



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Bartholamew Lodge
Address:	1 Trowse Lane Wednesbury West Midlands WS10 7HR

The quality rating for this care home is:

three star excellent 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:
Jonathan Potts	2 0 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

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Bartholamew Lodge
Address:	1 Trowse Lane Wednesbury West Midlands WS10 7HR
Telephone number:	01215021606
Fax number:	01215021100
Email address:	bearwood@btconnect.com
Provider web address:	

Name of registered provider(s):	Bartholamew Lodge Nursing Home Limited
Name of registered manager (if applicable)	
Ms Veerpal Kaur Brar	
Type of registration:	care home
Number of places registered:	30

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	1
old age, not falling within any other category	0	29

Additional conditions:

Bedroom 2 situated on the first floor must only be used to accommodate residents on a temporary basis (e.g. intermediate or short stay care).

The home can accommodate the older person with dementia as detailed in the variation report dated 27 February 2006 for the length of their stay, at which point this condition will be removed from the certificate. The Registered Manager is required to notify the CSCI at the point the person concerned leaves the home.

The home has 10 Intermediate care beds under the existing categories of registration.

Date of last inspection

Brief description of the care home

Bartholomew Lodge is an adapted building sited opposite open parkland near the centre of Wednesbury and as a result within walking distance of the facilities on offer there. Transport links are supported by easy access to public transport and close

Brief description of the care home

proximity to the Black Country route and M6 motorway. The home provides personal care with nursing for up to 30 residents with ten beds allocated for intermediate care (short term intensive rehabilitation to enable service users to return to their own homes), this supported by the local Primary Care team (health authority). The home also has one bed available for respite care (for stays between 2 - 4 weeks). The bedrooms comprise single rooms, with some shared and the home has adaptations consistent with provision to a dependent resident group (including such as call system, hoists, shaft lift etc). The staff team is managed by a Registered nurse and there is a nurse on duty 24hours per day. The nurses supervise a range of care and ancillary staff.

The home currently charges between 400 to 550 pounds per week for residency, this fee inclusive of the Registered Nurse Care Contribution (RNCC). Items that are not included in this fee are toiletries, newspapers, hairdressing services, escort services and private healthcare. Some of these services are available but service users will be expected to pay for them. The home may charge a top up fee.

