

## Key inspection report

### Care homes for adults (18-65 years)

<b>Name:</b>	Goldcrest House
<b>Address:</b>	194 Boothferry Road Goole East Yorkshire DN14 6AJ

**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.

<b>Lead inspector:</b>	<b>Date:</b>
Janet Lamb	2   6   0   5   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 Adults (18-65 years) can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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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## Information about the care home

Name of care home:	Goldcrest House
Address:	194 Boothferry Road Goole East Yorkshire DN14 6AJ
Telephone number:	01405763329
Fax number:	
Email address:	goldcresthouse@onetel.net
Provider web address:	

Name of registered provider(s):	Genhawk Limited
Type of registration:	care home
Number of places registered:	11

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	11	0
sensory impairment	11	0
Additional conditions:		
The maximum number of service users who may be accommodated is 11		
The registered person may provide personal care (excluding nursing) and accommodation to service users of both sexes whose primary care needs on admission to the home are within the following categories: Learning Disability (Code LD); Sensory Impairment (Code SI)		
Date of last inspection	0	6
	0	2
	2	0
	0	0
		9

Brief description of the care home
Goldcrest House, owned by Genhawk Limited, is a care home that provides care and accommodation for eleven younger adults with a learning disability. The home endeavours to empower people in order to maximise their social and independent living skills and concentrates on people with autism. The service is soon to be accredited with the National Autistic Society.
Accommodation is provided in single rooms that have been furnished to a good standard. People have access to a range of shared space, including a lounge, a dining room and a small well-maintained garden and patio area to the rear of the building,

**Brief description of the care home**

which is fitted with garden furniture.

The charges for living in the home at the time of this inspection range from £1,100.00 to £2,400.00 per week per person. Information about the service can be obtained in the statement of purpose and the service user guide from the provider upon request.

