Care Quality Commission

# Key inspection report

## Care homes for older people

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| **Name:** | Hanningfield Retirement Home |
| **Address:** | 99 London Road<br>Sittingbourne<br>Kent<br>ME10 1NR |

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| **The quality rating for this care home is:** | two star good service |

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

| **Lead inspector:** | **Date:** | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Elizabeth Baker | 0 | 7 | 0 | 9 | 2 | 0 | 0 | 9 |

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

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

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

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.

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

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

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

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

## Reader Information

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|---|---|
| Document Purpose | Inspection report |
| Author | Care Quality Commission |
| Audience | General public |
| Further copies from | 0870 240 7535 (telephone order line) |
| Copyright |  |
| Internet address | www.cqc.org.uk |

## Information about the care home

| | |
|---|---|
| Name of care home: | Hanningfield Retirement Home |
| Address: | 99 London Road<br>Sittingbourne<br>Kent<br>ME10 1NR |
| Telephone number: | 01795479587 |
| Fax number: | |
| Email address: | |
| Provider web address: | |

| | |
|---|---|
| Name of registered provider(s): | Hanningfield Retirement Home Ltd |
| Type of registration: | care home |
| Number of places registered: | 27 |

| Conditions of registration: | | |
|---|---|---|
| Category(ies) : | Number of places (if applicable): | |
| | Under 65 | Over 65 |
| old age, not falling within any other category | 0 | 27 |

Additional conditions:

The maximum number of service users to be accommodated is 27

The registered person may provide the following category of service only: Care home only (PC) to service users of the following gender: Either whose primary needs on admission to the home are within the following category : Old age, not falling within any other category (OP)

| Date of last inspection | | | | | | | | |
|---|---|---|---|---|---|---|---|---|

Brief description of the care home

Hanningfield Retirement Home is a large detached property providing accommodation over two floors with a passenger lift and two chair lifts for access. The home is registered to provide personal care for 27 people within the Older People category. There are 27 single rooms, one with en suite facilities. There is a garden to the rear of the home and a small patio area. The home is situated on the main A2 London Road into Sittingbourne and is approximately half a mile from the town centre, on a bus route. Car parking is available at the front and side of the home. Fees currently range from £334.49 to £430 per week. Additional charges are payable for hairdressing, chiropody and newspapers. Activities include chair exercises; sing a longs; skittles and

| Brief description of the care home |
| --- |
| guessing and spelling games. External entertainers visit the home. An ecumenical service takes place monthly. |