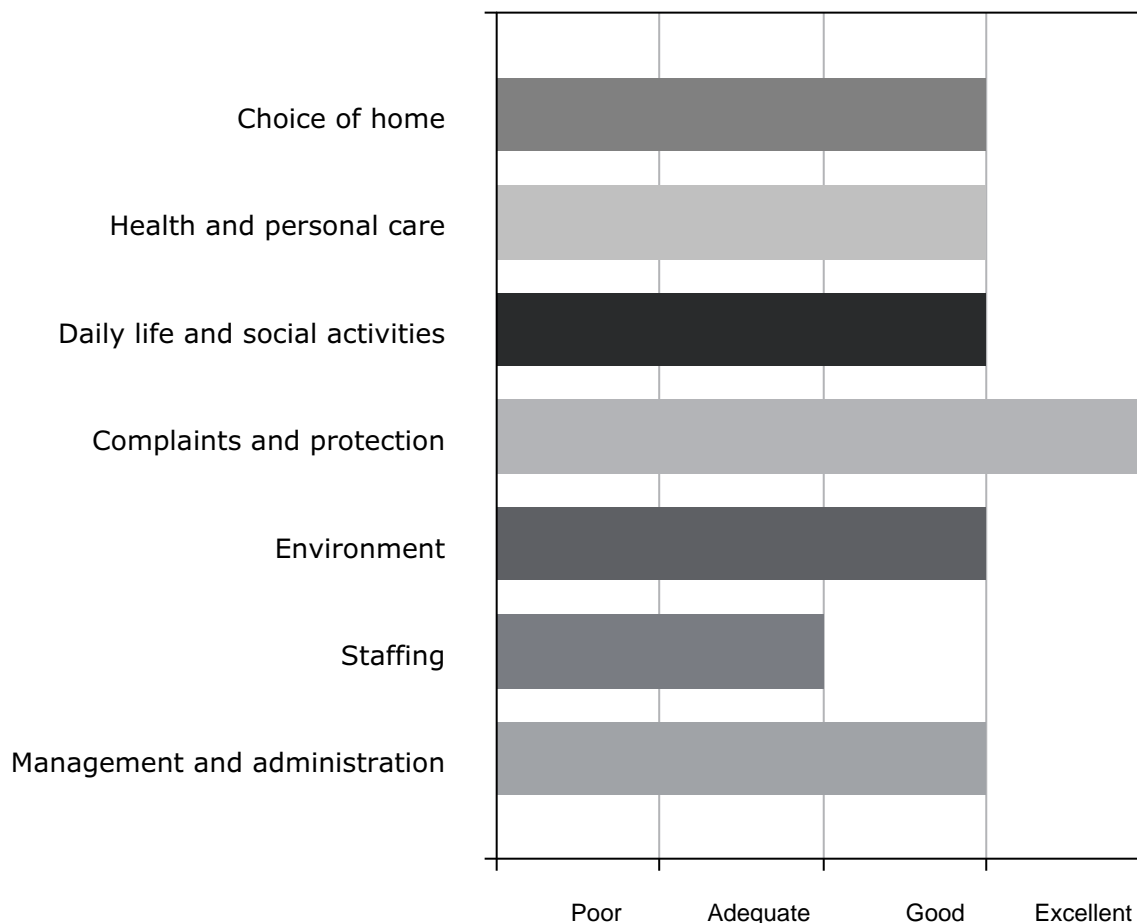
Summary

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

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

Prior to visiting the home we looked at all the information that 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 (this a self assessment of the homes performance completed by people running the service); information about how the service has managed complaints and safeguarding alerts; notifications from the service about things that have happened at the home; the previous key inspection and annual service reviews; comments we have received from individuals living at the home, their representatives and staff.

Following review of this information we visited and looked at areas relating to key national minimum standards, with evidence gathered through tracking the care for four

individuals living at the home (looking at care records, observing practice, talking to key staff and the individuals themselves), a tour of the environment, talking to management and also reviewing a range of staff and management records. The visit was carried out on an unannounced basis over 2 days (20th February and 20th March 2009).

What the care home does well:

The home is good at ensuring that people have sufficient information available to them prior to moving into the home, this so as to assist with their making a decision as to whether it is the right home for them. The home also has robust pre admission assessments that allow the staff to identify if they can meet an individual's needs.

Care plans that detail the care to be provided by the home are accurate and reflect the care that staff provide. This is supported by good assessments of any potential risks to individuals well being.

The home is good at promoting access to community health care services and ensuring individual's health care needs are addressed.

The home manages medication safely.

The home provides individuals living at the home with a choice of nutritious meals.

The building is well located for access by public transport or car, and is also well maintained and clean.

What has improved since the last inspection?

The home has improved the its recruitment practices with better vetting of a prospective employees.

The home has become better at promoting its complaints procedures and the manager has promoted staff awareness of adult protection, this through such as more structured supervision and training.

Staff are better trained with a noticeable increase in the number of care staff holding a vocational qualification, this giving them knowledge and skill in providing good care.

There has been some improvement in the provision of activities and stimulation available to people.

What they could do better:

The home needs to ensure that contracts with outside companies that maintain such as lifting equipment are fulfilled to ensure that there is no slippage in maintaining equipment and potentially compromising peoples safety.

There are some areas of training that could be better, this partly due to factors outside the home's control. The management are looking at ways to ensure this does not reoccur. There is also a need to ensure all staff have training or updates in rehabilitative care.

The detail relating to the individual fees people pay could be better detailed in some contracts of residency.

Whilst the home does ask people if they want keys to bedroom doors this choice needs to be consistently documented and risk assessed, this where there maybe issues that prevent an individual holding keys. There is also a need to fit a privacy lock on one toilet door to promote privacy.

The management need to ensure that staff sign a declaration in respect of any criminal offenses prior to employment, this to enhance the vetting process when employing staff before receipt of enhanced disclosures.

The management need to continue with monitoring of staffing levels that maybe compromised by turnover and sickness.

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

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Individuals who may use the service are provided with information about the home, sufficient to be able to make a decisions as to its suitability. The promotion of independence is promoted within the home's intermediate care unit.