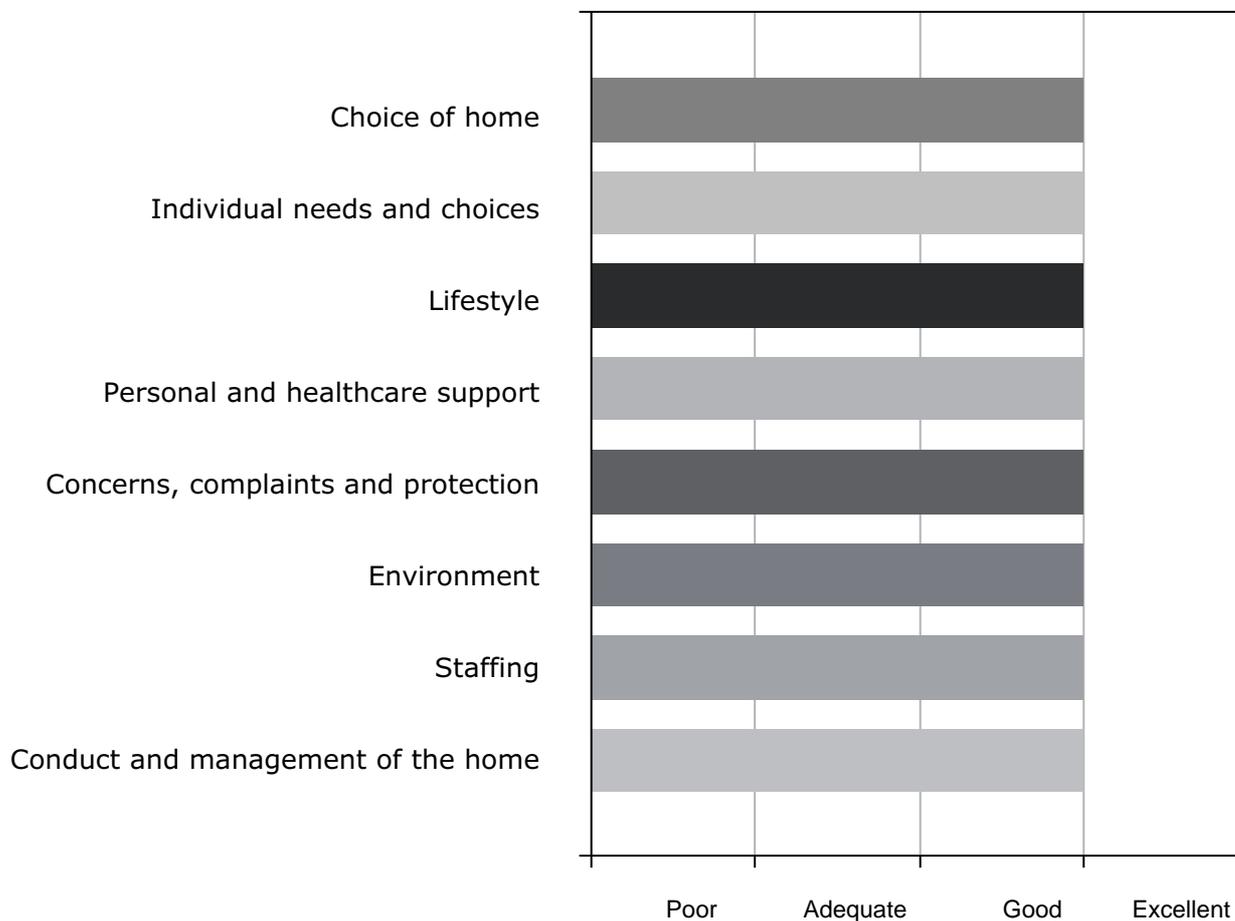
## Summary

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

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

The unannounced key inspection of Goldcrest House took place over a period of time and involved the sending of an annual quality assurance assessment (AQAA) to the home in April 2009 requesting information about the service and details of the people and staff working there. This was returned to us in April 2009 in very good time.

Surveys were then issued to people living in the home and to support workers in an effort to obtain information on what it would be like living and working there. Along with other information given to us or sent to us we supposed what it must be like living in the home.

Then on 26 May 2009 Janet Lamb carried out an unannounced site visit to interview people and support workers, view the premises and inspect some of the records and documents held there. From all of the information gathered a judgement was made about the quality of the service and this was presented in this inspection report. Some

recommendations have been made to assist the home in improving the service of care and support provided.

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations, but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

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

People are well assessed and receive good information on the home before they move in, so they are confident their needs can be met. Their assessed needs are well documented in detailed care plans and health care plans that are reviewed as necessary and twice yearly.

People are encouraged to make their own decisions and to take reduced risks where necessary within risk management strategies. They lead individual lifestyles of their choosing and enjoy the benefits of good support from support workers.

People are encouraged to take up occupation, education, pastimes and activities that aid their personal development in all areas. Those that need more support with personal care and daily living receive sensitive and individual support. There are good opportunities to establish relationships, to follow individual daily routines, and to enjoy foods of one's choice.

People benefit from the use of good systems for handling medication, and they are well protected from the risk of harm from taking the wrong medication because of good policy, procedure, practice and support worker competence.

People have good systems in place to use for making complaints or representations, and for ensuring their safety and protection from abuse, self-harm or neglect.

People benefit from a well maintained environment and have a comfortable and homely place to live. The home is also clean and tidy.

People are well supported by support workers in sufficient numbers to meet their needs. People are appropriately protected by the home's systems, practice and procedure for recruiting and selecting safe, qualified and trained support workers.

People benefit from having a well qualified and experienced registered manager running the home in their best interests, quality assessing the service and ensuring people and support workers health, safety and welfare are promoted and protected.

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

The service has now improved the accuracy of the medication administration record sheet recording. It has changed its recruitment practice so that support workers only start in their positions after a full security check has been obtained from the Criminal Records Bureau. And the service is now consistently holding weekly tests on the fire safety systems and equipment and is recording these.

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

The service could make sure all assessment and other documents produced are dated to show their origin and signed to show people are aware of them and agree with them, so people are confident their needs are met and are being monitored.

It could repair the broken floor boards in the downstairs corridor near the shift office, so people are safe from injury due to an accident.

The service should make sure support workers receive formal supervision every two months, so people are confident they are supported by well directed and supported staff.

It could make sure the fire risk assessment is reviewed and evidenced as such each year, so people are confident they are safe from risk of fire.

The service could make sure support workers sign to evidence they have completed a fire safety drill, so people are confident they are safe from the risk of fire.

It could make sure a full and thorough electrical safety test is carried out for all of the home and a copy sent to the Commission once received, so people are confident they are safe from risk of harm.

The service could make sure the health & safety policy statement and all risk assessment documents and policies and procedures are reviewed annually, so people are confident their health, safety and welfare are being well promoted and protected.