## Summary

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

| The quality rating for this care home is: | two star good service |
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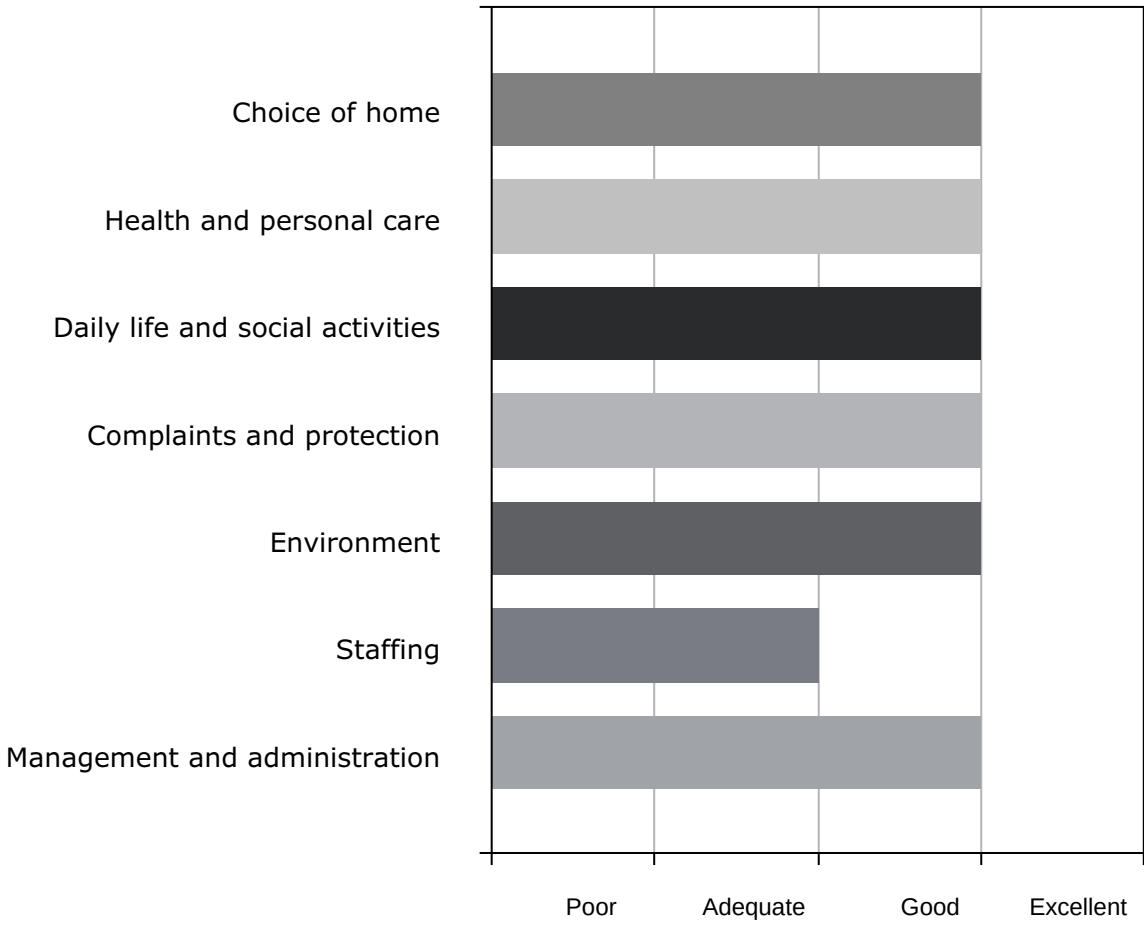
**Our judgement for each outcome:**




### How we did our inspection:

On the 7 September 2009 we the Commission carried out a key unannounced visit to the service. The visit lasted almost nine hours. At the time of the visit 24 older people requiring personal care were resident at the home. We walked around the home and talked with some residents and staff. We had conversations with three residents and one relative in private. We met with two members of staff. We looked at care records, staff files, policies and procedures, records and the complaints book.

At the time of compiling the report, in support of the visit, we received surveys about the service from seven residents, eight social and health care professionals and six members of staff.

As required by regulation, the service returned the annual quality assurance assessment (AQAA) when we asked for it. The AQAA is a self assessment that focuses on how well outcomes are being met for people using the service. It also gives us some

numerical information about the service. The assessment gave us most of the information we asked for,

We have incorporated some of the information gathered from the above sources into this report.

The last visit to the service took place on 15 November 2007. We did an Annual Service Review (ASR) on the service on the 13 November 2008.

## What the care home does well:

The registered manager and proprietor were receptive to advice given and are committed to improving the service further. Staff enjoy working at the home. Residents feel safe and like living at the home.

Survey respondents' compliments about the service included "First class care for the elderly"; "Staff are always helpful attentive, give assistance when required and will always try to solve any type of problem that may arise. The atmosphere is very friendly and comfortable. A real home from home"; "The manager is especially good at her job and always easy to approach. The food is very nice with variety and catered towards specific needs or requirements"; "Hanningfield make sure everyone is looked after and happy"; "Hanningfield is very welcoming and friendly and staff always very helpful"; "Hanningfield has respect for all residents. Staff make sure medical care is appropriate to needs"; "It's a small friendly home. We need more places like this"; "It's an excellent residential home, lovely atmosphere, caring, efficient and I would recommend this home to anyone suitable for it"; "It offers friendly, quality care which is client focused. The manager and owners are very approachable and they have a strong team who help and support the residents as much as possible"; "Hanningfield treats residents as individuals. It is a happy well run non residential home"; "Hanningfield is a very friendly relaxed home"; "Staff always appear to strive for the best care for residents"; "Since my client was admitted her mobility has improved due to staff encouraging her to walk each day"; "Hanningfield provides 100% care".

