

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Pennine Care Centre

**Off Turnlee Road
Glossop
Derbyshire
SK13 6JW**

Lead Inspector
Susan Richards

Key Unannounced Inspection
8th October 2009 09:00

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care homes for older people can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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SERVICE INFORMATION

Name of service	Pennine Care Centre
Address	Off Turnlee Road Glossop Derbyshire SK13 6JW
Telephone number	01527 594030
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Canterbury Care Homes Ltd
Name of registered manager (if applicable)	Manager post vacant
Type of registration	Care Home
No. of places registered (if applicable)	64
Category(ies) of registration, with number of places	Dementia (64), Old age, not falling within any other category (64)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following categories of service only:
Care home only - Code PC

to service users of the following gender:
Either

whose primary care needs on admission to the home are within the following categories:
Old age, not falling within any other category - Code OP
Dementia - Code DE
2. The maximum number of service user who can be accommodated is 64

Date of last inspection 11th August 2008

Brief Description of the Service:

Pennine Care Centre is a large converted property with a purpose built extension. It has operated as a registered care home for many years and has recently undergone a change of ownership, resulting in the registration of Canterbury Care Homes Limited as the registered provider as of 15 February 2008. This is therefore their first inspection.

The home is situated on the outskirts of Glossop accessed via a private road, set back from the main road, bus route and local amenities. Accommodation is provided in two adjoining units, served by a central kitchen and laundry.

Pennine Suite provides personal care for up to 36 older people aged 65 years and over with accommodation and facilities provided over two floors. Pennine Suite has 30 single and 3 double bedrooms. One single and one double have en suite facilities. There are dedicated dining and lounge facilities, including a small quiet room. There is a garden /patio area with seating off the main drive, which is accessible to service users.

Moorland Suite is a purpose built unit providing personal care for up to 18 older persons with dementia and 10 places for persons aged 50 years and over with dementia. Accommodation and facilities here are also provided over two floors. Moorland Suite has 28 single bedrooms. All bedrooms except for one room have en suite toilets and hand washbasins. There are dedicated lounge and dining facilities, with a choice of lounge areas. An enclosed rear garden/patio area with seating is accessible to service users. Communal bathroom and toilet facilities are provided on each unit, including shower facilities.

People are provided with care, support and services from a team of care and hotel services staff for each unit. Staff are led by a manager, supported by a

deputy manager and with external management support.

Up to date information about fees charged, what they cover and arrangements for their payment can be obtained directly from the home administrator and/or manager.

SUMMARY

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

The quality rating for this service is one star. This means the people who use the service experience adequate quality outcomes.

The focus of our inspection is on outcomes for people who live in the home and their views on the service provided. The inspection process looks at the provider's ability to meet regulatory requirements and national minimum standards. Our inspections also focus on aspects of the service that need further development.

We looked at all the information we have received, or asked for, since the last key inspection. This included: the annual quality assurance assessment (AQAA) that was sent to us by the service. The AQAA is a self-assessment that focuses on how well outcomes are being met for people using the service. It also has some numerical information about the service; surveys returned to us by people using the service and from other people with an interest in the service; information we have about how the service has managed any complaints; what the service has told us about things that have happened - these are called notifications and are a legal requirement; the previous key inspection and the results of any other visits we have made to the service in the last 12 months; relevant information from other organisations; and what other people have told us about the service.

The inspection visit of 8 October 2009 included assessing compliance with previous requirements made and the meeting of key national minimum standards.

We sent out 16 surveys to people living in the home and received 5 responses. We also sent out 16 surveys to peoples' relatives or representatives via individual service users and 10 staff surveys. We received 6 responses from peoples' relatives or representatives and 7 from staff.

There were 49 people accommodated in the home on the day of the inspection visit - 27 on Pennine Suite and 22 on Moorland Suite. Some of the people who live in the home, visitors and staff were spoken with during the visit. We were assisted by the manager. (Some people were unable to contribute directly to the inspection process because of communication difficulties, but they were observed during the visit to see how well their needs were met by staff).

