



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

| | |
|-----------------|--|
| Name: | St David`s Nursing Home For Disabled Ex-servicemen and Women |
| Address: | Castlebar Hill Ealing London W5 1TE |

The quality rating for this care home is:

one star adequate service

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

| | |
|------------------------|-----------------|
| Lead inspector: | Date: |
| Rekha Bhardwa | 0 3 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 or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

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

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

Reader Information

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

Information about the care home

| | |
|-----------------------|--|
| Name of care home: | St David`s Nursing Home For Disabled Ex-servicemen and Women |
| Address: | Castlebar Hill Ealing London W5 1TE |
| Telephone number: | 02089975121 |
| Fax number: | 02089972447 |
| Email address: | stdavids.office@virgin.net |
| Provider web address: | |

| | |
|--|--|
| Name of registered provider(s): | St David`s Nursing Home for the Disabled Ex-Servicemen and Women |
| Name of registered manager (if applicable) | |
| Ms Jane McAuley | |
| Mr Barrie Taylor | |
| Type of registration: | care home |
| Number of places registered: | 68 |

| | | |
|--|-----------------------------------|---------|
| Conditions of registration: | | |
| Category(ies) : | Number of places (if applicable): | |
| | Under 65 | Over 65 |
| old age, not falling within any other category | 0 | 68 |
| physical disability | 68 | 0 |
| Additional conditions: | | |
| The Registered Person may provide the following categories 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: Old Age, not falling within any other category - Code OP Physical Disability - Code PD | | |
| The maximum number of service users who can be accommodated is: 68 | | |
| The seven beds in the John Poland Rehabilitation Unit are to be used for service users requiring intermediate care, and not for permanent placement. | | |
| Date of last inspection | | |

Brief description of the care home

St David's Nursing Home is situated in spacious grounds in a residential area of Ealing. The home is accessible by bus and the nearest underground and mainline station is Ealing Broadway. The home has a central courtyard that provides a pleasant area in which people living at the home and their visitors can sit. There is a patio area outside the activities room and also a pathway around the garden with a summerhouse, affording attractive areas for people to sit out in. The home provides nursing care for ex-service personnel and there are currently 2 units for this, plus there is an intermediate care unit consisting of 7 flats, used for rehabilitation. All the bedrooms are single. There are spacious communal sitting and dining rooms. The fees range from £741 to £1,200 per week.