## What has improved since the last inspection?

For residents' safety, more radiators have been fitted with covers and the plan is that all radiators will be covered by the end of this year. Paper towelling and liquid soap dispenses are now provided in all communal toilets and bathrooms. For residents' protection, applicants are now required to provide full employment histories when seeking employment at the home. An additional hoist has been acquired to assist residents in transferring in a safe manner. To cover the busy morning period, an extra carer is now on duty. All communal areas have been redecorated.

## What they could do better:

To comply with the law, the controlled drug cupboard must be replaced.

The providers must make sure they complete a regulation 26 report once a month of their visit and maintain a copy at the home for inspection and quality assurance purposes.

The current system of maintaining care records does not always provide a coherent picture of residents' current needs and the action being taken and could present a problem if the information was quickly needed or an investigation carried out. The range of supporting risk assessments should be expanded so that residents' individual treatment plans can be effectively monitored.

Only approved mechanisms should be used to prop open doors which for fire safety purpose must remain closed. This is for the safety of all people living, working and visiting the home.

For residents' safety, assessments used to identify risks of residents' falls and moving and handling should be expanded. The accredited moving and handling trainer should receive regular frequent up date training. And the moving and handling competence of carers should be assessed and recorded at least annually.

So that the registered manager can quickly identify new and refresher training needs of staff, an improved system of maintaining training details should be considered.

More formal supervision of care staff should be carried out at least six times a year and not on an ad hoc basis as it is now.

Survey respondents' comments included "Moving and handling could be improved especially where patients are hoisted. Palliative and end of life care needs attention. Occasionally carers are unavailable when a full residents' assessment needs to be done"; "Moving and handling skills could be enhanced" and "The garden could be made a lot more inviting".

Two requirements have been made. In addition a number of good practice recommendations have been made throughout the body of the report.

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

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

## Details of our findings

**Contents**

# 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.

The home's statement of purpose and service user guide generally provide prospective residents with the information they need to make an informed decision about moving into the home.

Evidence:

As required by our regulations, the home has a statement of purpose and service user guide. A colour brochure is also available. These documents inform prospective residents and or their advocates of the services and facilities provided by the home. All the documents have been composed in normal size print. None of the documents inform the reader whether they are available in other formats, versions or languages. For equality and diversity purposes, the provider should consider this. The statement of purpose generally follows our guidance to providers for its content. However, details of the actual bedroom accommodation do not fully comply with our guidance because precise bedroom sizes are not stated.

Evidence:

All residents, whether self funding or sponsored, are provided with a contract or terms and conditions. This is good practice.

All surveys returned from residents indicated that they had received enough information about the home and had received terms and conditions about their stay.

Prospective residents are encouraged to visit the home, meet existing residents and have a meal with them prior to making a decision about moving into the home. Indeed one resident said they had visited three or four homes with their relative before deciding on this one and are glad they made that choice. Where it is not possible for prospective residents to visit the home their relatives or advocates usually visit on their behalf. The registered manager always visits prospective residents in their current place of occupation to determine whether the home is suitable to meet the resident's individual needs. This is good practice. Information is also sought from other agencies such as local authorities, particularly where a sponsor is involved in the placement. The information gathered is used to inform the resultant plan of care.

The home is not registered for intermediate care. Standard 6 is not applicable.

# 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:**

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| 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.

The personal care and health needs of residents are met with evidence of good multi discriplinary working taking place on a regular basis.

Evidence:

For case tracking purposes the care records of four residents were inspected. Records included terms and conditions, pre admission and admission assessments, medicine reviews, care plans and a range of supporting charts and risk assessments including moving and handling, falls and weights. Some other charts are maintained separately including body maps and environmental risk assessments. The care plans contained some good person centred care details particularly with regard to the care of spectacles. However that level of detail was not always stated. For example with regard to the care of hearing aids, special diets and the actual support residents may require with their personal hygiene needs.

