manager will be going on maternity leave in a few months.

She has provided a strong lead in the recent improvement of the service and we are concerned about whether it can be sustained in her absence.

The service undertakes quality assurance in a number of ways. We saw evidence of this in the form of surveys which had been completed by relatives.

We also saw the terms of reference for a relatives consultation group which has been formed and chaired by a senior manager. We saw a set of minutes for a meeting of this group.

Regulation 26 visits are undertaken and we saw the reports for March, June and August 2009.

We viewed the policies and procedures for the service. Some are corporate and are therefore the responsibility of the local authority. These are beyond the remit of the registered manager. However we expect her to update and amend any in-house policies which need this. Also there were several duplicates which we felt made for confusion, for example there were two challenging behaviour policies dated July and November 1996. There are two whistleblowing policies. There were several policies for manual handling. We feel that the older policies should be weeded out.

Some of the policies were very old. There was a 'contact for families' policy dated 2005. The smoking and alcohol policy was dated August 2005 and precedes the recent smoking legislation. It must be redrafted to be up to date.

The respite care and emergency placement policy dated June 2008 and reviewed in July 2009 states that the service is taking emergency placements which they are not and it therefore needs to be amended.

Contact policy for families dated 12/8/05 is too old and needs to be updated.

We checked a number of safety records to establish whether the health and safety of service users and staff are protected.

Fridge temperatures had been recorded for all the units

The fire safety policy was revised 2008

The fire risk assessment was dated October 2002. This is far too old. It needs to be updated annually and updating is overdue and urgent.

The fire alarm and emergency plan had no date on it and therefore needs to be reviewed and dated.

The fire extinguishers have been tested in 2009.

The fire alarms were checked by an outside contractor on 8/9/09, and we were told that the maintenance man checks them every Monday and makes his own record.

The service aims to have fire drills twice a year and had had them on 18/1/09 and 9/4/09. These were rather close together and we advise another one before the end of the year.

There was a periodic inspection on 7/9/09 of the fixed electrical wiring and fuse board.

The hoists were checked on 1/10/09.

On 2/10/08 a gas engineer called to fix a gas escape. However there was no routine gas inspection certificate available for inspection. The manager stated that this is the responsibility of the local authority and we asked her to ask them to either confirm that they have an in date certificate or arrange a gas inspection.

Portable Appliance Testing (PAT) was undertaken this year and is not due until 2010. The lighting system was checked this year by an outside contractor and is not due until 2010. However the service undertakes its own monthly lighting tests. The records finished in May 09 so this appears to have lapsed. It must be resumed.

The service has a Control of Substances Hazardous to Health (COSHH) policy and this states that the service should have 'hazard data information for products'. There are some data sheets for products but it has been a long time since anyone went through them and ensured that they have a data sheet for every product stored. We therefore asked the manager to ensure this happens and made a requirement.

We had a discussion with the manager about the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards. She said that the service had not made any applications under this legislation, and the service had no appointed person for taking forward such an application or template form with which to do it. We suggested she raise the topic with her manager to see if the authority plans to develop appropriate systems for the service.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 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	x
2	3
3	x
4	x
5	x

INDIVIDUAL NEEDS AND CHOICES	
Standard No	***Score***
6	2
7	3
8	x
9	2
10	x

LIFESTYLES	
Standard No	***Score***
11	x
12	3
13	3
14	x
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
Standard No	***Score***
18	3
19	2
20	3
21	x

CONCERNS AND COMPLAINTS	
Standard No	***Score***
22	3
23	2

ENVIRONMENT	
Standard No	***Score***
24	3
25	2
26	2
27	2
28	2
29	2
30	3

STAFFING	
Standard No	***Score***
31	x
32	3
33	x
34	3
35	3
36	x

CONDUCT AND MANAGEMENT OF THE HOME	
Standard No	***Score***
37	3
38	x
39	3
40	2
41	x
42	2
43	x

NO

Are there any outstanding requirements from the last inspection?

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.	YA6	15	The manager must ensure that care plans fully address all the service user's needs, are fully up to date and are unambiguous. If they overlap with other documents i.e. guides and risk assessments, they should refer to those documents.	15/12/09
2.	YA9	13	Risk assessments must be sufficiently detailed and accurate.	15/12/09
3.	YA19	13	The manager must ensure that health information is complete and health action plans must be dated and reviewed regularly.	15/12/09
4.	YA19	13	The manager must ensure that the absent doses policy is updated to accurately reflect actual practice.	15/12/09
5.	YA23	13(6)	The manager must ensure she is aware of any recommendations which have been made at a safeguarding meeting for a service user.	15/12/09
6.	YA42	13	The manager must amend and update any in-house policies which need this.	15/12/09
7.	YA42	23	The manager must ensure that fire risk assessment is updated	15/12/09

			and thereafter updated annually. The manager must ensure that the fire alarm and emergency plan must is reviewed and updated.	
7.	YA42	23	The service must resume its monthly checking of the emergency lighting system.	15/12/09
8.	YA42	23	The manager must ask the local authority to confirm they have an in-date gas inspection certificate, or arrange a gas inspection.	15/12/09
9.	YA42	13	The manager should ensure that the service has data sheets for all COSHH products stored.	15/12/09

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.	YA6	Staff who need it should be offered care plan training to help them gain the necessary skills to write good care plans. This could be in house.
2.	YA19	The manager should follow up the matter of spectacles with the family of the identified service user, who has spectacles but does not bring them to the service.
3.	YA19	The manager should monitor the health appointment system until it is working effectively.
4.	YA19	We recommend that brought forward balances are entered on MAR charts and the whole system is regularly and fully audited with stocks of medications balanced.

5.	YA40	We recommend that the manager approaches her senior managers regarding the updating and amending of corporate policies for the service. Duplicate policies should be weeded out.
6.	YA42	We recommend that another fire drill is held before the end of the year.

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