



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

## Care homes for older people

<b>Name:</b>	Priscilla Wakefield House
<b>Address:</b>	Magic House Priscilla Wakefield House Rangemoor Road Tottenham London N15 4PL

<b>The quality rating for this care home is:</b>	two star good service
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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.

<b>Lead inspector:</b>	<b>Date:</b>
David Hastings	1   9   0   3   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)

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

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

## Reader Information

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## Information about the care home

Name of care home:	Priscilla Wakefield House
Address:	Priscilla Wakefield House Magic House Rangemoor Road Tottenham London N15 4PL
Telephone number:	02088264343
Fax number:	02088886251
Email address:	reception@precious-homes.com
Provider web address:	

Name of registered provider(s):	Flagswan Two Ltd
Type of registration:	care home
Number of places registered:	112

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	18	39
learning disability	23	0
old age, not falling within any other category	0	24
physical disability	8	0
Additional conditions:		
The maximum number of service users who can be accommodated is :112		
The registered person may provide the following category of service only: Care home with nursing - Code N to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Physical disability - Code PD (maximum number of places: 8) Dementia - Code DE (maximum number of places: 18) Dementia , over 65 years of age - Code DE(E) (maximum number of places: 39) Old Age, not falling within any other category - Code OP (maximum number of places: 24) Learning disability - Code LD (maximum number of places: 23)		
Date of last inspection		

## Brief description of the care home

Priscilla Wakefield House is a large, newly built Nursing Home with 112 places for people with dementia (including early onset dementia) and physical disabilities. The majority of places are for Older People. There are three floors, which contain different specialist units. As the home is relatively new only two floors at present are occupied. The building and environment have been built to an excellent standard and all bedrooms have en-suite facilities. There are a number of lounges and dining areas in each unit as well as outside terraces and gardens. The home has been very well designed. Priscilla Wakefield House has the equipment and facilities required to meet the needs of the people using the service. The stated aims of the home are, 'To help service users remain in control of their lives as far as possible and thus, to maintain their personhood through Person Centred Care'. The home is situated in Tottenham, North London and although there is limited parking the home is near to local bus services and the Victoria Line Underground station. The range of fees are between five hundred and one thousand and five hundred pounds per week.