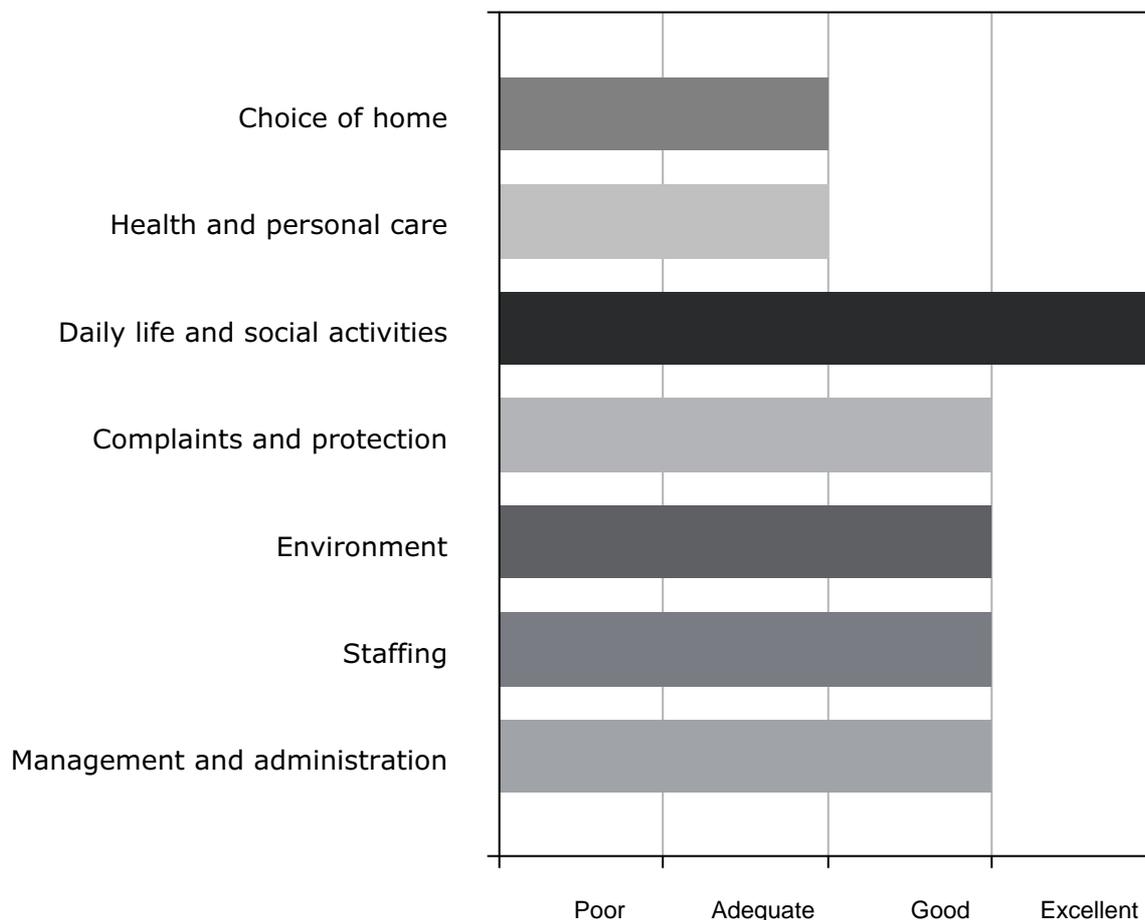
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

This was an unannounced inspection carried out as part of the regulatory process. A total of 36 hours was spent on the inspection process, and was carried out by 2 Inspectors. We carried out a tour of the home, and service user plans, medication records & management, staff rosters, staff records, financial & administration records and maintenance & servicing records were viewed. 15 residents, 15 staff, 1 healthcare professional and 2 visitors were spoken with as part of the inspection process. The pre-inspection Annual Quality Assurance Assessment (AQAA) document completed by the home and responses from CSCI surveys for residents, staff and healthcare professionals have been used to inform this report.

What the care home does well:

The home has an intermediate care unit and this is managed effectively and provides detailed rehabilitation programmes for the residents with evidence of multi-disciplinary team input. Staff were seen caring for residents in a courteous and professional manner, respecting their privacy and dignity. The activities provision in the home is excellent, providing a wide variety of activities, outings and events to meet the residents interests. The home has an open visiting policy and visiting is encouraged. Information regarding advocacy services is on display in the home. The food provision at the home is very good, offering variety and choice to meet residents preferences. The home has clear complaints and safeguarding adults procedures, and any concerns are addressed. Comment received indicated that issues raised are addressed promptly. The home is well maintained and there is a homely atmosphere throughout. Infection control procedures are in place and adhered to, and the home is clean and fresh. Staffing levels at the home overall meet the needs of the residents, although more could be done to streamline the booking of appointments and transport in order to free up the registered nurses for nursing duties. The majority of care staff are qualified to NVQ level 2 or 3, or hold an equivalent qualification. New staff undergo induction training and there is an ongoing training programme to include health & safety training plus topics relevant to the diagnoses and needs of the residents. The Manager has the qualifications and experience to manage the home effectively and comments received indicated that the Manager is approachable and supportive. Monies held on behalf of residents are well managed and securely stored. Health and safety is being well managed at the home.

Some of the comments received in the surveys include:

'Staff very helpful and when asked for things always responded to quickly'. 'Very good care, excellent all round'. 'The home is very bright and airy. All staff are very good at their jobs, very efficient and friendly'. 'Our new manager is lovely, easy to talk to and is very kind to the residents'.

What has improved since the last inspection?