For a resident with diabetes, a brief health care plan component for this condition had been composed, although the information could have been expanded to include the actual dietary needs, time and frequency of blood glucose readings and action taken if

Evidence:

the resident's condition deteriorated. Corresponding daily records indicate staff do take action when required. The resident's records did not include a nutritional assessment either. Where care records indicated residents have been prescribed medication for pain relief, there were no corresponding pain assessment charts to monitor the effectiveness of the treatment plans. For a resident with an incontinence problem, no corresponding continence assessment was seen. And for a resident with a skin integrity problem, there was no supporting skin integrity risk assessment.

Daily records contained a mix of residents' quality of day experiences and medical conditions and had been signed and dated.

The records inspected contained minimal social history and biographical information, although information seen in some daily living skills care plan components were reflective of residents descriptions of how they like to spend their day.

Following a period in which certain residents experienced a high number of slips and falls, the home sought professional advice and has taken some action to address the situation. Although the home carries out a falls risk assessment on all residents, the actual assessment could be expanded in that it is just a tick list and does not include details of action needing to be taken. The registered manager might find the Department of Health and or Health and Safety Executive websites useful in obtaining information about the prevention of falls.

Specialist input is sought and provided from clinicians including GPs and district nurses. Residents also receive input from allied healthcare professionals such as opticians and chiropodists.

Pressure relief and preventative equipment is provided by district nurses on an assessed needs basis. A relative commented that appropriate equipment was in place prior to their relative's admission and the pressure sore quickly healed.

All returned surveys from residents indicated they always receive the care and support they need.

The home has a dedicated room which is used for the storage of some medicines and nursing sundries. However the state of the room does not allow for effective cleaning to a standard expected of a clinical environment. For example the floor covering does not reach the skirting boards in all places; walls had been contact damaged and paper notices stuck on cupboard doors.

Evidence:

It was identified on this visit that the home's controlled drug cupboard does not comply with the type now required in care homes. This follows an amendment in 2007 to the Misuse of Drugs (Safe Custody) Regulations 1973. We have made a requirement about this. Our Professional Advice: The safe management of controlled drugs in care homes refers. This is available from our website.

Medicine Administration Record (MAR) charts were inspected and had generally been completed as required. Some residents have been prescribed medicines to be taken on a when required (PRN) basis. However their respective care plans did not provide the reader with the actual details of when this should be administered. It was also noted that the actual amount of variable dose medicine administered is not recorded. For tracking purposes it is good practice to do so.

There are currently no residents self administering their medicines. Interviews with residents indicated this was their choice as they no longer had to worry about their medicines and found this to be a great relief.

To assist registered managers and providers in making sure services have safe medicine systems and practices in place, our predecessors published Professional Advice information on different medicine topics. These covered Training care workers to safely administer medicines in care homes; Medicine administration records in care homes and The administration of medicines in care homes. In 2008 this guidance was supplemented by Pharmacy Tips which covered 10 subjects. The registered manager might find these publications useful. They are obtainable from our website.

Residents were seen suitably dressed for the time of day and season, with attention to detail where this is important to them. A hairdresser visits the home weekly and residents like using the service. Some residents still have their hair styled by hairdressers they used in the community and this is facilitated at the home. Residents spoken with indicated their dignity is protected when staff assist them with their personal hygiene needs.

# 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:**

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| 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.

Meals and activities offer both choice and variety. Residents are supported in attaining their lifestyle preferences.

Evidence:

Residents are able to choose how and where to spend their time. Some residents like to stay in their rooms to watch or listen to their favourite programmes and music, read, knit and write letters. Others prefer to join in communal activities. Indeed some residents were heard taking part in a spelling quiz in the afternoon of our visit and good banter was heard between residents and staff throughout the day. Current activities include chair exercises; sing a long, skittles and guessing and spelling games. A professional singer also provides entertainment. The home does not employ a designated activities coordinator but activities are provided by an employee who also works at the home as a care assistant.

An ecumenical religious service takes place monthly and a RC nun visits some residents on a regular basis. The home would arrange spiritual support for specific religions and cultures if required.

There are three sitting areas for residents to use. Some residents were watching the

Evidence:

large flat screen TV in the main lounge while others were sitting in the conservatory resting.