Evidence:

We saw that the home has a statement of purpose that is specific to Bartholomew Lodge and the service it provides. We saw that this contains appropriate information about the home that would be useful to prospective users of the service and their representatives, this including such as the homes complaints procedures, arrangements for care, meals, visiting and such like. The statement of purpose is supported by a service users guide which we saw is available around the home, and more specifically in each individual's room where they are able to access it. These documents are only available in written format although we discussed the availability of information with an individual that had moved into the home and they said that

Evidence:

staff did explain the important information that they needed to know during the admission process. Consideration should be given to how the service users guide is presented so that it is understandable to people who cannot read a written document. Questionnaires were returned to us by 9 people living at the home and 7 of the respondents told us that they had sufficient information about the home prior to moving in, and also had a contract. Two respondents stated that they did not. On examining case files we saw that copies of contracts are available within them however, these containing information relating to additional charges, but in some cases having gaps in respect of the fees the individual would pay.

We looked at the admission process through case tracking the admission of some individuals recently admitted to the home, and found that in all cases there were assessments in place, sufficient to allow the home to make a decision as to whether they were able to meet their needs. This information included input from other sources such as social workers and health professionals. We saw that the homes own assessments are robust enough to allow for the gathering of a range of information about an individual's needs, sufficient to allow the formulation of a care plan.

The home has an intermediate care unit and we saw that this is based in a separate lounge with bedrooms close by to accommodate people using this service. We saw that the home works in partnership with health services to provide appropriate physio and occupational therapy and there are GP visits every week. Rehabilitation is planned with support of health service input so as to identify programmes for a planned six week stay, after which the aim is to return individuals to independence. We saw through case tracking that these objectives are identified through the assessment and care planning process. Staff from the home are allocated on a day to day basis to work within this unit, and we saw that some have training in rehabilitative care, although further training to ensure all staff are up to date on techniques for rehabilitation would be useful. The management of this unit is overseen by the homes manager, and nurses on a day to day basis. We saw that there are weekly meetings to discuss the progress of individuals staying at Bartholomew for rehabilitative care.

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.

Individuals health and personal care is based on their needs as identified within care plans. The principals of respect, dignity and privacy are usually put into practice. Medication management safeguards the individuals using the service.

Evidence:

We looked at four care plans for differing individuals, two of which were staying long term, and two staying for intermediate care. We saw that care plans are clearly laid out and information within them was consistent with that found in the assessments we also saw. From discussion with individuals, staff and observation of staff practice, as well as through tracking of other documentation we found the care plans to be accurate, encompassing the current needs and wishes of these four individuals. We looked at how staff communicated with one individual with limited verbal speech and found that the information documented in the care plans as to such as non verbal cues was understood by the staff we spoke to, and we saw followed through when they provided care for this individual.

Evidence:

We saw that care plans are supported by a range of risk assessments, these relating to health and personal care matters such as the risk of falls, tissue viability, nutrition and such like. Once again we saw that the information within these was consistent with what people told us, and observed practice/other records. From tracking the outcomes from the risk assessments we saw that issues identified are followed up, examples of this including referral for dietetic support (from the outcome of a nutritional assessment) and provision of appropriate pressure area care/prevention (drawn from a tissue viability risk assessment).

We saw that care plans and risk assessments are reviewed at least monthly and found that this was evidenced by the fact that we found the information within them to be current, as well as through documentation.

We looked at how the home promoted the health care of these four individuals and from what we saw found that the staff are proactive in ensuring their needs in this area are met. We saw that this is done through clear identification of health needs (in care plans and risk assessments) and follow up on these needs through day to day personal care or liaison with community health care services such as their G.P, opticians, dietitians, chiropody, dentist and such like.

Questionnaires we received from individuals living at the home showed that 2 thought they always received the care and attention they needed, whilst 7 said they usually/sometimes do so. Seven out of the 9 said they always received the medical support they needed however. We did receive some comment that ' the nursing staff are very good but sometimes the care staff can be very unsupportive and rude' (this seemingly applicable to a minority). Discussion with the provider and manager over the past year has indicated that there have been some issues with specific staff that has now been dealt with appropriately. Discussion with individuals at the time of our visit, as well as observation of the staff interacting with people did not evidence any concerns as to the way they offered support. We heard comment from individuals at the times of our visits including ' can't fault the staff they are polite' and 'staff very nice'. People did tell us of ways in which the staff respected their dignity and privacy, this though such as using their preferred titles (consistent with records we saw) and knocking bedroom doors before entry (as we also saw was the case). Care plans we saw documented issues of importance in promoting the individuals self esteem, considering such as whether people wished to wear make up, preferences in respect of clothing and such like.