There has been an improvement in gaining input from people living at the home and they are now consulted about their care plan. The recording of wound care management has improved and records viewed were clear and showed the progress of each wound. Staff were treating residents as individuals and caring for them with respect. Residents are now being consulted regarding their interests and hobbies. Staff have received training in safeguarding adults, and have a good knowledge of the reporting processes to be followed. Some staff still need more clarity on the outside agencies that can be contacted under Whistle Blowing procedures. Wheelchairs had footplates in place and looked suitable for the resident sitting in the chair. The home now has a no smoking policy and if a resident wishes to smoke, then they go outside.

What they could do better:

Pre-admission assessments are still not always being fully completed, which must be addressed. The home has introduced new documentation in respect of service user plans, and some of the documentation was incomplete, plus there is no designated

space for staff to sign and record the date. Although there had been some improvements in medication management, on one unit concerns were raised and an immediate requirement was set. There was little information available in respect of the wishes of residents and their families with regard to health deterioration and their care during their final days. Staff recruitment and vetting processes are in place, however the home needs to ensure that all documentation and pre-employment checks are completed in full, and any issues identified are discussed and addressed appropriately. An immediate requirement was set in relation to staff employment records. The auditing process for the home is not effective with regard to service user plans, medication management and staff employment records, and this needs to be addressed without delay.

Some of the comments received in the surveys include:

'Some of the care staff have poor English and it is difficult to understand them'.

'Not enough time to spend with the residents'.

'More effective communication required in some areas.'

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

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

Details of our findings

Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Residents are not always fully assessed prior to admission to the home, therefore the home is unable to ascertain that they are able to meet their needs. The home has an effective intermediate care unit, where residents are helped to maximise their independence and return home.

Evidence:

We viewed pre-admission assessments on all three units. We found that on Lord Mark Unit and the general nursing unit that pre-admission assessments had not been fully completed for new residents admitted to the home. The need to ensure that a full assessment is undertaken prior to admission was discussed with the Manager. On the intermediate care unit pre-admission assessments had been completed and social services and primary care trust assessments were also available.

The intermediate care unit is purpose built and there is dedicated space containing

Evidence:

physiotherapy equipment plus equipment to aid with activities of daily living. In addition to the nursing and care staff there is one full time physiotherapist and one part time occupational therapist. The unit consists of seven purpose built self-contained flatlets. There is a multi-disciplinary team meeting every week to discuss the progress and goal setting for each individual. Residents spoken with confirmed that they are well supported. Staff on the unit have received training in rehabilitation and therapies used at the home.

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

The service user plans were not always fully completed and omissions in information could lead to residents personal and healthcare needs not being fully met. Generally medications are being adequately managed, however shortfalls could place residents at risk. Staff care for residents in a gentle and professional manner, respecting their privacy and dignity. No information is available regarding end of life care wishes and residents could be at risk of not having their wishes fully met.

Evidence:

Since the last inspection the home has introduced a new system of care planning. Service user plans were viewed on all three units. On the intermediate care unit care plans were viewed. Not all identified needs had a care plan in place. Those in place were up to date and clearly recorded the needs of each individual and how these needs are to be met. There was evidence of involvement and input from each resident and the multi-disciplinary healthcare team, and include treatment and recovery programmes with goals to re-establish community living. The service user plans had been reviewed whenever a significant change had occurred. Shortfalls were also found

Evidence:

in the care plans on the general nursing units, in that there were not always care plans in place for all identified needs. It is acknowledged that for the majority of residents there were archived care plans to address the needs, however all service user plans on these units need to be audited to ensure they contain current care plans to address all identified care needs. In some files the care plans in use had not been reviewed monthly, and the Manager showed us a review document she had formulated and was introducing into all service user plans. The new care plan documents do not contain space for staff to sign and date entries, and although some staff had done so, in other instances no signature or date was available. A risk assessment for falls document was available, however these had not always been completed. The archived risk assessment document was more thorough and some of these were placed in the current files at the time of inspection. Risk assessments for the use of bedrails were not in the files and were found in the archive documentation, with some being reassessed and consent signed by the resident at the time of inspection. There was much better evidence of involvement from residents and their representatives in the service user plans, with the majority of them containing signatures of residents and/or their representatives. The Manager and Heads of Care had carried out some audits in respect of care planning, however these were very brief in content and there was no evidence as to what action had been taken to address shortfalls identified.