'Case tracking' was used during our visit where we looked more closely at the quality of care and services received by some people living in the home. We did this by speaking to them and/or their relatives where possible, observation, reading their care records, and talking to staff.

All of the above was done with consideration to the diversity needs of people accommodated at the home.

What the service does well:

People had sufficient information about the home and their needs appeared to be met.

People are offered a range of activities both within and outside the home and a varied menu.

People are encouraged to exercise choice so that their lifestyle in the home generally meets with their expectations and preferences.

People are provided with information and support to assist them in making a complaint, which are usually taken seriously and acted on.

Internal systems and procedures promote peoples protection from abuse.

People live in comfortable surroundings and their own rooms suit their needs.

People are supported and protected by the home's recruitment policy and practises.

Staff working at the home is welcoming, caring and supportive. We received many comments from people here, including

'Staff is welcoming, friendly.'

'Staff is dedicated and caring.'

What has improved since the last inspection?

The home has complied with all of the requirements we made in our last key inspection report. These related to specified improvements made in respect of the following –

- > Key service information provided for people.
- > Individual needs assessment and care planning records.
- > Aspects of medicines practise.
- > Areas of environmental improvement, repair and renewal.
- > Increasing activities staff hours and provision, including ensuring that people are enabled to consistently access the local community in accordance with their choices and lifestyle expectations.
- > Peoples dining experience and regular meetings held with them and their families.
- > Introducing training for some staff in the Mental Capacity Act 2005.

What they could do better:

Ensure that care plans are person centred and include all the assessed needs of the person. So that people receive the care they need in the way they expect and prefer and in accordance with any identified risks.

Ensure that people are protected from safe and best medication practices that are effectively monitored.

Make the complaints procedure available in large print format to assist people with sight difficulties (or other formats as may be necessary such as audio).

Ensure that all concerns raised are fully recorded, including as to their resolution to peoples' satisfaction.

Ensure that staff know the role of outside agencies concerned with safeguarding vulnerable adults and for procedures to follow when necessary to pass concerns to those agencies including the Commission.

Continue to monitor and ensure the timely repair and renewal of the home. With priority to matters we have raised in this report concerned with promoting environmental health and safety and peoples' welfare.

Ensure the continuum of sufficient domestic cleaning staff to ensure the thorough and consistent cleaning of the home.

Ensure that staff receive the training they need and with clear records to show staff training status.

Regularly review care staffing levels and skill mix in consultation with staff and people who use the service and their representatives and ensure there is always a choice for people of female and male staff to assist them in their personal care.

Ensure that where necessary, the Commission is provided with timely written notifications as necessary in respect of the occurrence of any event which adversely affects the well being or safety of any service user, including serious injury.

Develop a written policy and procedure as to how the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards will be implemented in the home. Including how the provider will monitor these.

Further develop infection control systems and monitoring so as to promote best practise.

Provide a visible annual development plan for the home reflecting aims and outcomes for service users.

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

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line – 0870 240 7535.

DETAILS OF INSPECTOR FINDINGS

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)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

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

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

This is what people staying in this care home experience:

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

3 and 6

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.

People had sufficient information about the home and their needs appeared to be met.

EVIDENCE:

In the annual quality assurance assessment (AQAA) completed by the home's acting manager, they told us that people are provided with information about the home to help them make a decision about living there. The AQAA said that people are assessed prior to admission to ensure their needs can be met and they are encouraged to visit the home. The AQAA said the home planned to improve by liaising with social workers and to meet relatives to help with the assessment of the person prior to admission.

At this inspection we saw the homes statement of purpose and service user guide had been revised and updated. Including information about fees charged and with clearer information as to the range of needs the home intends to provide for. Although the specified range of fees charged, as detailed in the statement of purpose was not provided within the service guide for people. We discussed this with the manager who agreed to address this.