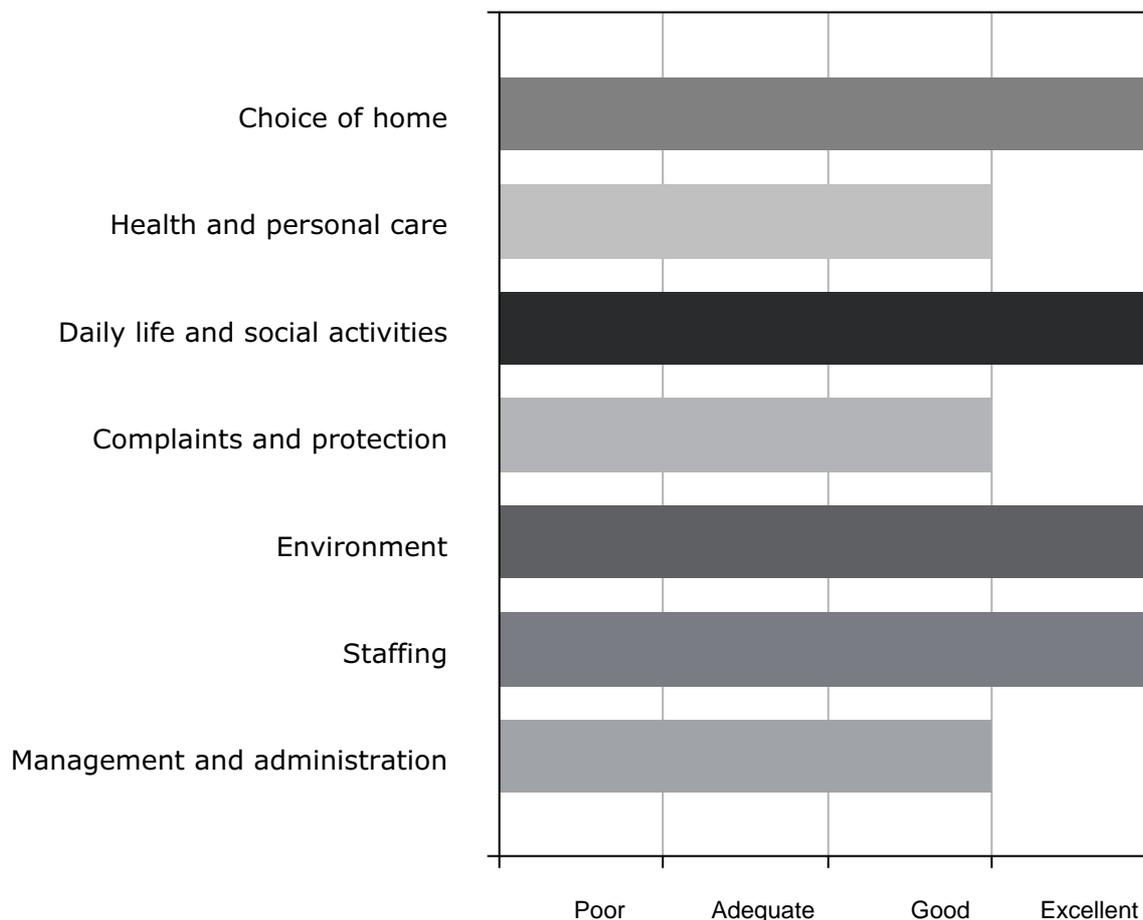
## Summary

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:

We carried out this unannounced key inspection of Priscilla Wakefield House on Thursday 19th March 2009. We were assisted by the manager who was open and helpful throughout the inspection. We spoke with twelve people who use the service, two visitors and seven staff members. We observed the interactions between staff and residents. We looked around the home and examined various care records, staff files and health and safety documentation.

The home has places for 112 people. On the day of the inspection there were 20 people being supported at the home. This report therefore focuses on the outcomes for the 20 people who currently use the service.



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

Priscilla Wakefield House has been designed and built to a very high standard.

The environment is comfortable, safe and clean and contains all the aids and equipment needed to support people who live there.

People who currently use the service told us they felt supported by the staff team. One person said, "The staff are so friendly", another resident told us, "They all look after me well, I like it here". Other comments from residents included, "They treat me like the head one", "They are good to me, I'm happy in my home" and "Its more like a family". Visitors are encouraged and made to feel welcome by staff.

There is a good rapport between residents and staff. People who use the service are treated with respect and their dignity and privacy is valued and upheld. Staff demonstrated a good knowledge of residents needs and consequently an individualised service is promoted. People also told us that their cultural needs are being met at the home. The home has made considerable efforts to meet needs around equalities and diversity issues, for instance through food, dress and staffing arrangements.

The home makes sure that people's needs are assessed before they move in so that people know the home will be able to meet their needs. Residents of the home feel that the staff are kind and polite and support them properly.

There are a variety of activities available to residents and people have a say in how the home is run. The new manager is working hard to further improve the service and encourages training for all staff.

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

One requirement was made at the last inspection that the home must notify the Commission about any incidents that affect the well being of residents. The home has complied with this and now keeps us regularly updated about how residents at the home are being kept safe.

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

Four new requirements and two good practice recommendations have been made as a result of this inspection.

Medication records are not always being accurately recorded and could impact on peoples' welfare. Medication policies and procedures must also be accurate and complete. The quality assurance systems have not been fully implemented and as more people come into the home it is important that everyone has a say about how the home is run. Systems for helping people with their finances must be improved to limit the risk of financial abuse.