Wound care documentation was viewed. This was comprehensive and clearly evidenced the dressing regime to be followed and the progress of each wound. There was good evidence of input from the tissue viability nurse specialist.

Where specialist dressing techniques are in use, staff had received training in their use and had also been supervised by appropriately trained staff when first carrying out the dressing. Pressure sore risk assessments were in place. Moving and handling assessments were in place, however information was not always fully recorded regarding the equipment to be used for moving and handling. It was noted from staff discussion that they were aware of the equipment to be used for each resident. Nutritional information documents were seen, but the information did not provide a comprehensive nutritional assessment. Continence assessments were not seen. Again, it is acknowledged that assessments were available in the archived documentation in most cases, however these assessments should have been included in the new care plan files to ensure all required information was available. There was evidence of input from healthcare professionals to include GP, dentist, optician, chiropodist, physiotherapist, occupational therapist, tissue viability nurse and dietician. Clear records are kept of all input from healthcare professionals, and comments received showed that residents healthcare needs are being identified and addressed.

By the end of the second day of inspection the Manager had drawn up an action plan

Evidence:

with timescales for all service user plans to be reviewed and a checklist of all documentation that is to be included in each file. The Manager will thereafter be carrying out an audit of each service user plan and should shortfalls still be identified will be taking appropriate action to address this.

Medication recording and management was viewed on each unit. Lists of staff signatures and initials were available.

There was a front sheet available for each resident, which includes a photo, resident information, allergies and GP. All receipts, administration and disposal of medications is recorded. Where a medication is omitted this had been clearly coded with the reason for omission. For medications where there are specific administration instructions these were recorded on the medication administration record (MAR). For residents on warfarin therapy, the most recent blood test result and dosage to be given instructions were recorded in a designated booklet or received on a fax, and in most cases these are kept with the MAR, which is good practice. In one instance the information following one blood test had not been received in either of these formats. Following discussion with the Manager it became clear that this had been a procedural problem and this needed to be addressed to ensure that in future all such information is received without delay and in a written format. Fridge temperatures had not been carried out on Lord Mark unit from 8/5/08 to 24/12/08.

Where fridge temperatures had been recorded staff had not been recording the minimum, maximum and actual temperatures. On some occasions readings recorded were above the safe range for medication management. An Immediate Requirement was issued in respect of shortfalls in medication. For a medication that was being omitted once a week in line with the manufacturers instructions, this needed clarifying on the MAR instruction, and this was done at the time of inspection. The home uses a monitored dosage system and medication is dispensed on a 28 day cycle. Prescriptions are obtained by the pharmacist for a three month repeat prescription. Copies of these are not kept at the home. Where medication is received in the middle of the 28 day cycle e.g antibiotics a copy of this prescription is kept. For medications issued in boxes, the stock balance had not been carried forward onto the new MAR so it was not possible to carry out a stock check.

Single use lancets are used for blood glucose monitoring. On the Intermediate Care unit some residents have a self-medication risk assessment in place and systems are in place to supervise residents who wish to self-medicate where necessary. Medication audits had been carried out but not regularly. Again these were brief and did not detail the action required to deal with any shortfalls identified.

Evidence:

Following the inspection we received information from the Manager that a thorough audit of medication had taken place and that where shortfalls had been identified action was being taken to address this.

Staff were seen caring for residents in a courteous and professional manner, respecting their privacy and dignity. Personal clothing is individually labelled and well cared for, and residents were dressed to reflect individuality. On the first day of inspection it was noted that several residents spent much of the day in bed, and on discussion it was ascertained that they sometimes choose to stay in bed. On the second day of inspection more residents were up and about, and the importance of giving each resident the choice of how to spend their day on a daily basis was discussed.

Several of the bedrooms viewed were personalised, and residents are encouraged to bring in personal belongings, in line with fire safety.