People told us they were provided with enough information about the home to help them to make a decision about living there. People told us their needs, or those of their relatives, were met at the home. Relatives said, "I have peace of mind now he's here", and, "they care for my brother in the way he needs".

We looked at the care records for 2 people in the Moorland Suite and for 3 people in the Pennine Suite. All the records had an assessment carried out by the manager, or senior staff, prior to the person's admission, plus a more detailed assessment on admission to the home. Assessment information had been updated monthly.

The home was in the process of changing over to new care documentation. The new documentation included an assessment of the person's mental capacity and also details of whether the person had a Lasting Power of Attorney or a 'living will'. However, in the records seen, these forms had been left blank.

We were advised by the manager, that there is no formal written policy and procedures for staff to follow to determine as to how the considerations of the Mental Capacity Act 2005 will be applied and monitored in the home. We have referred to this under the Management section of this report and made a recommendation there about this.

We found 2 people accommodated whose care records indicated that their indicated primary care needs were due to their mental health. Although the needs of these 2 people appeared to be met, the home's registration is for people who need personal care and support due to the conditions of old age or dementia and does not include mental disorder. Following the inspection we wrote to the provider expressing our concerns about this and asked them to tell us what action they were going to take to address this issue. We have received a written response from them, telling us what action they intend to take, which is satisfactory in principle.

Standard 6 did not apply as there were no people receiving intermediate care in the home.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

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

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

This is what people staying in this care home experience:

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

7, 8, 9 and 10

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.

Although improvements had been made, there were some omissions in care plans that may place people at risk and the plans tended to focus on problems, rather than looking at each person's needs in a more holistic, person centred way.

There were unsafe medication practices that potentially put people at risk.

EVIDENCE:

The AQAA said people and their relatives are encouraged to explain their choices in personal and healthcare support. The AQAA gave details of how a range of healthcare needs are met through NHS and private provision, such as local GPs, District Nurses, chiropodist and dentist. The home plans to improve by changing all the care documentation to a new format, obtaining a more

comprehensive life history of the person prior to admission, and discussing with the person and their family their end of life wishes.

We looked at the care records of 4 people in the home. Each had a care plan in place with an agreement signed by the person or their representative. All the care plans had been reviewed monthly up to date. People we spoke with confirmed they had seen their care plan, or that of their relative.

The care plans had good details about the person's needs and of the action required by staff to meet those needs. There were prompts for staff to maintain the person's dignity and privacy. We found that for 2 people the care plans did not cover all of their assessed needs. For example, 1 person assessed as at high risk of developing pressure sores did not have a care plan explaining what action was needed to minimise this risk. We found that the care plans tended to focus on the perceived problems of the person, rather than considering their strengths and abilities in a person centred way.

Each person had appropriate assessments to determine their healthcare needs, such as assessments of the person's nutritional and continence needs. There were also assessments of the person's manual handling needs. The assessments had all been reviewed monthly up to date. Records showed that people were referred promptly and appropriately to their GP or other healthcare professionals. People we spoke with confirmed that they saw their GP when they needed to.

People told us their needs are usually met, including their medical needs. One relative said "Dad's general health and appearance is much improved since he came to live here". Two people said that personal hygiene standards could be improved on the Moorland Suite. Staff told us that general standards of care were improving.

People told us that "the staff are very good" and usually there when needed. A relative told us "the majority of staff is positive and helpful". One person said the staff were often busy and sometimes did not have time to talk. We observed that staff was positive and respectful in their communication and approach to people in the home.

Medication was stored securely in the home and was administered by senior care assistants who had received appropriate training. There were satisfactory records of all medicines received into the home and returned to the pharmacy. The medication administration records (MAR) were mostly well completed, with no gaps in recording. For one person, we found that handwritten instructions had not been signed by the member of staff who had copied the instructions onto the MAR, nor countersigned by another member of staff to ensure the instructions were correct.