The two good practice recommendations relate to monitoring peoples' access to health care professionals. This includes recording if residents refuse these services. The home should also monitor the temperature of the medication fridge to make sure it is working within safe limits.

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

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## Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them 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 **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

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.

Evidence:

We examined eight assessments of people who have moved into the home. In addition to the information received from the social worker or hospital someone from the home had also visited the prospective resident and carried out an assessment of their needs before they moved in. These assessments were detailed and covered all the elements required by this Standard including the assessment of physical, emotional, social and cultural needs.

People who use the service told us that they were involved in this assessment process and, where possible, had visited the home before moving in on a trial basis. One

Evidence:

resident told us, "I came for a visit before I moved in". In some cases the person had not been able to visit the home as they were too poorly. In these cases the person's relatives had often visited the home.

The home has a number of categories for people that can be admitted. The manager told us that the home would not be accepting people with a learning disability. The manager told us that the home would be able to support people who have acquired brain injury if their assessed needs could be met. The manager wants the home to concentrate on supporting people with a physical disability, dementia and early onset dementia. The home's brochure has been updated accordingly.

## 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. Residents get the medication they require, at the right times and by appropriately trained staff. Medication records need to be more accurately recorded to protect residents at the home.

Evidence:

We examined eight people's care plans. Each plan gave clear instructions to staff about how best to care for each person. Care plans outlined each person's strengths as well as care needs, which encourages people to be as independent as possible. Staff that we spoke with had a good understanding of the care needs of residents they supported. People's health, personal and social care needs were recorded on each plan. Care plans seen were "Person centred" in approach and contained information about how to maintain an individual's privacy and dignity. Care plans also detailed people's cultural and spiritual needs. Residents we spoke with said they were consulted

## Evidence:

about their plan of care. Each person's plan of care included an assessment of the risk of falling and how staff are to reduce this risk. Other risk assessments were seen including moving and handling, pressure care and nutrition. We saw evidence that care plans are being regularly reviewed.

We saw evidence that people have access to health care professionals. The home has an agreement with a local doctors surgery and a doctor visits the home once a week. There were some records that people have seen a chiropodist, dentist and optician. In some care plans access to these health care professionals had not been recorded. The manager told us that in some cases residents had refused these services. It would be prudent for the staff to record any refusals so that there is evidence that these services had been offered. A good practice recommendation has been issued relating to this. The manager said that the home encourages people to attend outside appointments to dentists, opticians and chiropodists in order to maintain peoples' independence.

The home mainly supports adults and older people with dementia, including early onset and HIV. The home currently has 3 units with two on the ground floor, Havisham and Pickwick, and one on the first floor, Dorrit. The service had recently changed their supplying pharmacy.

In order to establish that medication was being administered in accordance with prescriber's directions, audits were conducted on medication prescribed for people using the service. Issues were indicated with three items of medication.

A resident in the Havisham unit was currently prescribed Sodium Valproate 300mg capsules, at a dosage of one capsule twice a day (total daily dosage of 600mg.). However, dosage was recorded on the medicines administration record (MAR) chart against an entry for Sodium Valproate 200mg. in 5ml syrup, at a dosage of four 5ml spoonfuls twice a day (total daily dosage of 1600mg.). A copy of the medical prescription was available confirming the current administration requirements, however, there was no indication on the MAR chart of the change in the form, strength or dosage directions. The receipt quantity of the currently prescribed medication was recorded on the MAR chart, however, this was endorsed as tablets as opposed to the capsules received.

A resident in the Havisham unit was prescribed Pyrimethamine 25mg. tablets, at a dosage of one tablet daily. The current MAR chart was endorsed as "not supplied this month" and with the quantity carried forward (C/F) as 155. The current MAR chart was recorded as 18 doses given which should have left a balance of 137 tablets, however, 112 tablets were found leaving 25 tablets unaccounted for. These tablets were found

Evidence:

in five packs that had been dispensed on different dates.