And finally it could make sure all upper floor windows are risk assessed in relation to the people living in the home, and where risk is high restrictors should be fitted, so people are safe from the risk of accident.

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](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. 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 the person 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.

People receive good assessments of their care and support needs, using approved and very comprehensive tools, and based on community care assessments completed by placing authorities. People are very well assessed and provided with the necessary information to give them an informed choice about moving in, so they are confident their assessed needs are met.

Evidence:

Discussion with people in the home, the manager, deputy, support workers and administrator and viewing of some documents in files with permission from those they refer to, show people have a very detailed and thorough assessment of their care and support needs, and are informed of the service available in current information documents.

People are given a very detailed and comprehensive assessment of their needs in which three documents are used. One is the 'baseline assessment,' which includes 195 skills that are considered to determine a person's needs, and the scoring is also portrayed in graph format. The second is the 'sensory profile' assessment, which has

## Evidence:

232 behaviours to consider in order to assess a person's autistic tendencies. And the third is a 'daily living skills' assessment, which looks at living skills to determine capability and daily functioning.

Some of the completed assessment documents are signed and dated, others are not. It is important to ensure all documents are dated to show their origin and signed to show the people they concern are involved in them and agrees with them.

People spoken to about the assessment process remember having had some checks made and either understand all or some of the process involved. They say, "The manager did my assessments and care plan before I came to live here and I know everything that is in it," and "I know there is a file, but I only want you to look at it with me. I don't know if I had an assessment." Support workers are very clear about the documentation and its importance.

People have copies of their placing council 'service notification' documents and they are available in files, though the standard on 'contracts' was not assessed fully. People are provided with statements of purpose and service user guides, though these were not viewed.

## Individual needs and choices

**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 needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

**This is what people staying in this care home experience:**

Judgement:

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

People have good care plans produced that enable support workers to aid them in meeting needs. They have good opportunities to make decisions about their lives and where risks are involved have them reduced because of good risk management strategies.

Evidence:

Discussion with people in the home, the manager, deputy, support workers and administrator, and viewing of some documents in files with permission from people they relate to shows individual needs and choices are well recorded and respected.

People have individual care plans and risk assessment documents in place, that reflect their diverse needs. Plans have three parts to them that look at the actual area of need, the required intervention to meet that need and any restrictions or interventions or any changes to be noted. Specific and relevant areas where support and assistance is required are then covered under each of the three parts of the care plan. Plans are signed and dated and there are copies of the placing local authority community care,

## Evidence:

care plan also within files.

Evidence shows care plans are reviewed monthly via the monthly review of all information held in people's journals. The journals are a monthly document containing records of assistance given with personal hygiene and any health care issues, records of activities undertaken, any cultural developments, any seizures experienced, food intake, and any untoward incidents, as well as three times a day diary entries.

People also have behaviour management plans in place if determined as necessary to ensure their and other people's safety. People always sign these as an undertaking they will agree to abide by them. These are also reviewed in line with policy and requirement.

People are able and encouraged to make decisions about everyday issues and pastimes and say they are able to do as they wish according to their ability and the risks involved. Everyone has risk assessment documents in place covering a wide range of activities and situations, from fire safety, to using the kitchen, to going out in the community, to accessing transport and addressing sexuality or developing relationships. Each person has their own risk assessment documents in place and these are also regularly reviewed.

## Lifestyle

**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 can take part in activities that are appropriate to their age and culture and 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 and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

**This is what people staying in this care home experience:**

Judgement:

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

People benefit from good opportunities to undertake educational, occupational and recreational pastimes, with support from support workers if necessary. They are encouraged to have appropriate relationships and guidance offered is good. They enjoy a good balance of routine and flexibility and food provision is satisfactory and how they like it.

Evidence:

Discussion with people in the home, the manager, deputy, support workers and administrator and viewing of some documentation and records shows there are still good systems in place to ensure people lead a lifestyle of their choosing.

There are varied opportunities for educational and occupational activities and for developing social and community links. There is plenty to 'tap into.' People may go to college, to local places of interest, to shops, pub, restaurants, cinema, etc. Individual

## Evidence:

activities include making up own interest books with pictures, namely on such as cookery or football. General activities include reflexology and aromatherapy supplied by an employee of the business. There is a dedicated snoozelan and therapy room. People confirm this in interview.