Since the last inspection, people who wished to manage their own medication had been provided with lockable storage in their bedrooms and there were appropriate risk assessments in place.

We found that for 2 people in the home staff were removing medication from the original packaging and placing it into a 'dosette' box for the person to take out of the home. This is secondary dispensing and must not be carried out by care home staff. When brought to the attention of the acting manager, she immediately took action to stop the practice and to introduce a safer system.

There was insufficient detail in care plans when medicines were prescribed 'as required'. In the care plans seen, there were no details of when or why the medication should be given, or of any alternatives to try first.

We found that the temperatures of the fridges used to store medicines were checked and recorded daily. The records did not show the minimum and maximum temperatures each day. The records showed that one fridge was regularly recorded as below freezing. Insulin was stored in this fridge and the storage instructions on the pack stated 'do not freeze'.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

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

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

This is what people staying in this care home experience:

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

12, 13, 14 and 15

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.

People were offered a range of activities, a varied menu, and were encouraged to exercise choice so that their lifestyle in the home generally met their expectations and preferences.

EVIDENCE:

The AQAA said that people were encouraged to spend their day how they choose and to offer suggestions about activities in the home through meetings. They told us there was an extensive activities programme offering one to one and group activities. The AQAA said that meal times were seen as a social activity. Menus were changed regularly to met people's likes and dislikes. They planned to improve by having better care plans that show more clearly each person's choices and preferences. They also planned to set up a Friends of Pennine association to encourage relatives and friends to become more involved.

There are 2 activities coordinators employed at the home, 1 for each unit. The records we saw showed that there was a range of activities offered, such as trips out, arts and crafts, gardening, games, and visiting entertainers. Some people regularly use a special facility in the local town for people with dementia. A room in the home was being converted to a sensory / relaxation room for people to use. A monthly church service is held in the home.

People told us there are usually activities in the home that they can take part in. People said they enjoy the activities provided, including a trip to Blackpool in the summer and a recent trip on a canal boat.

People told us they could usually follow their preferred routines. Their individual preferences and choices were noted in their care records. People were encouraged to bring personal possessions into the home to make their bedrooms individual and homely.

There are monthly meetings for people in the home and their relatives to express their views about life in the home. We saw the notes from these meetings displayed on notice boards. The acting manager said that as attendance was low, that future meetings would be every 2 months.

Where decisions were made in respect of people's care and treatment on their behalf, their care records did not clearly show how their capacity had been assessed in accordance with the Mental Capacity Act 2005.

The dining rooms had been refurbished since the last inspection and looked bright and welcoming. We observed lunchtime on the Moorland Suite where most people sat to the table in chairs rather than being left in their wheelchairs. The meals served appeared appetising and people were given a choice of drinks. Staff gave appropriate help to people who needed it.

Most people told us they usually enjoyed the meals at the home. One person said there was "always enough" but they didn't always like the choices available. Menus are discussed at the regular meetings held and changed according to people's likes and dislikes.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

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

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

This is what people staying in this care home experience:

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

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.

Complaints are usually taken seriously by the home and acted on and people are protected from abuse.

EVIDENCE:

In our AQAA the home told us about satisfactory arrangements for dealing with complaints they receive. They said they leave out a comments book, that people can write any concerns or suggestions they have about the home, when they choose. They also said they ensure the safe handling of peoples monies when requested to safe keep these on peoples' behalf.

The told us they have improved their record keeping for complaints received and that they aim to make further improvements by ensuring people know how to complain and are always informed of the outcome of any complaints they make. They said they intend to ask people by way of written survey about these.

They also told us that they need to provide further staff training in recognising abuse and in dealing with aggression and challenging behaviours and to improve their written care plans that are concerned with the latter to reflect best practise.