We found that there were no care plans for health deterioration and end of life care wishes even for those residents who required palliative care. No information was available on the residents resuscitation status. The importance of providing residents and their families with the opportunity to discuss this topic was highlighted. It is acknowledged that this is a sensitive area of care, and if people do not wish to discuss it as yet then this can be recorded. Again archived documentation available indicated that a proforma had been previously available.

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 activity input for the home is good and varied, meeting the interests and abilities of the residents, thus ensuring their individual wishes are respected. The home has an open visiting policy, thus encouraging residents to maintain contact with family and friends. Advocacy arrangements are in place, thus ensuring the residents rights and opinions are heard and respected. The food provision in the home is of a high standard, offering variety and choice, to meet the residents needs.

Evidence:

Since the last inspection the home has employed an additional activity co-ordinator to work alongside the occupational therapist to progress activity provision in the home. Both individuals have a great enthusiasm for their work and this was evident on both days of the inspection. Activity programmes are on display throughout the home and also on notice boards. There is a high level of social activity provision within the home. Information regarding residents individual hobbies and interests is ascertained either before or following admission and a very comprehensive occupational therapy assessment is completed, which identifies each persons interests and hobbies, from which personalised activity programmes are drawn up. Activities take place throughout the week with all residents who wish to do so taking part. We observed a group

Evidence:

activity on both days of inspection and residents were animated and joining in the discussions and quizzes, clearly enjoying themselves. The outcome of the activity sessions in relation to each resident is recorded, to provide information regarding residents responses to activities. Outings and entertainments are arranged for residents, to meet their interests. Residents spoken with said that they enjoy the activities and can choose if they wish to join in or not, with their choice being respected.

The home has an open visiting policy and visiting is encouraged. Visitors spoken with said that they are made very welcome at the home and offered refreshments to include meals should they so wish. Representatives spoken with said that they are kept up to date about thier relatives condition.

Information regarding contact details for Age Concern and other advocacy services is on display in the home. This also includes information regarding financial matters.

The home has a 4 week menu. Two choices are available for the lunchtime main meal, to include a vegetarian option, with several dessert options also. If they do not like either choice available, residents can also choose from a selection of meals which can be prepared quickly. A cooked breakfast option is available each day. The supper menu includes soup, sandwiches and a hot option. Residents spoken with expressed satisfaction with the food provision and said that they are offered a choice. Foodstuffs in the kitchen were being appropriately stored and there was evidence of stock rotation. Fridge, freezer, food delivery and cooking temperatures were being recorded. We sampled the lunchtime meal on the days of inspection and these were well presented and tasty. We were informed that the Environmental Health Officer had undertaken an inspection on the 2/3/09. Staff were available to assist residents sensitively with their meals where required.

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.

There are systems in place for the management of complaints and for adult protection concerns, thus safeguarding residents.

Evidence:

The home has a clear complaints procedure and all complaints received by the home are documented and addressed. 1 complaint had been recorded since the last inspection. This had been investigated and the Manager was in the process of responding to the complainant with the outcome. Residents and representatives spoken with said that they knew how to make a complaint and that any concerns that have been raised have been dealt with promptly. The CSCI had received several anonymous concerns regarding various building issues and these had been passed back to the home to investigate. We have been kept informed of the progress of these concerns and action taken to address any shortfalls.

The home has policies and procedures in place for the protection of vulnerable adults, and these dovetail with the Ealing Safeguarding Adults documentation. Staff spoken with said that they would report any concerns and most were aware of Whistle Blowing procedures. The importance of ensuring all staff are fully aware that each Borough has their own Safeguarding Officer was discussed. Staff had received training in safeguarding residents. In the last 12 months, 3 referrals have been made to the Ealing safeguarding team.

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

The home is well appointed and maintained, thus providing a good quality clean, safe and homely environment for residents to live in. Clear infection control procedures are in place and being adhered to, thus safeguarding residents, staff and visitors.