People spoken to say they are free to make friends with whom they choose and have opportunities to go out and meet new people, though they tend to converse and pass the time with others in the home. Evidence of any relationships are seen through observation of them and in daily diary journals.

There is an element of routine to the day, though mostly people decide for themselves when they want to rise, or take a shower etc. People are encouraged and supported to carry out personal care tasks but generally everyone is left to enjoy a high level of freedom. Where less able they are prompted more often and more relevantly. Everyone is expected to keep their room tidy and clean and to leave such as bathrooms how they found them, but no one has to undertake cooking chores or general household cleaning chores. Some people do enjoy assisting in the kitchen and there is a roster for those that are willing, to prepare lunches. Everyone has a key to their room and no one goes in uninvited. The rules on smoking, drinking and taking drugs are clearly presented on admission.

Food and drink is taken when people wish to take it, though meal times are loosely set to particular times of the day for ensuring everyone knows when food can be expected. People spoken to say the meals are satisfactory, menus are planned weekly following discussion in meetings, and changes can be made depending on mood and time available. Alternatives can be requested and supplied if possible if a person dislikes the food on offer. Special diets would be catered for if identified. Breakfast is taken on rising and is usually help yourself if able, lunch is prepared by one of the support workers and someone living in the home and is a sandwich, a snack or something already prepared and purchased from a local supermarket, but dinner is a hot cooked evening meal, prepared by a support worker and where everyone sits down together in the dining room. There are no concerns about food provision and people say they are well fed.

## Personal and healthcare support

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 receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people 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.

If people are approaching the end of their life, the care home will respect their choices and help them to 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.

People receive good personal support in a way they choose. They are protected by the home's medication handling procedures, can self-medicate if they are deemed low risk, and generally benefit from good support systems in place and in use.

#### Evidence:

Discussion with people in the home, the manager, deputy, support workers and administrator and viewing of some personal and health care records and medication administration records and observation of practice shows there are still good personal and health care support systems in operation.

Personal support is provided in a way people wish it to be, sound advice based on knowledge and understanding of life is offered and motivation is nurtured. Flexibility and individuality are encouraged wherever possible. Where people can express or demonstrate a preference support workers respect it and make sure it is recorded for other workers to follow. Individual care plans show individual needs and wishes on how people want to be supported and cared for. Daily diary journals are used to record all of this and how successful any of it has been.

## Evidence:

Healthcare needs are also well reported and recorded and such as dental, optical, chiropody and specialist health issue checks are carried out regularly. Again they are all recorded in monthly journals under each of the relevant sections. There are records of GP and other health professional visits and of appointments at hospitals etc maintained in journals. People say they see their GP in private and attend hospital appointments with support workers.

Medication systems are in place and follow procedures and good practice guidelines. Medicines are receipted into the home by a designated support worker, are stored appropriately in a locked medicine cabinet, are administered according to safe procedures and are recorded as given on medication administration records sheets. Any controlled drugs would need to be stored in an appropriate facility of which there isn't at the moment. A controlled drug register would also need to be obtained. The system used is the Boots Manrex monitored dosage system. Support workers administering drugs are all trained with Selby College. There is no evidence they are annually competence assessed though. The last medication training for two shows this was done four years ago, and for one nearly two years ago. The manager has therefore recently given update competence assessments in medication handling since May 2009. Seems most staff have sufficient training and competence assessment. Support workers may need a medication administration course renewing next year.

## Concerns, 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. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

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.

People have good systems in place to make representations or complaints. They are well listened to and have their views properly acted upon. People also have good systems in place to protect them from the risk of harm and from abuse or injury, with well trained support workers being in control of the shifts and any potentially harmful situation.

Evidence:

Discussion with people in the home, the manager, deputy, support workers and administrator and viewing of records and documents on complaints and protection show there are still effective systems in place to deal with both of these.

There is a complaint procedure and record in place and people have their own copy of the procedure in their statement of purpose and service user guide. People spoken to confirm they are informed of the procedure and understand they can talk to any support worker or the manager at any time. One was observed calling in at the office to tell the manager the radiator in his bedroom was not working properly.

The record of complaints was viewed and shows four have been made since November 2008. Complaints are properly recorded and investigated and written responses are sent to complainants. The complaint handling system is effective in dealing with problems and representations.

Evidence:

There is a safeguarding adults procedure and record held and only one issue has been referred to the social services department since the last key inspection. This was an isolated issue, to do with the protection of a person from self-harm and harming support workers and was handled well. A notification was made to the Care Quality Commission and the social services were alerted.