They gave us some other information that we asked for in the AQAA, including that they have received six formal complaints. All responded to within 28 days and said none were upheld, although the latter did not tally with the outcomes recorded that we saw at our visit.

At this inspection people told us they know who to speak with if unhappy and most but not all knew how to complain. Although some people surveyed told us they have raised concerns about missing personal clothing, which are not dealt with to their satisfaction.

We saw that the complaints procedure was openly displayed in the home on both units and included the contact details for the Commission, but in standard print format, which may not best assist people with sight difficulties. The procedure displayed on Pennine Unit did not provide the correct contact details for the Commission. The manager told us she would replace this with an up to date version we saw.

Complaints were mostly well recorded. The manager confirmed there were some concerns raised about missing personal items and about some of the changes being made to the laundry systems to prevent their reoccurrence. We discussed the need to ensure that records of these are kept and that she notifies people where necessary of any action taken in respect of those concerns.

The manager also told us about a recent complaint, which was an allegation of the physical abuse of a service user. Information she provided told us that this was not substantiated and is agreed as closed via local authority joint agency procedures concerned with safeguarding people. The Commission was not notified about this at the time of its occurrence. We discussed with the manager, the need to ensure that written notifications are always forwarded to the Commission in respect of any significant event affecting the well being of any service user. We have referred to this under the Management section of this report and made a requirement there.

Staff that we spoke with were conversant with internal procedures to follow for complaints reporting and in the event of their witnessing or suspicion of the abuse of any service user, although did not know about the role of outside agencies concerned with this.

Most said that they had not received training dealing with any physical or verbal aggression by a service user, although said they thought that some staff

might have received this. We have made a requirement about staff training under the staffing section of this report.

Environment

The intended outcomes for Standards 19 – 26 are:

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

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

This is what people staying in this care home experience:

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

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.

People live in comfortable surroundings that are mostly subject to ongoing improvement, repair and renewal and their own rooms suit their needs. Although standards of cleanliness in the home are variable and may not promote best infection control.

EVIDENCE:

In our AQAA, the information provided there told us that the environment is comfortable, well maintained and homely and stated that it complies with the requirements of all agencies and authorities.

They told us about some improvements they have made referring to upgrading, repair and renewal in garden areas, communal areas and some bedrooms. They also said they have recently introduced revised cleaning programmes to better promote cleanliness and eradicate odours.

They said they aim to improve by continuing with their programme of repair and renewal and in ensuring that the building complies with the requirements made by the fire officer of the local fire authority following their most recent inspection of the home. At our visit we saw a written report from the fire officer who had revisited the home and found all matters appertaining to fire safety satisfactory.

They also told us in the AQAA that they operate an infection control policy and procedures.

At this inspection we received a variety of comments from people about the environment. Some people felt that improvements in the standards of cleanliness, décor and furnishings could be made. However, others told us about areas of renewal, including in their own rooms and communal areas.

During our visit we saw that some aids to orientation were provided, including by way of picture signs.

We also saw areas where work has progressed towards the overall renewal, repair, redecoration and cleanliness of the home, although standards were variable throughout the home.

The manager provided written details for costs and agreements for more substantial remedial works to be undertaken, including for window repair and replacement, repairs to an external roof and replacement of bath hoist seats. Although, with no identified timescales for their completion.

We also saw some areas that may present a risk to peoples' health and safety. These included,

- > Communal toilets in one area, which were very cold in temperature and with no heating provided there.
- > The radiator to a bathroom did not have a low surface temperature or suitable guarding.
- > Fixed bath hoist seats present as a potential infection control hazard, due to their state of cleanliness and repair.
- > Flooring to some bathrooms is not of the most effective type to promote good infection control.
- > The storage of a large number of wheelchairs, hoists and sit on weigh scales in a residents' lounge on Pennine and which may be a hazard to peoples' safety.

> Cleanliness and tidiness in bathrooms, toilets and the sluice on Moorland Suite was lacking and the suitable storage of waste and control of substances hazardous to health were not always best promoted.