Evidence:

We undertook a tour of the home. The home has a redecoration and refurbishment plan and it was clear that the home was being well maintained. The grounds are accessible to residents and these are well maintained. Lord Mark unit and the intermediate care unit have both been built to a very high standard. Bedrooms viewed were personalised, and there are profiling electric beds throughout. Plans are in place to have a covered walkway from Lord Mark unit to the main building. There is ample communal space for the residents to use and the home is being well maintained. We read the report and the only shortfalls identified were environmental, to include work being done to replace the floor tiles in the kitchen, which needed to be progressed and completed without delay. This was discussed with the Manager as this needs to be actioned quickly.

The home was clean and fresh throughout. We viewed the laundry facilities. There are 2 industrial washing machines, all with sluice programmes for disinfection purposes, plus additional domestic machines. There are 3 tumble dryers and one machine was

Evidence:

out of order and action had been taken to report this and repairs were being progressed. Protective clothing to include gloves, aprons and masks was available. Alcohol gel for staff and visitors use is provided throughout the home as part of the infection control procedures. Residents clothing is individually labelled and personal clothing is well cared for, with residents looking well dressed.

Staffing

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

The home is appropriately staffed to ensure that the needs of the residents are met. Systems for vetting and recruitment practices are in place, however these are not always completed and could place residents at risk. Induction and NVQ training are in place, thus providing staff with the skills and knowledge to care for residents effectively.

Evidence:

We were given copies of the staffing roster for each unit and the ancillary and housekeeping staff. Overall it appeared that the home was staffed to meet the needs of the residents. Some comment was received regarding delays in call bells being answered and this information was discussed with the Manager. It was noted that registered nurses spent a great deal of time arranging and moving appointments, plus ensuring the home transport was available, and we discussed the need to review the system to ensure that the registered nurses time is utilised effectively and appropriately. The home was clean and fresh throughout and ancillary staff are employed in such numbers to meet the needs of the home.

The majority of the care staff are trained to NVQ level 2 or 3 in care or hold an equivalent qualification. Staff spoken with said that the training provision at the home is good.

Evidence:

We viewed 4 sets of staff employment records. In 2 instances the application form had not been fully completed and health questionnaires were not available. In one instance there was no photograph. These shortfalls were discussed with the Manager and an immediate requirement was set. Safety checks to include POVA First and Criminal Records Bureau checks had been carried out and 2 references were available in each file viewed. The importance of ensuring any issues highlighted by the pre-employment checks are discussed with the Registered Person and looked into, to ensure that the procedures followed for vetting of all staff are robust, was discussed with the Manager and the Registered Person. Following the inspection we received written information from the Manager that a full audit of the staff records had taken place and where shortfalls had been identified in the records an action plan was in place to address these shortfalls.

The home has an induction programme that follows the Skills for Care common induction standards. Staff spoken to said that they had undertaken an induction and that they do shadow experienced staff for as long as they need to get a good understanding of the work. Staff receive training in topics relevant to diagnosis and needs of residents, and in some instances the resident has been involved with providing training for staff to give them a first hand description of the effects of the particular condition.

Management and administration

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The Manager has the skills and experience to manage the home effectively. Systems for quality assurance are in place but some are ineffective and do not ensure that shortfalls identified at audit are addressed. Monies held on behalf of residents are well managed and securely stored. Systems for the management of health and safety throughout the home are good, thus safeguarding residents, staff and visitors.

Evidence:

The Manager is a first level registered nurse, who is experienced in the management of nursing homes. She has completed the Registered Managers Award and also has qualifications as an NVQ assessor. She is currently undertaking a teaching degree. She is going through the process for registration with CSCI as the Registered Manager for the home. From the comments received it was clear that the Manager visits each unit and has worked 'hands on' to get to know the residents and their needs. Staff spoken with said that the Manager is approachable and deals promptly with any issues raised.

Evidence:

The home has a system in place for quality assurance. Annual satisfaction surveys are carried out and the results of these are published. Auditing systems in place are not fully effective, and these need to be reviewed, in particular for medication management and staff employment records. Also, audits had been carried out for the care planning system in place, but the information was brief and there was no evidence of action having been taken to follow up the shortfalls identified. At the time of inspection the Manager devised a more in-depth auditing form for the service user plans, and also an action plan for all heads of care to review all service user plans on their units, with timescales for completion. Due to this action being taken, an immediate requirement was not set for the shortfalls in the service user plans, as the Manager had demonstrated a prompt response to start addressing the problems raised.

