



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

## Care homes for older people

Name:	Meadow, The
Address:	Meadow Drive Muswell Hill London N10 1PL

The quality rating for this care home is:	two star good 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:							
David Hastings	0	9	0	7	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 Older People can be found at [www.dh.gov.uk](http://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](http://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

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Commission for Social Care Inspection (CSCI). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CSCI copyright, with the title and date of publication of the document specified.
Internet address	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>

## Information about the care home

Name of care home:	Meadow, The
Address:	Meadow Drive Muswell Hill London N10 1PL
Telephone number:	02088832842
Fax number:	02084421394
Email address:	hakim.issop@mha.org.uk
Provider web address:	www.mha.org.uk

Name of registered provider(s):	Methodist Homes for the Aged
---------------------------------	------------------------------

Type of registration:	care home
Number of places registered:	40

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	40	0
mental disorder, excluding learning disability or dementia	40	0
old age, not falling within any other category	0	40
physical disability	40	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 40.		
The Registered Person may provide the following categories of service only: Care home only ? Code PC To service users of the following gender: Either Whose primary care needs on admission the the home are within the following categories: Old age, not falling within any other category - Code OP Dementia - Code DE(E) Physical Disability - Code PD(E) Mental Disorder, excluding learning disability or dementia - Code MD(E)		
Date of last inspection		

### Brief description of the care home

The Meadow is a residential home run by Methodist Homes for the Aged. There are two floors, the ground floor provides care and support to sixteen older people with dementia and the first floor provides care and support to older people. One of the units on the first floor is currently admitting service users with mild dementia. Staffing levels have increased and it is the expectation that as a service user's dementia becomes more progressive they could be moved to the ground floor unit with the minimum of disruption and distress. All rooms are single and have en-suite facilities. There is a lift to the first floor. The dementia unit is within a safe area, which includes a spacious and easily accessible garden. The first floor has a balcony and sun terrace and is divided into smaller wings, each with a separate dining area. There is a large communal lounge. The home is decorated to a high standard and is well maintained. The aim of the home is; "To improve the quality of life for older people inspired by Christian concern". The home bases its care service on seven core principles Privacy, Dignity, Independence, Choice, Rights, Fulfilment and Spirituality. The current scale of charges range from six hundred and thirty five pounds to six hundred and seventy six pounds per week. A copy of this report is available on the CQC website or/and from the home.