A third of responses received from residents indicated the home always has a range of activities they can take part in and two thirds indicated usually or sometimes.

There is a dining room for residents to use if they choose to. Tables had been laid in preparation of the lunchtime meal and the area presented a nice atmosphere for residents to enjoy their meal. Menus provide a variety and residents we spoke with said the food is good. Although we did not have a meal with residents, the lunchtime meal looked and smelt appetising.

Residents' responses to our survey question about the meals indicated four always like them, two sometimes do and one usually does.

Care records inspected included recorded evidence residents are regularly weighed. A visitor described how their relative was not eating prior to their admission into the home, but was now eating well and was gradually returning to their normal weight.

# 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:**

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| 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.

Residents and their advocates can be satisfied their concerns and complaints are listened to and acted upon.

Evidence:

The home has a complaints procedure which includes our contact details. Although the procedure informs the reader of the manager's involvement in investigating complaints, it makes no mention of the proprietor's involvement as another stage of the process. It has not been the home's practice to include contact details of the local safeguarding vulnerable adults' team either. For ease of reference it should be added. The complaints procedure has been composed in normal size print and does not inform the reader whether it is available in other versions, formats or languages. For equality and diversity this should be considered.

All survey responses from residents indicated there is someone they can speak to informally if they are not happy. And four of the seven respondents indicated they knew how to make a formal complaint.

Residents spoken with knew what to do if they had a concern or were unhappy about any aspect of their care.

The home maintains a record of complaints. Records seen included subsequent action to rectify the issues.

Evidence:

Training certificates seen at the visit indicated staff have received adult protection training, although its currency expired in May 2009. Staff interviewed described appropriately the action they would take if they suspected abuse had taken place.

The home has safeguarding vulnerable adults' policies and procedures and record they comply with the county's multi agency policies and procedures.

So residents can exercise their civil rights, the home makes sure that residents are on the electoral roll. Postal votes are then arranged for residents to vote in elections if they so wish.

The returned AQAA records the home has received four complaints about the service in the last 12 months, of which three were upheld. The form also indicates there have been no safeguarding vulnerable adult referrals. We received one complaint about the service concerning inappropriate medicine administration.

# 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:**

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| 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 standard of the environment within the home is good providing residents with an attractive and homely place to live in. The removal of obstructions and the provision of additional handrails in corridors would provide a safer environment for residents to use.

Evidence:

On 3 June 2009 an environmental health inspection of the kitchen was carried out resulting in three matters requiring attention. The provider informs us one matter is completed and action is currently being taken to address the other two. We did not re inspect the kitchen.

A Health and Safety inspection was carried out at the premises on 2 June 2009. The provider informs us that all matters have been dealt with. This included taking action to make the different levels of the home more prominent for safer movement.

The home has a rear garden and patio area for residents to sit out in good weather if they wish to. The home came second in the Sittingbourne in Bloom competition and staff and residents should be congratulated on this achievement.

Areas visited were fresh, clean and odour free. Residents spoken with indicated the home is always kept in a clean condition. And all returned surveys from residents

Evidence:

indicated the home is always fresh and clean. All bedrooms are used for single occupancy. There are numerous toilets and assisted bathrooms throughout the home. All areas used by residents are connected to the call alarm system. There is a passenger lift and two chair lifts to assist residents in reaching bedrooms on the first and mezzanine floors. The home has a range of special aids and equipment so that staff can assist residents in moving and transferring. Handrails were seen in many corridors to assist independent residents walking around the home. However an area near to the quiet lounge does not have this provision. Indeed we observed a resident using the two drug trolleys stored in the corridor as means of support. Storing drug trolleys in the corridor also causes an obstruction. This is not good practice and potentially places residents at risk.

Rooms used by residents are nicely decorated, furnished and maintained to a good standard. The home makes sure all rooms are redecorated as vacancies arise. Bedrooms visited had been individualised with personal affects, making the rooms homely and inviting. Residents spoken with said their beds are comfortable and they like their rooms.