A resident in the Pickwick unit was prescribed Olanzapine 2.5mg. tablets, at a dosage of one tablet four times a day. The quantity received or carried forward to the current MAR chart was unable to be established from the multiple and unaccountable entries recorded. It was therefore not possible to confirm that administration was in accordance with the prescriber's directions.

For the accountability of medication records it is required to sign and date entries and to ensure that errors and changes to information are clearly recorded.

Where the prescriber's directions for administering medication requires the decision by staff on when to administer a dose e.g. when required or as directed, then documented guidance is required with the MAR chart indicating such information as when to administer, the dosage, the minimum interval between doses, the maximum within a time period and any other details to ensure administration is safe and in accordance with the prescriber's directions.

The medication policies and procedures did not include the actions to be taken when dealing with medication errors. The documented medication policies & procedures are therefore required to include the procedure when dealing with medication errors and up dated as discussed to reflect the procedures of the home

A dedicated medicines fridge with an integrated maximum/minimum thermometer was available on each of the home's units. The temperature records of the fridge's on all units was monitored daily and recorded as the current temperature reading. To ensure that the fridge temperature is being maintained within the licensed range for medicines storage it is recommended that the maximum and minimum temperatures be also recorded. As current max/min readings were outside the required range demonstration was provided on how to read and reset the thermometer.

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.

One resident told us, "They are wonderful".

## 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 **excellent** 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. The home encourages visitors, which ensures an interesting and lively atmosphere. Residents are able to exercise choice and control over their lives. The home provides people with a wholesome appealing balanced diet.

Evidence:

The home employs two activity coordinators and on the morning of the inspection both residents and staff were enjoying a Karaoke session. Various activities are arranged for residents throughout the week and are on display in the home.

One person told us, "I like all the activities. There is always something going on".

All staff at the home were making sure that residents were being kept suitably engaged and occupied. Staff were observed sitting and chatting with residents and residents were clearly benefiting from the staff contact.

Residents are also encouraged to go out of the home with a member of staff where appropriate. We spoke with one resident who goes to their family some weekends. A

## Evidence:

resident commented, "I went out yesterday to buy some clothes with a carer".

Care plans clearly set out peoples' individual needs in relation to culture and faith. One person told us, "A carer took me to Mass and this was very nice".

We saw a number of visitors to the home during the inspection. Visitors told us that they could visit at any reasonable time and that they were made welcome by the management and staff. Residents we spoke with confirmed this. One visitor told us they thought the staff were, "Very welcoming". Visitors confirmed that they were offered tea or coffee when they visited.

Care plans gave good examples of how choice is offered to residents in relation to activities, food, clothes and personal care. People told us that they felt they had choice and control over their lives. Records of residents' meetings also provided evidence that people could have a say in the running of the home.

Staff we interviewed were able to give us practical examples of how they offer choice to people living at the home. This included times that residents wanted to get up in the morning and making sure that residents were able to choose the clothes they wanted to wear. One resident told us, "We have breakfast at nine but I can come in my dressing gown if I want".

When we arrived at the home there were still a number of people who had not got up yet. People who use the service told us that they could get up and go to bed when they wanted. There was evidence that people could choose the menu they wanted and they told us that the chef would make them something else if they did not want what was on the menu for that day.

A resident told us, "The cook tries to cater for everyone. If you don't like it the cook will prepare you something different".

Residents were observed enjoying their lunch in relaxed and pleasant surroundings. Staff were observed offering discreet assistance where required.

Residents told us they enjoyed their meals and that there was always enough to eat.

We visited the kitchen during the inspection. Freezer and fridge temperatures were being routinely recorded. The kitchen was clean and well maintained and there was plenty of fresh fruit and vegetables available.

The chef was interviewed and had a good knowledge of individual resident's dietary needs and preferences. Peoples' individual likes and dislikes were clearly displayed in

Evidence:

the kitchen.

## 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.

People who use the service can be assured that any complaint will be taken seriously and dealt with in an open manner and within set timescales.