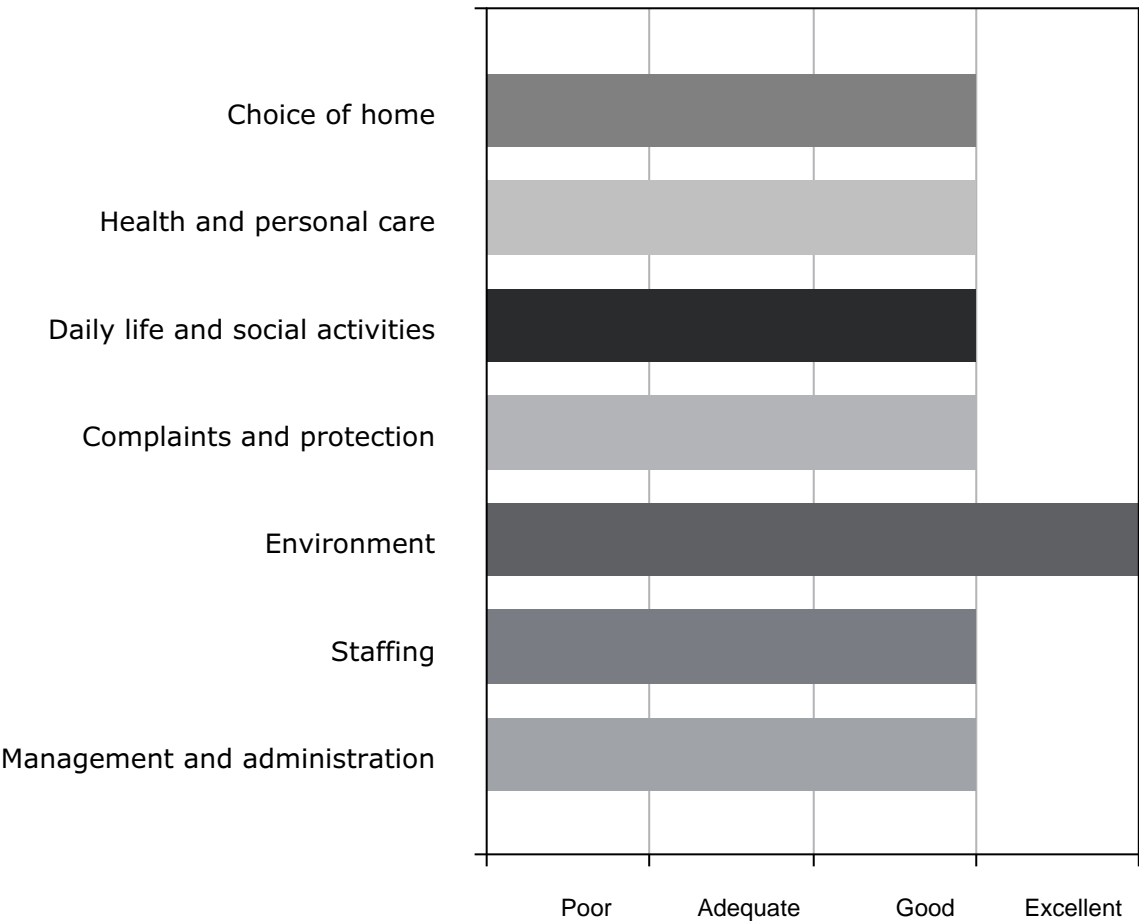
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This Key Unannounced inspection started on Thursday 9th July 2009. A pharmacist inspector visited the home on Monday 28th July 09 and their findings are included in this report. In total the inspection lasted 16 hours.

We spoke with eight staff on duty during the inspection. We spoke with fifteen residents of the home and we met six visitors. We observed the interactions between staff and residents. We inspected the building and examined various care records as well as a number of policies and procedures.

Prior to this inspection we sent out surveys to staff, residents and their relatives. We received four surveys back from staff and seventeen surveys from residents or their relatives.

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

### **What the care home does well:**

The Meadow has a friendly and supportive atmosphere. The management and staff are committed to providing a very good level of care to all residents. The staff understand the needs of individual residents and work hard to meet these needs in a way that respects their privacy and dignity.

The home is decorated and furnished to a good standard.

Residents are encouraged to be as independent as possible and are able to have a say in how the home is run. Complaints are taken seriously and residents are protected by robust recruitment procedures. People who use the service told us they felt safe at the home. One relative commented, "The home has a genuinely caring atmosphere, rare in my ten years experience of homes and much appreciated".

Staff are appropriately trained for the work they carry out.

### **What has improved since the last inspection?**

One requirement and four good practice recommendations were issued at the last key inspection. The requirement related to recording any new medication prescribed for residents following doctor's visits. This requirement has been complied with however four new requirements have been issued relating to medication as a result of this inspection.

The service has complied with the four good practice recommendations we issued and as a result;

The homes' statement of purpose has been reviewed to make it more inclusive.

Staff have received training and support around the new care plan format.

Quality monitoring for people with dementia has improved and the results of quality monitoring surveys are now available to residents and their representatives.

### **What they could do better:**

As a result of this inspection we have issued seven new requirements and five good practice recommendations.

Four requirements and one good practice recommendation relates to medication at the home and were issued following a pharmacist inspector's visit to the home on 28th July 2009. The remaining three new requirements relate to the recording of complaints received by the home, more detailed monthly visit reports by the provider and the need to record all fire drills undertaken by staff.

The four remaining good practice recommendations relate to care plans, reviewing menus, more dementia care training for staff and fire drills for night staff.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line –0870 240



7535.