We sampled the homes practices in respect of medication and found that these to be well maintained and consistent with the homes policy/procedures on medication. We

Evidence:

saw that medication records are well kept and storage is appropriate for the type of medication kept at the home. The last check carried out by the homes contacted pharmacist was in February 2009, and this gave rise to no issues.

Daily life and social activities

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

Individuals are usually able to make choices as to their day to day preferences and life style, this usually including access to stimulation and activity. People are satisfied with the meal choices available to them as well as the quality of these.

Evidence:

People we spoke to confirmed that they did have some choices in regard to their daily routines, these as documented in such as assessments and care plans. We saw that staff try to promote choice with people deciding when they wish to get up, when they go to bed and such like. Comments from questionnaires indicated that the home usually or sometimes arranged activities (7 out of 9) and we saw that there was an activities programme on display in the home. We saw that there are some planned activities, the ones taking place at the time of our visits reflecting the plan that we saw. People we spoke to told us about some of the activities that had participated in, this including skittles, darts and letter writing. We saw that staff are documenting activities, recording whether the individual participates in the planned daily group activities although we noted that this record does not capture what the individual may be doing outside of such group events. Examples of this maybe when an individual is reading the newspaper, seeing visitors, time spent on religious pursuits and such like.

Evidence:

We did see that some individuals do participate in such activities during our time at the home.

We did receive some comment from staff via questionnaires that sometimes sitting with individuals may depend on the staff available, and there had been times when staffing had compromised their wish to spend more time with individuals. The management in discussion told us they are aware of this and discussed how they are working to resolve these issues (see staffing). Comment from people we spoke to did indicate that staff are busy at times but that they did not have to wait too long for assistance, and staff would let them know if they were delayed. Comment from staff we spoke to at the time of our visits did not indicate that this was as much of an issue now, and that there are quieter times of day where they are able to sit and talk to individuals.

We saw that the home has an open visiting policy and that representatives and relatives are welcomed with the one proviso that they avoid mealtimes where possible. The home has areas where visitors can sit with individuals living at the home with a degree of privacy, or alternatively they are able to use their rooms. People told us that they are able to maintain contact with relatives.

We saw that the home takes the time to record the choices of individuals in respect of their preferred diets. People told us that staff ask them what meal choices they would like the day before, this then documented on lists that we saw, this allowing the cook to prepare sufficient quantities. One person told us she could not see the menu (due to visual impairment) and said that staff always told her what choices are available. Discussion with people at the time of our visits showed that they liked the meals and we saw at dinner time that there were numerous choices available. The meal were well presented and looked appetizing. Tables we saw to be attractively laid with condiments available. We also saw that choices were available to those people with specific needs such as diabetes, with such as a choice of sugar free sweets available on the one day of our visit. Support for less able residents in respect of eating is detailed in plans and we saw was provided.

We saw the homes menus and these confirmed that a well balanced and nutritious diet is available, and we heard comment from some people that they had tried some meals that they would not normally eat and found these enjoyable.

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 **excellent** 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 know how to complain and have access to an effective and robust complaints procedure. The home response to complaints and concerns so as to ensure people are safe.

Evidence:

We saw that the home has a complaints procedure that is on clear display in the home, and is also included in the homes service users guide (this available in each bedroom). From the questionnaires we received from people living at the home 7 out of 9 told us they knew who to speak to if unhappy, all 9 knew how to make a complaint and 8 said that the staff listen to what they said and then acted upon this. We saw that the home also has a suggestion box available for any comments.

Discussion with the manager shows that the home invites comments and sight of the homes complaints book showed that any received are documented. Over the 12 months prior to our visits the home had received 5 complaints, these all responded to within 28 days. The investigating managers upheld three of these complaints and have taken appropriate action to address the matters arising as a result. Some of the issues have involved safeguarding elements and we have seen that the management have worked with the relevant authorities to progress the investigation and resolve issues so as to improve the service to individuals.

Evidence:

We saw that the home has appropriate policies and procedures in place in respect of safeguarding adults, this including copies of the multi agency safeguarding procedures. Discussion with the manager and staff showed that they had a good understanding of the actions to take if they identified any abusive practice. This underlines the fact that staff have received training in the same, and on induction are given an introduction to safeguarding and their responsibilities. We also saw that when the manager supervises staff she reinforces their understanding of their responsibilities in respect of safeguarding and reporting abuse.

The management has demonstrated to us over the 12 months prior our visits that they understand the need to take appropriate action to protect individuals living at the home and improve the quality of the service.