The home holds personal monies on behalf of residents. The records viewed were clear and up to date, and receipts are available for all income and expenditure. Monies are securely stored.

We sampled servicing and maintenance records, and with the exception of gas safety certificates, which were not available for the boiler servicing in the rehabilitation unit, those viewed were up to date. Staff had undertaken training in health & safety topics, and those spoken with said that they do undertake training and updates in line with the required timescales. Risk assessments for equipment and safe working practices were in place and the Manager has been updating these. It appeared that only 1 fire drill had been carried out, however the Manager explained that whenever the fire alarm sounds, for example if it is set off by the toaster, a fire drill is carried out. The need to record the resulting fire drills was discussed. A fire risk assessment was available and had been recently reviewed. We noted that several staff had not undertaken moving and handling training. The Manager was also aware of this and had planned training for these staff to undertake. A schedule of training dates and staff names have also been sent to us.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|-------------|----------------------|
|-----|----------|------------|-------------|----------------------|

Requirements and recommendations from this inspection:

Immediate requirements:

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

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|---|----------------------|
| 1 | 9 | 13 | <p>The Registered Person must ensure that medication is administered, stored, recorded and handled safely. A detailed medication audit must be carried out on Lord Mark unit.</p> <p>To ensure that all medication on Lord Mark unit is managed safely.</p> | 27/03/2009 |
| 2 | 29 | 7 | <p>A full audit of staff employment records to be carried out and an action plan to address shortfalls identified by 13/3/09 to be drawn up.</p> <p>For all employment records and checks to be in place to protect residents.</p> | 27/03/2009 |

Statutory requirements

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

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|---|----------------------|
| 1 | 3 | 14 | <p>All residents must have a full pre-admission assessment undertaken prior to moving into the home.</p> <p>To ensure that the home is able to meet the residents assessed needs.</p> | 27/03/2009 |

| | | | | |
|---|----|----|--|------------|
| 2 | 7 | 17 | <p>The care planning system in place must be reviewed to ensure a care plan has been completed for each identified need. Care plans must be reviewed regularly and following any changes to a residents condition.</p> <p>In order that each persons needs are clearly identified and being met.</p> | 27/03/2009 |
| 3 | 8 | 17 | <p>All assessments to include moving and handling, nutrition, pressure sore, risk of falls and continence must be complete and up to date.</p> <p>To accurately reflect each residents current condition.</p> | 27/03/2009 |
| 4 | 8 | 13 | <p>Prior to bedrails being used, a full assessment of suitability must be carried out and written consent for their use must be obtained.</p> <p>To ensure the safety of the resident.</p> | 27/03/2009 |
| 5 | 9 | 13 | <p>The systems in place for warfarin management at the home must be reviewed to ensure that there is consistency of practice throughout the home.</p> <p>This is to ensure that warfarin is safely administered.</p> | 27/03/2009 |
| 6 | 11 | 12 | <p>The wishes of residents and their representatives must be clearly recorded in respect of their care during their final days. This</p> | 03/04/2009 |

| | | | | |
|---|----|----|---|------------|
| | | | <p>information must be updated should their wishes change.</p> <p>This is in order to ensure their wishes are respected and adhered to.</p> | |
| 7 | 33 | 24 | <p>Systems for quality assurance must be further developed to ensure that shortfalls are promptly identified and addressed. This must include having a robust system for auditing all aspects of the home.</p> <p>To protect the residents living at the home.</p> | 31/03/2009 |
| 8 | 37 | 17 | <p>All records required under Schedule 17 of the Care Homes Regulations 2001 must contain clear, up to date and accurate information and there must be in place effective systems for review and updating so that the information is always current.</p> <p>This is to ensure that residents, staff and visitors are safeguarded.</p> | 31/03/2009 |

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 |
|-----|-------------------|-------------------------------|
|-----|-------------------|-------------------------------|

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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

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