## Details of our findings

### Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

## Choice of home

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

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

Prospective residents have accurate information about the home in order to make an informed choice about where to live.

The home carries out an assessment of individual's needs so that they know that the home is able to meet their needs before they decide to move in on a trial basis.

Evidence:

We examined the home's "Service User Guide". This document describes the aims and objectives of the home and the facilities available to people coming into the home. This document also informs social workers looking for placements for people. The document contained clear information to prospective residents about what services are available as well as the aims and objectives of the home. This document also clearly describes how the needs of people from different backgrounds and cultures will be met. We spoke with the registered manager and suggested that the statement could include reference to sexual orientation which would make the document more inclusive.

## Evidence:

Pre admission assessments were examined for three people who are now living at the home. The information was satisfactory and clearly outlined each person's individual needs.

There was evidence that these identified needs were also being recorded in each person's individual care plan. People who use the service and their relatives told us that they were involved in this assessment process and, where possible, had visited the home before moving in on a trial basis.

The manager confirmed that all residents have a review of their placement after four to six weeks so they can decide if they are happy at the home and want to move in on a permanent basis.

## Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

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

### **This is what people staying in this care home experience:**

#### Judgement:

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

Care plans clearly set out residents' health, personal and social care needs so that staff know how best to support everyone at the home. Residents have good access to health care professionals and they are treated with respect.

Policies and procedures in relation to medication are generally being followed.

#### Evidence:

Eight care plans were examined. Each plan gave clear instructions to staff about how best to care for each person. All care plans covered the physical, emotional and cultural needs of the individual. Care plans also contained a social history of the individual resident.

Care plans were being reviewed on a regular basis and updated where needed. There was evidence that people were being asked what they thought about their own care plans. It was clear from observing staff interactions with residents that staff knew the residents well and treated them as unique individuals.

Each person's plan of care included an assessment of the risk of falling and how staff

## Evidence:

are to reduce this risk, for example, having two staff to help with personal care tasks or by supervising the resident when they walk around the home. There were other risk assessments seen in each person's file, including manual handling, pressure care, nutrition and other risks associated with dementia. All these were being reviewed on a regular basis.

The plans are very detailed and staff are expected to write updates on a regular basis. A number of relatives commented that this took staff away from time with residents. This is a very difficult balance for staff as it is important that care documents are maintained for all residents. We spoke to the registered manager about this issue and have suggested that the care plan process be reviewed and, if possible, streamlined.

There was evidence from care plans that people have good access to health care professionals such as doctors, chiropodists, district nurses and opticians. People who use the service confirmed that they had good access to health care professionals and that the staff were good at organising any follow up appointments.

On the day of the inspection people using the service looked well cared for, their clothes were clean and they were appropriately dressed.

On the 28th July 2009 a pharmacist inspector visited the home and checked policies and procedures in relation to the receipt, storage, administration and disposal of medication.

The following report relates to our findings.

Two medicine trolleys are used to transport medication securely to the homes service users. One trolley for the upper floor, consisting of three units for older people, and the other trolley serving the ground floor of a single unit catering for older people with dementia. Both trolleys were securely tethered in the medicines room when not in use.

Medication was dispensed to the home by Boots pharmacy on a 4-week repeat medication prescribing cycle using the Boots monitored dosage system (MDS) including printed medicines administration record (MAR) charts. The current cycle commenced 3 days earlier on 23 July 2009. It was noted that there were no entries for the items on most of the MAR charts to account for medication received. Although audit was met for the few medicines with receipt entries, absence of receipt records prevented audit of most medication.

## Evidence:

During observation of the medicines round it was noted that the medicines administration record (MAR) charts were being signed as being administered prior to administration. This is poor practice as the subsequent refusal by a resident to receive or take the medication will result in the unnecessary need to alter the entry on the MAR chart which if not carried out will result in an incorrect entry and an untrue reflection of treatment being received.