Discussion with management indicated a good awareness of the implications of the mental capacity act and the need to identify capacity of the individual. This we have been told will be promoted through the promotion of staff training in this area and liaising with the local authority where there may be issues around capacity.

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 physical design and layout of the home is appropriate for the needs of the people that live there and is overall well maintained and clean.

Evidence:

We toured the building at the time of our visit and found that it was well maintained. All areas are well decorated and there are a number of communal areas available. Access to the home is enhanced by its position close to Wednesbury bus station and main transport links. We saw that the home has a range of aids and adaptation suitable for the needs of the people that live there, this evidenced in part by looking at the needs of four individuals living at the home, and their needs as identified through assessment. We looked at the records relating to the maintenance of the environment and found these to be up to date with the exception of the servicing for lifting equipment, which was out of date despite the home showing us evidence of a contract with a hoist maintenance company. This was raised with the manager and it was pleasing to see that all lifting equipment was serviced on the day of our return visit. We saw that the manager has carried out regular safety audits on the environment although would be advised to ensure that contractors' visits are checked as a routine part of this audit.

People we spoke to told us that they were happy with their bedrooms and keys are

Evidence:

available, although those we spoke to stated that they did not wish to hold these. Risk assessments relating to these choices we saw are sometimes in place, this not always the case though. Choices in respect of locks to bedrooms and lockable areas in rooms should always be documented and where there are issues in respect of safe handling risk assessed. We saw all toilets and bathrooms have suitable privacy locks, with one exception, this a toilet with a sliding door. This was raised with the manager on the day of one of our visits.

From our tour of the environment we saw that the building was clean and equipment such as disposable gloves and aprons readily available to staff. In addition alcohol rub is available for people entering the home. We looked at the laundry which we saw is fitted with appropriate equipment and was clean at the time we saw it. Questionnaires from individuals living the home told us that the home is always (6 out of 9) or usually/sometimes (3 out of 9) clean and fresh, although we had one comment to the effect that an individual's chair had not been cleaned for a while. From those areas we saw we judged that this was an issue that had been addressed by the time of our visits. We saw that the home has appropriate infection control procedures in place that the staff follow in practice. There was no evidence of any unpleasant odours at any point during our visits to the home.

It was pleasing to see that the home has achieved a Gold award from Environmental health for food hygiene.

We received one comment that an individual had been moved from the room they first moved into on admission to another that they did not like. This was raised with the management who were at the time unaware of this issue, but stated that may have related to an individual been admitted to a intermediate or respite bed and then moving to a long stay bedroom when allocated permanent care. This does highlight the need to be clear with individuals as to the reasons for any change of bedroom, with agreement as to the facilities in the room that they are to move to.

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

Staff in the home are overall well trained, skilled and usually in sufficient numbers to provide timely and appropriate support. The management have encountered some barriers to the maintenance of staffing levels and training but are constantly looking at ways to address these.

Evidence:

From questionnaires we received from people using the service 7 out of 9 said that staff are usually or sometimes available when needed, 1 saying this was always the case. Seven staff that completed questionnaires had differing opinions on the staffing levels some saying that there was always enough staff (2) but three saying this was only sometimes the case. Comment from people has also highlight some issues with waiting long periods for assistance with personal care and staff not having time to sit with individuals to chat. This was stated by some people to be due to staff sickness and vacancies due to staff turnover. The management have been open as to the challenges they have encountered in retaining staff at the home although are looking at ways in which they can address this (such as employing more part time staff and greater flexibility in hours of employment). The management have also raised the fact that they feel they have insufficient fee levels for individuals that are of increasing dependency and have more complex needs. The home has a range of support staff available, this including cooks, domestics and laundry staff.

Evidence:

The home has tried to minimize the effects of vacancies by employing staff following receipt of a suitable POVA (protection of vulnerable adults list) check, rather than waiting for an enhanced disclosure. We have been informed every time that the home has done this and have seen that the home has risk assessed this. We saw that staff employed on such a basis are supervised by a more experienced member of staff, this also confirmed by some of the newer staff we spoke to. We did note that the home has not gained a declaration against any criminal convictions prior to employing staff, this a matter the manager has now confirmed in writing with be applied to all future staff appointments. From checking the files for three recently employed staff we did see that all other recruitment checks were in place prior to employment.