People who use the service are protected from abuse by clear policies and procedures and by a well informed, trained staff group.

Evidence:

The home has satisfactory policies and procedures in relation to complaints and the protection of residents from abuse.

All the residents and visitors we spoke with said they had no complaints about the service but were clear that they would say something if they had a concern.

One resident told us, "If I had a complaint I would speak to the carers, they always listen or I would speak to the management. I hope I never need to".

The manager told us there have been no complaints since the last inspection. We saw the records of previous complaints. These had been dealt with appropriately and complainants were given a written response from the home within set timescales.

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 staff have undertaken training in the protection of vulnerable people. The manager has also held meetings with staff so everyone could discuss safeguarding matters with particular reference to the people who use the service. Staff told us these meetings have been very useful.

There have been a number of safeguarding issues at the home prior to the new manager being in post. These have been dealt with according to multi agency procedures. The high turnover of management at the home has not helped. Both the manager and the deputy manager have a good understanding of the issues around safeguarding vulnerable people and are clear about their responsibilities in managing and responding to these issues.

There are no current safeguarding issues at the home.

## 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, safe and maintained to an excellent standard. The home has been designed for the comfort and well being of residents. Private and communal spaces for residents are of a high standard. The home has the aids and adaptations needed for the care of the people who use the service. People who use the service are protected by clear policies and procedures in relation to infection control.

Evidence:

Priscilla Wakefield House has been newly built and is decorated and furnished to a very high standard. People we spoke with said they were very happy with their rooms. A number of residents told us they liked the mattresses provided and that they were very comfortable to sleep on. Although there is furniture in each bedroom, most bedrooms we saw contained people's personal possessions, which made the rooms homely and individualised.

Carpet has been fitted in some lounges and sensory wall hangings and reminiscence items have been placed in the corridors on the older peoples' dementia unit. This means that people with dementia can interact with many different interesting items from the past. The home has appropriate signage for people with dementia so that residents are able to find their way around the unit.

## Evidence:

All rooms are en-suite with a toilet and wash hand basin and some rooms have an en-suite shower. Rooms for those people with physical disabilities also have a tracking hoist fitted. There are a number of outside spaces for people to sit. As some of these are terraces above ground level they have been enclosed with a fence. There is a full time maintenance person who checks and ensures that the building and equipment are maintained and repaired. There are suitable aids and adaptations throughout the home to ensure that people who use the service have as much independence as possible.

One resident told us, "I find the home quite easy to find my way around".

The laundry area is well designed and contains the equipment needed to protect people from cross infection. The home has a laundry chute on each floor so staff do not have to walk through the home with soiled or infected linen. The laundry assistant has undertaken infection control training and understood the procedures for dealing with contaminated laundry.

People we spoke with said the home was always clean. All areas of the home were clean on the day of the inspection and there were no offensive odours detected.

The home has extensive policies and procedures in relation to infection control and staff have undertaken infection control training.

## 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 **excellent** 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:

People who use the service told us they were happy with the staff at the home and we saw good interactions between staff and residents. On the day of the inspection there appeared to be enough staff to meet the needs of the residents. Staffing rotas seen matched the names of the staff on duty that day. The home has employed staff from cultures and backgrounds that match the cultural needs of residents they support.

One person told us, "I find the staff have time to talk to me".

Another resident said, "They are good people who work here".

The manager told us that 75 percent of staff have completed their NVQ level 2 or equivalent. This exceeds the requirement of this Standard.

Staff were positive about the training offered to them and staff training profiles

Evidence:

examined indicated that staff at the home receive the training required to do their jobs effectively. A staff member commented, "We have lots of training, it helps us". Another staff member told us, "They always want you to update training".

Six staff files were examined from staff 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.

## 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 new manager is working very hard to improve the quality of care provided at the home.

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

Residents' financial interests are generally being safeguarded but some of the residents need assistance to ensure that their personal monies are managed safely.