People say they would take any problem to support workers or the manager and feel confident it would be addressed. Support workers confirm in interview and their files have details of the training on safeguarding adults done in February 2009 recently. Systems are effective in dealing with safeguarding issues and allegations.

## 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, comfortable, 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. People have enough privacy when using toilets and bathrooms.

**This is what people staying in this care home experience:**

Judgement:

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

People live in a good environment that is clean, safe and comfortable.

Evidence:

Discussion with people in the home, the manager and staff and observation of some of the premises and bedrooms only with permission from people they belong to, shows the home is still meeting standards in this section. The home is suitable for its stated purpose and is clean and comfortable. There is only one observed problem which requires repair and this is the broken wooden flooring and joists in the downstairs corridor just before the shift office. The floor covering is giving way due to broken boards beneath.

The living environment is generally satisfactory at the moment. Rooms are personalised and adequately furnished and decorated. The home is suitable for its stated purpose of providing care, support and accommodation to younger people with a learning disability. Space available meets the requirements of standards. Observation of some bedrooms with permission shows rooms are individualised and contain personal possessions. The home meets the requirements of the local fire safety officer and environmental health officer as far as it is known. The last visit from fire services was 17/03/09 and a request was made to relocate the photocopying machine. This has been done. It is unknown when the last environmental health visit

Evidence:

was made.

Generally the home is clean and free from malodours, people complete some cleaning chores for themselves. Staff do some general cleaning and assist people in the home with living skills and personal development so they do their own rooms and own laundry etc. as much as possible. The laundry meets the Water Supply (Water Fittings) Regulations 1999. Support workers complete infection control training that involves in-house competence assessment, the last sessions being done 18/05/09.

## 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, qualified 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. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

**This is what people staying in this care home experience:**

Judgement:

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

People are well protected and supported by qualified staff in sufficient numbers to meet their needs. People are adequately protected and supported by the homes recruitment systems, policy and practice, and they have their needs satisfactorily met by well trained staff.

Evidence:

Discussion with the manager and staff and viewing of some staff files and documents shows there are still good systems in place to ensure support workers are well recruited, have appropriate qualifications and are offered opportunities to train and gain skills.

Qualifications of staff have not been determined or verified at this inspection. There is no substantial information supplied in the AQAA on NVQ or equivalent qualifications. This standard was not fully assessed, although evidence seen in two staff files shows NVQ 2 was completed in November 2003 by both workers and NVQ 3 in March 2004, again by both workers. There is also evidence staff have done LDAF training. There is sufficient information therefore to determine that staff qualifications continue to be undertaken.

The staffing complement is good, as there are usually six support workers on duty

## Evidence:

throughout the day and two waking support workers at night. Support workers inform us in interview there is a practice of covering one another's shifts when ill or on leave and there are rosters held in the home as evidence of planned working times and of time actually worked. There is an appropriate mix of male and female support workers employed in the home, and there is also a mix of ages and experiences amongst the group, which provides a good complement. All staff are over 18 years old, and team leaders are never under 21 years old.

There is a recruitment and selection policy in place and systems that generally ensure a good job is done of hiring and firing support workers. Two support worker's files seen show there is adherence to the policy, with application forms, written references, Criminal Records Bureau security checks, and also evidence of staff induction, supervision and training and development. The registered provider should make sure supervisions are carried out every two months for support workers, as information shows there has often been longer periods between them.

There is evidence of training in fire safety, medication administration, food hygiene, safeguarding, person centred planning, autism, health & safety, riddor, coshh, risk assessments, first aid, accident procedure, infection control, manual handling and challenging behaviour. Staff have individual training and development records maintained in Mulberry House publications. All training appears to be current.

## Conduct and management of the 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 have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because 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. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

**This is what people staying in this care home experience:**

Judgement:

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

People live in a home that is well run by a suitably qualified and experienced manager and one that is run in their best interests. The service is satisfactorily quality assured. People are well protected and their health, safety and welfare is well promoted with the use of safe systems and policies and procedures being adhered to.

Evidence:

Discussion with the manager, deputy, support workers and administrator and viewing of some of the documents, records and maintenance certificates kept for evidencing good running of the home in the best interest of people living there, and for promoting and protecting their health and safety, shows there are satisfactory systems and practices in place.