We brought the above to the attention of the manager who engaged the maintenance person and a care staff member to address matters detailed in the latter point, which were immediately dealt with.

The manager also advised that she had introduced revised cleaning schedules although we did not have sight of these.

We saw a record of an infection control audit that the manager had undertaken for the environment in February 2009 which recorded an overall score of 66 percent together with a further audit dated May 2009. The latter was not fully completed or scored and detailed action that was not relevant to the audit.

Staffing

The intended outcomes for Standards 27 – 30 are:

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

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

This is what people staying in this care home experience:

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

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.

People are supported and protected by the home's recruitment policy and practises.

Whilst many staff is trained and competent, there are gaps in training for some, together with aspects of staff deployment arrangements, which may not be in peoples best interests.

EVIDENCE:

The AQAA described overall suitable arrangements in place for the recruitment, induction, training and deployment of staff. They said they had improved their induction process for staff by providing a longer period for their close supervision and support and they identified improvements they could make by encouraging more staff to attend free training, stating that many are reluctant.

The AQAA also told us that a second registered nurse had been employed to assist in the care of people on Pennine suite with highly complex needs.

They gave us some statistical information that we asked for relating to the number and skill mix of staff employed, which also told us that 28 care staff out of a total of 36 employed, have achieved an NVQ level 2, with 8 working towards this, although the breakdown figures they gave for these did not tally.

Most people who use the service, or who have an interest there told us that staff is caring and friendly and that they usually listen and act on what they say. However, six people felt the service could improve by having an additional care staff. The majority of this feedback was directed at Moorland Suite.

We saw that each unit is staffed with three care staff throughout the day and two at night for 27 people accommodated on Pennine Suite and 22 on Moorland. Each shift provides at least one senior carer and the manager is additional to these, along with 2 activities co-ordinators, each working 20 hours flexibly per week.

Duty rotas told us that all care staff on duty on the night of our inspection was all male and often where there was no female care staff cover provided at night. The manager confirmed this to be so. This means that service users have no choice at those times as to the gender of staff that provide their personal/intimate care. There was no record of any consultation with service users about this.

At our visit, there was only one domestic cleaner on duty for the home and working on Pennine Suite and with two others undertaking known and planned absence. Although rotas that we looked at recorded some additional hours provided to cover for these absences, by way of deployed care staff for domestic cleaning duties. These were not entire, with the previous two days providing an additional 2 hours for each day for Moorland Suite. We have referred to our findings for the cleanliness of the home under the Environment section of this report.

Staff that we spoke with described satisfactory arrangements for their recruitment, with varying opinions as to their deployment arrangements. Most felt additional staff is needed so as to provide four care staff for each unit. All said that peoples basic care needs were being met, but that lounge areas are not always supervised. The manager advised that peoples' dependency needs are measured to assist in determining staffing levels, but that she has no involvement in their determination, which is undertaken by external management.

Induction records for staff that we spoke with were of varying format and standards. One care staff who had worked at the home for some years, employed by the previous provider had a satisfactory induction record in accordance with Skills for Care Common Induction standards. However, the induction record that we saw for a more recent staff starter did not meet those

standards. The manager advised that she had recently introduced a revised format that does, although was not able to provide this for us to see.

Some staff told us that there are areas of training that they had not received. These include for first aid, infection control, dementia, dealing with aggression and challenging behaviour and Mental Capacity Act and Deprivation of Liberty training. Some felt that the arrangements for staff training were improved over the last 12 months. However, comprehensive staff training records were not provided. Staff supervision records for April and May recorded some staffs' stated requests for first aid training/instruction.

The manager told us she was in the process of undertaking a staff training needs analysis, with the aim of establishing a clear training plan. We saw some records that she had recently commenced for this. We were also advised that the company trainer is now based at the home to facilitate and progress staff training.