Where the prescribed directions for medicines administration required interpretation by the staff member administering, for example "when required" or "to be taken as directed" or a variable dose, there was no documented guidance providing this information. This could include such information as: dosage or appropriate dose if variable, minimum interval between doses, maximum number of doses in a stated period of time, the indication for prescribing and any signs to indicate when a dose was required or should be omitted.

Some medicines that had been discontinued prior to the start of the current MAR charts continued to have entries printed by the pharmacy. These entries need to be clearly annotated by an authorised member of the home's staff to indicate discontinuation and avoid administration in error. One such item was incorrectly marked in the administration section of the MAR chart with the code "N" on each occasion the time of administration was indicated. Code "N" is defined on the chart as "offered PRN not required" and therefore is not only incorrect but misleading as this is not a true record of treatment.

The medicines fridge had a daily record of the fridge temperatures, however, the maximum/minimum temperature readings provided by the integral thermometer were not being recorded even though there are spaces allocated on the record chart. Recording the maximum/minimum temperatures provides indication of any malfunction of the fridge or interruption of power supply that could result in temperatures outside that required and thereby reducing the therapeutic effect of medicines stored in the fridge.

Although the medicines fridge was lockable, the keys were left in the lock whereas they are required to be held securely with the other keys for medicines storage. The fridge contained 2 bottles of resident's urine specimens waiting to be taken to the GP practice. This is contrary to health & safety that directs that biological specimens must not be stored with medicines.

Two packs of depot injections were contained in the medicines fridge containing ampoules whereby one ampoule was administered to one resident from both packs

## Evidence:

every 2 weeks by a visiting nurse. On first examination, after removal of the injection from the fridge, the ampoules contents showed a cloudy precipitate caused by cold storage. Although the storage instructions on the packs had been covered by the dispensing label, the patient information leaflet in the packs stated "do not refrigerate". Both packs of the injections had an expiry date on the pack of 04/2009 indicating expiry by almost 3 months. It was therefore necessary to ensure that a new supply is provided before the next administration. This was not easily determined without contacting the outside nursing service as there was no indication on the MAR chart.

Storage of Controlled Drugs (CD) was provided by a dedicated locked cupboard that met the requirements of the Misuse of Drugs Act 1973 and within a medicines cupboard in the medicines room. A CD record book was maintained indicating the receipt, use and disposal of CDs in addition to the records required that are common to all medicines. The balance entry for the currently used Transtec Patches 35micrograms/hour, on page 155 of the record book indicated a surplus of one patch that was linked to an error of addition.

On the corridor wall situated opposite the home's ground floor office was a chart indicating the range of training received by the home's staff. The chart indicated that most of the home's staff handling medication had received updated medication training by Boots on 31 May 2009. However, the most recent certificates for medication training were dated June 2006 and there was no documented accountability of checking competence.

The home's policies and procedures on medication were available in the medicines room and consisted of the provider's corporate documentation issued on 04/2006 and marked for review on 04/2008. A separate draft document was printed from the home's computer that described local medication procedures. There were some errors and deficiencies requiring attention before putting the document into practice. The home had a copy of the Royal Pharmaceutical Society's latest guidance for "The handling of medicines in social care", whereas the Pharmaceutical Society's guidance document referred to in the provider's corporate policy is now obsolete.

The inspector indicated further professional advice documents on medication available to the home published by the CQC including: "The administration of medicines in care homes", "Medicine administration records (MAR) in care homes and domiciliary care", "Training care workers to safely administer medicines in care homes" and "The safe management of Controlled Drugs in care homes". In addition the location on the CQC website was indicated where further information was available in the form of



Evidence:

"Pharmacy Tips" as well as updates to professional Advice documents.

As a result of this pharmacy inspection we have issued four new requirements and one good practice recommendation in relation to medication.

We saw a number of examples of supportive staff interactions with people and staff were able to describe to us how they ensure the privacy of people they support.

We saw staff knocking on resident's bedroom doors before entering.

People we spoke with told us that the staff were respectful and kind towards them.

## Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

### This is what people staying in this care home experience:

#### Judgement:

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

The home provides varied activities for people who use the service in order to keep them suitably occupied and engaged. Visitors to the home are encouraged and welcomed. Residents are able to exercise choice and control over their lives. The home provides people with a wholesome appealing balanced diet.

#### Evidence:

Both residents and relatives told us that activities have been problematic recently as there was not an activity worker in post. The post has now been filled and people told us that activities at the home have improved considerably.

We observed staff carrying out activities in the dementia unit in the morning and the activity coordinator was carrying out a quiz with residents on the first floor. Further dementia training has been booked for the activities coordinator to build on her knowledge and experience.

We saw a large number of visitors to the home during the inspection. They told us that staff were welcoming and that they could visit at any reasonable time. Residents we spoke with confirmed this. Relatives told us that in general they were very happy with the care and support residents received at the home. One relative told us, "It's a

Evidence:

marvellous home".

Interactions observed between staff and visitors were warm and friendly.

A number of relatives we spoke with told us they were very concerned about the recent management changes at the home and were concerned about what impact this would have on care delivery. We spoke with the manager and service manager of the home about these concerns. They told us that they have been meeting with relatives about their concerns and would continue to keep residents and relatives informed about these management changes. We were informed that these changes had been implemented in order to improve the care and support of residents and that where these changes had been implemented in other homes the quality of care had improved.

The home holds regular residents' meetings and residents we spoke with said these meetings were generally very useful. One resident told us, "If people say they are going to do something it gets done". Records of these meetings were being maintained with examples of follow up action taken as a result of residents' suggestions and comments.

Staff we interviewed were able to give us practical examples of how they offer choice to people living at the home. We saw examples of staff offering choice in relation to meals and activities during the inspection.

People who use the service confirmed that they could exercise choice and control over their lives. One relative told us, "I feel the staff involve my mother in all decisions concerning her welfare and many concerning the home". One resident told us that staff never tell residents what to do.

On the day of the inspection the kitchen was clean and well stocked with fresh fruit and vegetables. The cook was aware of any special diets that people needed and told us that cakes would be provided for resident's birthdays. Fridge and freezer temperatures were being recorded.

The food looked and smelt appetizing and people told us they get enough to eat. Comments about the quality of food provided were mixed. Some people told us they were satisfied with the food and comments included, "Good food, well cooked" and, "The food is nice". Other comments from residents and relatives included, "Always edible, sometimes it's excellent" and "It is the one serious blot on this home".

Evidence:

People acknowledged that it was difficult to cook meals that everyone was happy with however some residents noted that even though the cook attended residents meetings some suggestions had not been taken on board. There were also issues with the variety of sandwiches available for supper. We have made a good practice recommendation that the menu is reviewed with particular reference to evening meals.

## Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

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

### **This is what people staying in this care home experience:**

#### Judgement:

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

Complaints are taken seriously and responded to in a professional manner.

People at the home are protected from abuse by clear policies and procedures and by an appropriately trained staff team.

#### Evidence:

The home has satisfactory policies and procedures in relation to complaints and the protection of residents from abuse. We saw evidence that complaints were being responded to in accordance with written procedures.

The home has a comments book which has been situated in the reception area. There were a number of positive comments about the home but there were also a number of complaints. These complaints should be dealt with in the same way as any other complaints received about the service. A requirement has been issued relating to responding to complaints in the relevant section of this report.

Residents who we spoke with said they did not have any complaints about the service and knew who to contact if they did. One resident told us about a complaint she made to the manager and that she was very happy with the professional way he dealt with this complaint.

Staff were able to describe how vulnerable people could be at risk of abuse in a residential care setting. All staff interviewed were clear of their responsibility to report

Evidence:

any suspicions of abuse to the appropriate authorities.

Residents that we spoke to said they felt safe and well supported at the home.

Records indicated that most staff have undertaken training in the protection of vulnerable people.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

**This is what people staying in this care home experience:**

Judgement:

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

The home is clean, well maintained and decorated and furnished to a high standard.