The manager is well qualified and experienced with NVQ Level 4 Registered Manager's Award, Certificate in Education, Certificate in Autism, and four years working with people with autism and another five years assisting to manage and managing Goldcrest House. He keeps his training and qualifications updated by attending courses, reading, etc. The home has applied for and is soon to be accredited as a

Evidence:

specialist centre with the National Autistic Society.

There is a quality assurance system in place that is used regularly, and the manager assures us there has been little change to systems since the last inspection. There has been some improvement in how the service is quality checked in that the check sheets used to ask about the home have been 'tailored' to suit the home more. People that are surveyed as part of the quality assurance system are people living in the home, relatives and anyone that visits for whatever purpose, as well as health care professionals that visit. None of the systems were viewed as part of this inspection, though it is understood that this standard continues to be met.

There are written safe working practices for the service that include all of the items listed in standard 42.2. There are policies and procedures to ensure the health safety and welfare of people, support workers and visitors. Areas that were sampled as part of this inspection are fire safety, use of the mini bus, water storage and temperatures, the landlords gas safety certificate, electrical safety, window restrictors and the health & safety policy statement.

The home has a fire safety system in place that Humberside Fire & Rescue Service last checked on 17/03/09. The home has a fire risk assessment that was compiled in May 2006, and which needs to be reviewed every year. This is a recommendation. There are also separate fire risk assessment documents in place for each person living in the home and these are more up to date. One seen was done in May 2009.

Chubb last maintained the fire panel and system on 04/03/09. The home carries out weekly checks on the emergency lights, alarms, and equipment being in place and in working order, for which a record is maintained. There is a monthly check on fire doors, escape routes and extinguishers, also recorded, and monthly fire drills are carried out, for which the records shows numbers of people present, but there are no staff signatures to show who was involved. This is also a recommendation. A fault log is maintained as well as records for all the testing.

The home's mini bus has regular safety checks carried out and there are risk assessment documents in place for each individual for using the bus. Insurance cover is available from Zurich Car Insurers.

Hot water temperature checks are made monthly and recorded and storage is satisfactory as a legionella bacteria test was carried out 10/02/09.

The landlord's gas safety certificate was last produced 05/03/09. Electrical safety has

## Evidence:

not been entirely guaranteed as the last check was only completed on the new wiring in the home, and as there have been lots of add ons to wiring it is very difficult to determine what wiring actually serves what areas of the home. It is recommended that a full and thorough electrical system check be carried out as a matter of utmost importance and a certificate of safety be supplied. Copy of this to be forwarded to CQC on completion.

The home has fitted window restrictors to ground floor bedrooms, as people in the home had been jumping through them to leave the home unseen, and also to prevent opportune burglaries. There are no restrictors on the upper floor windows though and these need to be risk assessed for safety and devices fitted where the risk of people likely to jump from windows is high. This is a recommendation.

There is a written health & safety policy statement in place that dates from May 2006. It is recommended this be reviewed annually and evidence of review be maintained. Some risk assessment documents have not been regularly reviewed, so it is a recommendation that all risk assessment and all policies and procedures etc. be annually reviewed and evidence maintained.

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

### 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 registered provider should make sure all assessment and other documents produced are dated to show their origin and signed to show people are aware of them and agree with them, so people are confident their needs are met and are being monitored.
2	24	The registered provider must repair the broken floor boards in the downstairs corridor near the shift office, so people are safe from injury due to an accident.
3	36	The registered provider should make sure support workers receive formal supervision every two months, so people are confident they are supported by well directed and supported staff.
4	42	The registered provider should make sure all upper floor windows are risk assessed in relation to the people living in the home, and where risk is high restrictors should be fitted, so people are safe from the risk of accident.
5	42	The registered provider should make sure the health & safety policy statement and all risk assessment documents and policies and procedures are reviewed annually, so people are confident their health, safety and welfare are

## 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
		being well promoted and protected.
6	42	The registered provider should make sure a full and thorough electrical safety test is carried out for all of the home and a copy sent to CQC once received, so people are confident they are safe from risk of harm.
7	42	The registered provider should make sure the staff sign to evidence they have completed a fire safety drill, so people are confident they are safe from the risk of fire.
8	42	The registered provider should make sure the fire risk assessment is reviewed and evidenced annually, so people are confident they are safe from risk of fire.

## Helpline:

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