Since our visit we are provided with additional information about staff training. This tells us that 13 staff has received a half day training session in the Mental Capacity Act, including for Deprivation of Liberty with 8 being provided easy read information relating to these. Also that four staff have received mental health training, although the type of mental health training is not specified. It also tell us that all staff have undertaken dementia training, although this conflicts with what some staff told us.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

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

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

This is what people staying in this care home experience:

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

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.

The home is reasonably managed and run. Although the application of quality assurance and monitoring systems is inconsistent, which may compromise peoples best interests.

EVIDENCE:

In our AQAA the home told us about some of the things they do well. These include in promoting openness and transparency by meeting regularly with

people who use the service, or who have an interest there and in their quality assurance and monitoring arrangements.

They said they have improved their record keeping systems for peoples' monies that they safe keep and with further aims for improvement identified. Those detailed that are relevant to this outcome section relate to staff training and supervision and achievement of nationally recognised quality assurance benchmarking standards.

They also gave us most, but not all of the additional data that we asked for relating arrangements for peoples' health, safety and welfare in the home in the home and including in respect of their policy and procedural guidance for staff.

We found that existing policy and procedural guidance has been reviewed within the last 12 months. There is no policy and procedural guidance for staff to follow as to how the principles of the Mental Capacity Act 2005 and Deprivation of Liberty principles are to be applied by them.

At our visit we were advised and assisted by the acting manager, who has been in post since the beginning of August 2008. To date the manager has not submitted her application for registration with the Commission. She advised us that she had not commenced the process for this.

Staff told us that there are effective management arrangements in place for their supervision and support and most, but not all felt that communication works well.

The manager advised she had undertaken and recorded quality audits in February and May 2009 for the kitchen, environmental health and safety, including fire risk and for infection control. We sampled those recorded for infection control and environmental health and safety and found that these were not always fully completed in respect of their scoring and the recent action plan for the infection control audit was not wholly relevant.

The environmental health and safety audit identified areas of staff training that were required, including for infection control. The infection control audit of February scored 66 percent, although at the time of our visit there were no dates determined for staff training in infection control. We have referred to gaps in staff training under the Staffing section of this report and also to cleanliness and infection control matters under the Environment section of this report and made requirements there about these.

We saw that service user accidents/incidents and falls are regularly monitored by way of monthly audits. Recent records that we saw for these and discussions with the manager told us written notifications are not always forwarded to the Commission where necessary. We discussed this with the

manager and referred her to CQC guidance to assist her in determining these. The manager agreed to review and act on this guidance with priority.

Staff that we spoke with was conversant with procedures to follow in the event of an accident or incident in accordance with the homes policy and procedural guidance. They also told us they are usually provided with the equipment they need to perform their role safely and gave us some examples of these.

Whilst we saw that many areas of the home were safe/free from observable hazards to peoples' safety. We did observe some areas which may compromise these. We have referred to these in the Environment section of this report and made some requirements there.

SCORING OF OUTCOMES

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

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

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

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

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	2
9	2
10	3
11	X

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

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	2
20	X
21	X
22	X
23	X
24	X
25	2
26	2

STAFFING	
Standard No	Score
27	2
28	4
29	3
30	2

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	X
32	X
33	2
34	X
35	X
36	X
37	X
38	2

Are there any outstanding requirements from the last inspection? NO

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.	OP7	15	<p>A written care plan must be produced for any service user whose individual needs assessment identifies potential risks to their personal safety.</p> <p>The plan must detail any necessary interventions so as to minimise that risk and protect people from unnecessary harm.</p>	31/12/09
2.	OP9	13(2)	<p>Medicines must be stored correctly according to the manufacturer's instructions.</p> <p>This will ensure medication is safe and effective for people to use.</p>	30/11/09
3.	OP9	13(2)	<p>Medicines must only be administered by staff from the original packaging supplied by the pharmacist.</p> <p>This will help to protect people in the home and ensure medicines are administered as prescribed.</p>	30/11/09
4.	OP25	23	<p>Heating must be provided in all parts of the home which are used by service users.</p>	31/12/09