Evidence:

A tour of the home took place and we visited some residents in their rooms. The home is decorated and maintained to a high standard and there were no major maintenance issues found. The garden next to the dementia unit has been landscaped and looks very nice. Residents were observed walking around and enjoying the space. Both the dementia unit and the garden space have been secured so residents cannot accidentally leave the home and get lost. All rooms have been furnished with the individual resident's furniture and each room has an individual feel. Residents told us they were very happy with their rooms.

All toilets and bathrooms contained paper towels and anti bacterial soap to reduce the risk of cross infection. Training records indicated that staff have undertaken infection control training and people who use the service said that the home was always clean. There were no offensive odors detected throughout the home. The laundry was clean and washing machines have the required sluice cycle in order to deal with soiled laundry.

## Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

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

The staff at the home work hard to meet the needs of the residents and are provided with good training opportunities to further enhance their knowledge and skills. Recruitment practices are sufficiently detailed in order to protect residents at the home.

Evidence:

On the day of the inspection there appeared to be sufficient staff to meet the needs of people using the service. People that we spoke with confirmed that there were enough staff to meet their needs. People we spoke with were very positive regarding the care they received from staff at the home. One person said, "We are treated well", a relative told us the staff are, "Really nice people".

As mentioned elsewhere in this report the new management structure has caused concern to both relatives and staff. A number of staff we spoke with said they felt the morale of the staff had been reduced as a result.

It is down to the professionalism of staff at the home that this does not appear to have affected the care that residents receive. One relative that we spoke to told us, "They do a fantastic job". The new staffing structure has not been fully implemented and there are still some staff vacancies. This has meant that some shifts have not always been complete. The manager told us that existing staff and bank staff have



Evidence:

been filling these vacancies on the rota.

The self assessment (AQQA) that was sent to the Commission by the service indicated that all permanent staff have now attained their NVQ level 2 qualification or equivalent. This exceeds the requirements of this standard.

Training records that were examined indicated that staff have undertaken appropriate training and staff interviewed were able to give examples of recent training they had attended and how the training had informed their work practices. Staff were positive about the training opportunities available to them within the organization.

We also spoke with the service manager of the home about dementia training. Because most of the residents have some form of dementia it is important that staff have a good knowledge of dementia care. Staff generally have two days training in this subject each year. A good practice recommendation has been issued that staff undertake further, more in depth dementia training. This training should include issues around communication and well being.

Three staff files were examined from staff recently employed by the home. We checked these files to see if the home's recruitment procedures were being followed so that residents are protected from unsuitable staff working at the home. The files examined contained all the information needed to protect residents including two written references, proof of identity and criminal record checks.

One of the residents told us that she was involved in the recruitment process for some staff. This is excellent practice and the organisation is to be commended for involving people who use the service with staff recruitment.

## Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

### **This is what people staying in this care home experience:**

#### Judgement:

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

The manager is qualified, competent and experienced to run this home.

Residents do have opportunities to have a say in how the home is run.

Residents' financial interests are being safeguarded.

The health and safety of residents and staff are promoted and protected.

#### Evidence:

The registered manager has been working at the home for about eighteen months and has the qualifications required by this standard to manage a residential home.

Residents that we spoke to praised the work of the manager and one person told us that the manager has, "Done a lot of things for the good".

We went around the home with the registered manager and found he had a good knowledge about residents needs and understood many issues about dementia care. He told us he is booked to undertake dementia mapping training in the near future. This training should further enhance the manager's skills and knowledge about dementia care.