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

Evidence:

The new manager has been in post since December 2008. Both residents and staff were positive about the manager. One staff member told us the manager has, "improved the place a lot, its more organised and you know what your doing". Other staff told us the manager was, "Supportive" and "Good at communicating".

Since the home opened there have been a large number of managers employed. This has not helped the home to have a consistent approach to supporting people. The

## Evidence:

manager was very clear that she is committed to this home and will continue to build on the good practice that has already been achieved.

The inconsistent management approach has impacted on the quality assurance procedures at the home. The registered provider, who we met at the end of the inspection, told us that quality monitoring has yet to be fully implemented. He told us that questionnaires would be sent out shortly to residents and other stakeholders. These responses will be collated and published so people know how well the home is doing to meet the aims and objectives of the service. Although a full quality monitoring has not been fully implemented, people who use the service told us that they do have a say in how the home is run. We saw records of residents meetings and people are involved in their care planning. The manager told us she has an, "Open door" policy. As a result of consultation with residents the activities at the home have been developed further and menus have been changed.

Residents who are able to manage their own money and are provided with a lockable cupboard in their room for this purpose. Some residents' relatives manage their money on their behalf. In order to encourage as much independence as possible staff at the home help some residents to manage their money with assistance.

We examined records in relation to residents who require some assistance with managing their money. Generally these were satisfactory however two issues were brought to the manager's attention. For two residents there was a lack of clarity about who was acting as an appointee for their personal finances. The administrator explained that for one of these residents this issue had been discussed with their care manager but for the other the care manager still needed to be contacted. Another resident managed his own finances but was having a significant amount of staff support with this, such as the administrator holding his pin number for him and staff going with him to withdraw money. It was felt that this arrangement could potentially place him at risk of financial abuse.

A requirement has been issued that there must be a clear record for each resident of how they manage their personal finances and that where support is needed systems must be in place that have been agreed with the most appropriate care professional. Any risk management issues must be discussed with care professionals as needed and a plan agreed.

The home has relevant health and safety policies in place, for example around infection control and fire safety, and staff undertake health and safety training. Fire extinguishers were situated around the home. Fire exits were clearly signed and free from obstruction. Fire alarms are tested weekly, and the home holds regular fire drills.

Evidence:

Residents we spoke with confirmed that they were involved in these fire drills. The home had in date safety certificates for gas safety, PAT testing and electrical installation, Legionella, along with in date employer's liability insurance cover. Staff training records indicated that staff are undertaking the required health and safety training in order to protect both residents and 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
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## Requirements and recommendations from this inspection:

### Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action
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### Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	<p>The registered person must ensure that medication records are complete and accurate.</p> <p>This is required to ensure to the auditable control of medication at the home.</p>	06/04/2009
2	9	13	<p>The registered person must ensure that medication policies and procedures are accurate and complete.</p> <p>This is to ensure that people who use the service are protected by the home's policies and procedures regarding medication.</p>	19/06/2009
3	35	13	<p>The registered person must ensure there is a clear record for each resident of how they manage their personal finances and that where support is needed systems must be in place that have been agreed with the most appropriate care professional. Any risk</p>	01/05/2009

			<p>management issues must be discussed with care professionals as needed and a plan agreed</p> <p>This is to ensure that residents at the home are protected from possible financial abuse</p>	
4	35	24	<p>The registered person must ensure that formal quality monitoring reviews take place on a regular basis and residents and other stakeholders are asked about their views of the service.</p> <p>This is to ensure that residents and other stakeholders can see how well the home is doing to meet the aims and objectives of the service.</p>	01/07/2009

## 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	8	The registered person should ensure that records are maintained of residents accessing health care professionals such as dentists, chiropodists and opticians. These records should also show when a resident has refused a service and the reasons why.
2	9	The registered person should ensure that records are maintained of the maximum and minimum temperatures of the medicine fridge's daily to ensure that the temperature is being maintained within the licensed range for medicines storage.

## 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)

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