			<p>In this instance the ground floor communal toilets on Pennine Suite.</p> <p>To ensure peoples comfort and their health, safety and welfare.</p>	
5.	OP25	13(4)(a) & (c)	<p>A recorded risk assessment must be undertaken for the radiator located in the ground floor bathroom on Pennine Suite, which does not have a guaranteed low surface temperature or guarding. With action taken as may be necessary to ensure service users health and safety.</p>	30/11/09
6.	OP26	23(2)(d)	<p>All parts of the home must be kept clean.</p> <p>So as to ensure good infection control at all times.</p>	30/11/09
7.	OP26	13(3)	<p>Bath seat hoists must be kept clean and well maintained or be replaced where necessary.</p> <p>To prevent infection, toxic conditions and the spread of infections at the home.</p>	31/12/09
8.	OP22	23(2)(l)	<p>Suitable storage areas must be provided for aids and equipment, including wheelchairs, which must not be stored en masse in communal areas accessed by service users.</p> <p>To ensure that peoples safety and access to communal areas at all times.</p>	30/11/09
9.	OP27	18(1)(a)	<p>At all times there must be sufficient staff working in the home in such numbers as are appropriate for the health and welfare of service users.</p> <p>Sufficient domestic cleaning staff must be provided to ensure the thorough and consistent cleaning</p>	30/11/09

			of the home.	
10.	OP30	18(1)(c) (i)	Staff must receive training appropriate to the work they are to perform. To ensure that peoples' needs are met from staff that is trained and competent. (To include dementia; dealing with aggression and challenging behaviour and Infection Control).	31/01/10
11.	OP38	37	Written notification must be provided to the Commission without delay of the occurrence of any event, which adversely affects the well being or safety of any service user, including any serious injury (and all other matters as are specified under this regulation).	30/11/09
12.	OP38	13	Suitable arrangements must be in place for the training and/or instruction of staff in first aid.	31/12/09

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.	OP7	A more person centred approach to care planning should be developed.
2.	OP9	To ensure more robust practices for the safe-handling of medication: <ul style="list-style-type: none"> • where medication is prescribed 'as required', there should be details in the person's care plan of when and why this medication should be administered, and details of any alternatives to try first. • handwritten instructions should be signed by the staff who has written them and countersigned by

		another staff who has checked them for accuracy. the maximum and minimum temperatures of the medication fridge should be recorded daily
3.	OP16	The complaints procedure should be made available in large print format to assist people with sight difficulties (or other formats as may be necessary such as audio).
4.	OP16	A record of all concerns raised should be recorded, together with the detail of investigation, outcome and any action taken in their respect. Including and as to whether they are resolved to the satisfaction of the person raising them.
5.	OP26	Staff should know about the procedures to follow when necessary for passing on concerns to the Commission in accordance with the Public Interest Disclosure Act 1998 and Department of Health's 'No Secrets' document.
6.	OP26	A review of bathroom flooring should be undertaken with action as necessary to ensure these are of a suitable type to promote infection control.
7.	OP26	A review of the homes infection control audit format and arrangements should be undertaken. So as to ensure the necessary monitoring, review and action in accordance with recognised best practise, such as the Department of Health's Essential Steps guidance.
8.	OP27	The regular review of care staffing levels and skill mix should be undertaken, which includes records of consultation with the home manager, staff, service users and their representatives. To ensure these are appropriate for peoples' health and welfare and their choice of staff gender to assist them in their intimate personal care.
9.	OP33	Policy and procedural guidance should be in place for staff to follow as to how the considerations of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards 2009 will be applied and monitored in the home.
10.	OP33	There should be a clear annual development plan in place for the home based on a systematic cycle of planning – action-review, reflecting aims and outcomes for service users.

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