## Evidence:

The organisation has a number of quality monitoring systems to obtain the views of people who use the service. The home sends out surveys to residents and their families each year. The results of these surveys are then collated, published and made available to interested parties. As mentioned previously, the home also holds regular residents and relatives meetings. The manager also produces a newsletter for residents and relatives to keep people informed about the service. A dementia mapping exercise was carried out recently to monitor the quality of care provided to residents with dementia on the ground floor. There were a number of concerns raised as a result of this monitoring exercise. Some of these concerns related to staff interactions with residents which could be seen as having a negative impact on the well being of residents. As a result of this further training has been given to staff. Another dementia mapping exercise has been booked for August 09. We were pleased to note that none of the negative interactions mentioned in the report were observed on the day of the inspection. Interactions observed between staff and residents were positive and supportive and were having a positive effect on residents' well being. As required under Regulation 26 of the Care Homes Regulations 2001, the organisation undertakes monthly visits to the home and provides a report to the manager. Some of these reports we examined were a little basic in content. It is important that the organisation ensures that both residents and staff are given the opportunity to comment on care issues during these monthly visits. We have made a requirement that the organisation completes these monthly visits in line with the required information covered by this regulation.

Residents' money is generally dealt with by the resident or their representative. The home does hold small amounts of money on behalf of some residents in order to purchase small items such as newspapers or for services such as hairdressing. Random samples of individual accounts were inspected. All money is held separately and each account contained a clear audit trail with receipts.

Satisfactory health and safety records were seen in relation to electrical installation, PAT testing, gas safety and equipment servicing such as hoists and lifts.

We also checked records in relation to fire safety.

The manager told us that regular fire drills take place for both day and night staff. However the records of these drills could not be provided at the inspection. We have made a requirement that these records are maintained at the home and available for inspection at all times. It is also important that night staff have regular fire drills so they understand the action they need to take if a fire occurs at night.

A good practice recommendation has been issued relating to fire drills for night staff.

Are there any outstanding requirements from the last inspection?

Yes

☐

No

☒

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	Medicines are required to be stored correctly in accordance with legislative and labelled directions.  This is to ensure that policies and procedures in relation to medication are being followed at all times.	07/08/2009
2	9	13	Recent records showing evidence of medication training and competency are required.  This is to ensure that policies and procedures in relation to medication are being followed at all times.	27/08/2009
3	9	13	Documented medicines policies and procedures are required to provide current and comprehensive guidance.	25/09/2009

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			This is to ensure that policies and procedures in relation to medication are being followed at all times.	
4	9	13	<p>Medicine administration records are required to be accurate, complete and accountable with full information provided to ensure that medicines are administered to the home's service users, as prescribed.</p> <p>This is to ensure that policies and procedures in relation to medication are being followed at all times.</p>	27/08/2009
5	16	22	<p>The registered person must ensure that all complaints received about the service are dealt with in accordance with the home's written policies and procedures.</p> <p>This should ensure that all complaints, no matter where they are recorded are dealt with properly.</p>	31/08/2009
6	33	26	<p>The registered person must ensure that monthly visits undertaken by the provider cover all the elements required by this Regulation.</p> <p>This should ensure that residents have the</p>	01/10/2009

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			opportunity to comment on the service provision and that the organisation can check that procedures and policies are being followed correctly.	
7	38	23	<p>The registered person must ensure that records are maintained of all fire drills carried out at the home and are available for inspection at all times.</p> <p>This should ensure that written evidence is provided that both day and night staff undertake regular fire drills at the home.</p>	01/10/2009

## 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	7	The registered person should review the care planning approach at the home and, where possible, streamline the recording process.
2	9	he registered person should ensure that records are maintained of the maximum/minimum temperatures of the medicine fridge to ensure the correct storage is maintained for medicines to be therapeutically effective.
3	15	The registered person should ensure that menus at the home are reviewed with particular reference to evening meals.
4	30	The registered person should ensure that all staff at the home are provided with further, more in depth dementia training. This training should include communication and

## 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
		well being.
5	38	The registered person should ensure that night staff undertake fire drills every three months to make sure they understand what action to take in the event of a fire occurring at night.



## Helpline:

**Telephone:** 03000 616161 or

**Textphone:** or

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Commission for Social Care Inspection (CSCI). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CSCI copyright, with the title and date of publication of the document specified.