We looked at the homes training plan, this verified through sight of actual certificates for training. We saw that the management have identified the training that staff need and we saw evidence that this some of this training had been booked. We were informed that problems have been encountered with such as moving and handling training where this training has been canceled at short notice, this as confirmed by some of the staff we spoke to. The area manager told us to prevent recurrence they are currently looking to identify other, more reliable training providers, or in the case of moving and handling are looking to have a manager within the company trained to ROSPA (royal society for the prevention of accidents) so that they can then train staff. Discussion with the manager indicated that she was aware of the need to provide staff with training in respect of the Mental Capacity Act and deprivation of liberty safeguards.

It was pleasing to see that 8 out of 12 care staff hold a vocational qualification in care at either level 2 or 3. This training ensures that staff have a grounding in the principals of good care and diversity issues that influence the delivery of the same. Discussion with recently employed staff evidenced that they had involvement in an induction to skills for care national standards, and saw this as a basis for leading into NVQ training. We also saw that support staff hold NVQs in respect of their areas of work.

Discussion with staff and sight of staff files evidenced that they had access to regular one to one supervision, and the ones we spoke to all told us that they felt well supported by other staff and management. Staff also told us that they felt that training they received was relevant, helped with them understanding the job they did and kept them up to date.

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 management of the home has demonstrated that it is open to feedback, willing to work with statutory agencies and is using a generally effective quality assurance system.

Evidence:

The home now has a Registered Nurse manager that has been registered since the last key inspection. She is appropriately trained for the post although told us she is expanding her knowledge by undertaking vocational management training. We saw and heard that the manager is very well supported by senior managers who visit the home on a regular basis (the area manager based at the home at the time of our visits due to nurse vacancies). The director of the company is also a regular visitor and staff have said that managers are accessible and approachable. Discussion with management indicated that they are very aware of barriers and challenges that face the service and were able to offer solutions that they are adopting to address these.

Evidence:

We saw that the home has a robust quality monitoring system in place that has informed the management as to where the service needs development. These systems do make use of consultation with individuals and others through questionnaires, meetings and promoting the complaints procedure. We saw evidence of the homes quality monitoring in such as care records, with documentation to show that these are checked against the homes and national minimum standards. The home last sent out questionnaires to individuals and others (such as relatives) in February 2009, these showing an overall positive view of the service, and little identified in the way of any issues, this suggesting that the outcomes for individuals are improving when considering some of the outcomes from questionnaires we received last year.

Of note was that the home has consistently shown that they are willing to work with us and other statutory agencies in addressing such as safeguarding alerts. The response of the provider and manager during the course of the inspection also showed a willingness to co-operate with us and respond quickly to any matters we raised.

We sampled the recording and safekeeping of individual's property and monies for those individuals whose care we tracked and found that these were well documented. The one discrepancy we did resolve, this helped by records that provided an audit trail. We saw that inventories of property are regularly recorded and reviewed. Policies and procedures in respect of the handling of monies and valuables we saw are appropriate and promote protection of the individuals property.

We saw the home has a clear health and safety policy and related procedures and most staff have received training in areas related to safe working practice. We saw that the home carries out audits in respect of health and safety on a regular basis, these appropriate and detailed but as mentioned earlier needing to reference that a check is carried out on whether contractors fulfill their obligations. We saw that the home also has a number of risk assessments relating to safe working practices, that whilst acceptable could be expanded to cover all prevalent risk as detailed in the national minimum standards. One area of risk assessment that we judged could be in greater depth was the fire risk assessment, the manager advised to consult with the fire prevention officer for advice.

We saw that the home is proactive in analyzing the accidents at the home and identifying any possible trends that may inform the way they care for intervals.

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
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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	2	The fees individuals pay for residency should be consistently clear within the contract they have with the home
2	6	To ensure all staff have up to date training in rehabilitative techniques.
3	19	To ensure that the homes health and safety audits include checking that contracted organizations are complying with maintenance agreements
4	21	To provide a privacy lock to the ground floor toilet with a sliding door.
5	24	To consistently record peoples choices in respect of key holding to bedrooms and lockable areas and risk assess this when there are potential issues over a persons ability to do so.
6	24	To be clear with individuals as to the reasons for any change of bedroom, with agreement as to the facilities in the room that they are to move to.
7	29	All prospective staff should sign a declaration as to whether they hold criminal convictions before employment, this of critical importance if employed on a POVA check whilst

		awaiting an enhanced disclosure.
8	30	To ensure that all staff have up to date training/refreshers in safe moving and handling of people.

Helpline:

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Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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