The home has a laundry room in which residents' personal clothes and general linen is washed. Since the last visit a new industrial type washing machine has been purchased. As is good practice, the new machine has numerous washing cycles including sluicing. Disappointingly however the home does not use water soluble or alginate bags for the holding and washing of infected or fouled linen, to reduce potential cross infection risks. Kent Health Protection Unit has published guidelines for Infection Prevention and Control in the Community. The document may assist the home in developing its infection control practices further.

For residents' safety, 10 radiators have been fitted with covers since the last visit. Another 21 require attention. The provider informs that although he is having some difficulty in obtaining appropriate sizes, the programme will be completed by the end of December 2009.

The home tries to accommodate all residents' lifestyle wishes and preferences and this includes propping open bedroom doors. Three bedroom doors were seen propped open by wood wedges. Whilst not wishing to deny residents their choice, for the protection of all residents living at the home, as well as staff working there, it is the provider's responsibility to make sure that only approved devices are in place. Following a requirement made at our last visit, liquid soap and paper towels have been provided in communal toilets for infection control purposes. However on this visit we noted the provision of a fabric hand towel also in the communal toilets. This situation re

Evidence:

establishes potential cross infection risks to residents.

# 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:**

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| 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 morale is good resulting in an enthusiastic workforce that works positively with residents to improve their whole quality of life. Gaps in refresher and update training may potentially place residents at risk.

Evidence:

As well as care staff, staff are employed for cooking, cleaning and maintenance. The home is staffed 24 hours a day and a roster is maintained. Throughout the visit staff were seen carrying out their duties in an unhurried manner. The seven returned questionnaires from residents indicated staff are either always or usually available when they need them. Residents spoken with said staff responded to the call bells quickly.

The AQAA records 47% percent of care assistants are now trained to NVQ level 2 or above in care. Two care assistants have just commenced the course. The home maintains details of its training in different ways throughout the home, including displaying certificates on the wall and keeping some in staff files. It was therefore difficult to obtain a coherent picture of staffs' current training details. However information supplied to support the visit indicates some staff have received training in the last 12 months on topics including palliative care, equality and diversity, safe handling of medication and dementia awareness.

Evidence:

Fourteen carers received equipment training in March 2009 following the acquisition of a new hoist. This is as expected when new equipment is provided. However there was no recorded evidence of their assessment and competence in the safe use of this equipment or indeed the other equipment used for the moving and handling of residents. Prior to this date carers received moving and handling training in November 2006. Good practice indicates that moving and handling, particularly where people are involved, should be updated on an annual basis. Their moving and handling competence should also be assessed and recorded annually.

Moving and handling training is sometimes facilitated by one of the proprietors. Indeed a moving and handling link teacher course certificate dated 3 May 2000 for the properietor was seen displayed in a corridor. However there was no evidence to show the proprietor had received further teacher training since then. It is expected that accredited trainers demonstrate more frequent updates of their training.

The home has not yet been able to arrange specific deprivation of liberty safeguarding training. As these new safeguards came into effect from 1 April 2009 and may have implications on the home's current and future residents, it is the provider's responsibility to make sure this training is sourced and provided.

Two personnel files were inspected. They both related to long standing employees. Files contained evidence that applicants had completed application forms, references had been sought and provided and Criminal Record Bureau checks completed. However two references received had been addressed to "whom it may concern". It is not good practice to accept such references. During 2006 our predecessors published guidance to assist providers and managers in the development of their recruitment procedures and practices. The two publications are called Safe and Sound? Checking the suitability of new care staff in regulated social care services and Better Safe than sorry Improving the system that safeguards adults living in care homes. We provided the registered manager with a copy of each on this visit.

New staff are required to complete a six week induction programme. This includes working at the home for a week shadowing trained care staff. The shadowing period would be extended if required. When completed, care staff are expected to commence NVQ level 2 care training. Files inspected included a brief induction programme which is not wholly reflective of the Skills for Care common induction standards programme. Indeed the home's current programme referred to a care record system which is redundant. Skills for Care have a website from which useful information can be obtained. The website may assist the home in the revision and update of its induction programme.

# 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 registered manager has a good understanding of what needs to be done to improve the home further.

Evidence:

The registered manager has worked at the home since 1992 and been the manager since 1999. She has achieved the Registered Managers Award and has a relevant care qualification. The home is owned by a small private company. The two proprietors visit the home every week and provide support where this is needed. The registered manager and proprietor on site were open and receptive to comments made during the visit. Comments received about the management included "I greatly admire the manager. She never gets flustered. She's marvellous"; "The manager is especially good at her job and always easy to approach" and "The owners visit very regularly and make a point of visiting all residents. They both help out when we are busy and are very hands on".

Staff receive supervision and appraisal and records are kept of matters discussed.

Evidence:

However this is not actually happening as regularly as good practice recommends. Only one of the six returned staff surveys indicated their manager regularly meets with them to discuss how they are working. Three of the respondents indicated they often meet their manager and another indicated sometimes,

The home has devised its own quality assurance systems. This includes staff and residents' meetings. The home undertakes an annual satisfaction survey to seek the views and opinions of residents and others on the quality of the services and facilities provided. Residents spoken with confirmed they are asked for their views on the home. The home is a member of the Small Businesses Federation which provides legal and employment advice. And the home is on the local authority's preferred provider list.

The home has received booklets and information published by the Department of Health in respect of Deprivation of Liberty Safeguards. However the home has not yet developed its own policies and procedures nor obtained relevant local contact details and documentation to enable it to make an authorisation referral if and when required.

Despite the proprietors visiting the home weekly monthly regulation 26 reports are no longer completed. This follows a misunderstanding when instructions were issued to proprietors that they need not send us a copy of the monthly reports. However proprietors are expected to complete the reports and retain a copy at the home for our inspection purposes. The proprietors must now make sure a monthly report is completed and left at the home. The home notifies us of some events that have affected residents' wellbeing. However the home's own document used for this purpose does not cover all events which we require to be notified of under regulation 37. Up to date information about notifiable events is available from our website.

Over the last few years our predecessors developed and published up to date professional advice and guidance documents to assist services. To obtain the information homes needed to register with the professional section of our predecessor's website. Sadly the registered manager was unaware of its existence and had not seen the information we produced at this visit.

The website had in part been set up to support services in having quick and ready access to our most current information, publications and guidance. Sadly the home is not connected to the internet. With regulatory changes affecting the frequency of site visits to care services, it would be prudent for the home to have a system enabling the information to be accessed or assimilated in a timely and regular way. It would also

Evidence:

enable the registered manager to quickly access websites of other regulatory bodies and professional organisations when current legislation and guidance is required.

The home maintains small amounts of monies on behalf of a number of residents. Individual records and cash balances are kept. This is good practice. Individual receipts are given to depositors when additional monies are provided.

The returned AQAA and a subsequent telephone call indicates that equipment has been serviced and tested since the last visit as required by the manufacturer or other regulatory body.

| Are there any outstanding requirements from the last inspection? | | | | |
|---|---|---|---|---|
| | Yes | ☐ | No | ☑ |

## Outstanding statutory requirements

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

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

# Requirements and recommendations from this inspection:

**Immediate requirements:**

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

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

**Statutory requirements**

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

| No. | Standard | Regulation | Requirement | Timescale for action |
|---|---|---|---|---|
| 1 | 9 | 13 | The registered person shall make arrangements for the recording, handling, safekeeping, safe administration and disposal of medicines received into the care home<br><br>It is the law that the controlled drug cupboard complies with the new specifications introduced following the 2007 amendment to the Misuse od Drugs (Safe Custody) Regulations 1973 | 31/12/2009 |
| 2 | 30 | 18 | The registered person shall having regard to the size of the care home, the statement of purpose and the number and needs of residents ensure that at all times suitably qualified, competent and experienced persons are working at the care home in such numbers as are appropriate for the | 14/11/2009 |

## 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 |
|---|---|---|---|---|
| | | | health and welfare of residents and ensure the persons employed by the registered person to work at the care home receive training appropriate to the work they are to perform, including structured induction training.<br><br>For residents' safety all care staff must receive initial and refresher training for moving and handling techniques by trainers currently trained to do so at least annually and the evidence of their competence recorded. | |

## 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
**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.