

Key inspection report

Care homes for older people

Name:	Bearwardcote Hall Residential Home Ltd
Address:	Heage Lane Etwall Derby DE65 6LS

The quality rating for this care home is:	one star adequate service
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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:
Anthony Barker	2 9 0 1 2 0 1 0

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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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Bearwardcote Hall Residential Home Ltd
Address:	Heage Lane Etwall Derby DE65 6LS
Telephone number:	01283734669
Fax number:	01283732810
Email address:	
Provider web address:	

Name of registered provider(s):	Bearwardcote Hall Residential Home Ltd
Name of registered manager (if applicable)	
Mrs Jacqueline Thompson	
Type of registration:	care home
Number of places registered:	38

Conditions of registration:								
Category(ies) :	Number of places (if applicable):							
	Under 65	Over 65						
old age, not falling within any other category	0	38						
Additional conditions:								
Date of last inspection	1	7	0	9	2	0	0	8

Brief description of the care home
The accommodation at Bearwardcote Hall was developed from a former private residence. It is set within surrounding countryside near the village of Etwall, and approximately 8 miles from Derby City. There is an infrequent bus service nearby and some facilities such as G.P., shop and churches in the village of Etwall. The accommodation is over 2 floors and consists of lounges, kitchen, bedrooms and dining room. A passenger lift services the first floor.

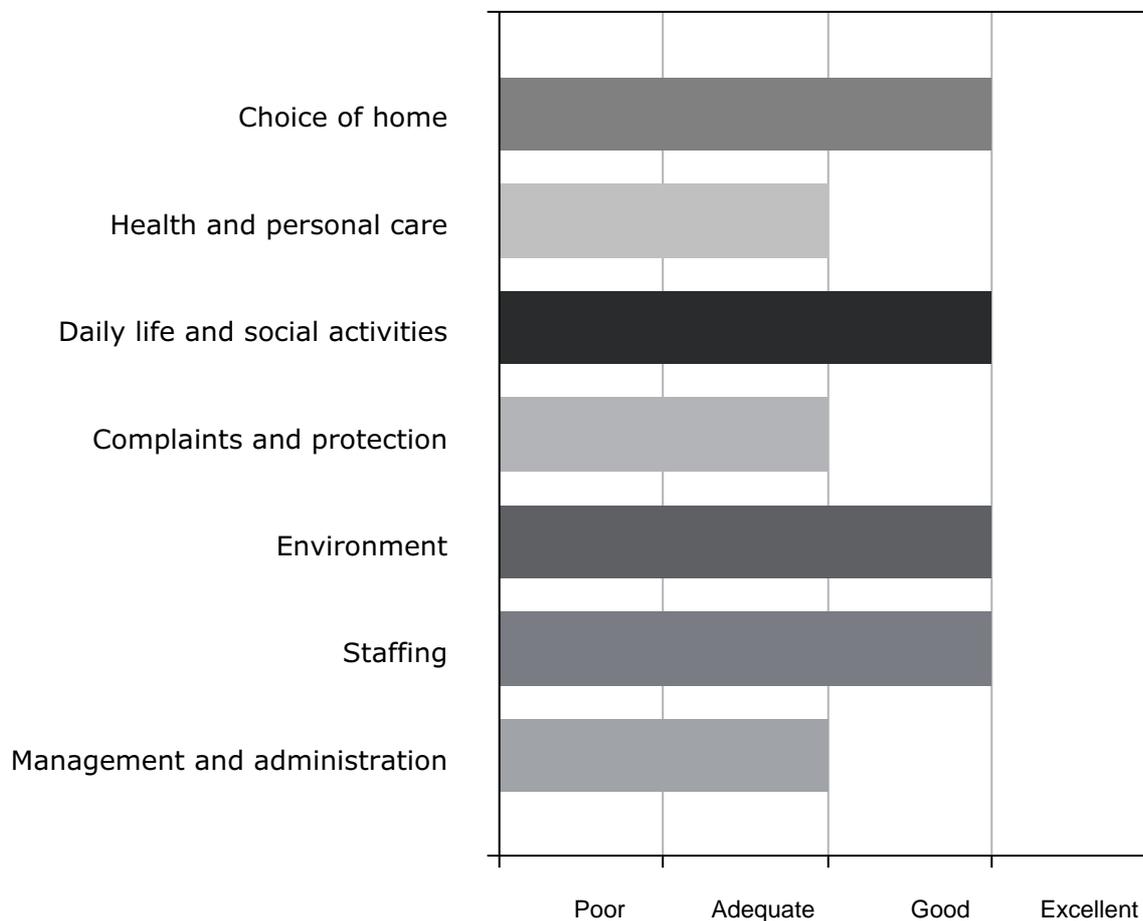
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

The Care Quality Commission (CQC) is trying to improve the way inspectors engage with people who use services so we gain a real understanding of their views and experiences of social care services. We asked for an 'expert by experience' to join us at this inspection. An 'expert by experience' is a person who, because of their shared experience of using services, and/or ways of communicating, visits a service with an inspector to help them get a picture of what it is like to live in or use the service.

The time spent on this inspection was 9.0 hours and was a key unannounced inspection. Survey forms were posted to people living at the Service, their relatives, staff and external professionals before this inspection and 27 people responded. The 'expert by experience' was introduced to the Deputy Manager in Charge at the start of her visit and she was given a brief introduction to the Service. At the end of her visit there was a de-briefing with the Deputy Manager present. The 'expert by experience' spoke to seven people living at the Service and four visitors. We spoke briefly to

several people living at the Service and, in depth to one person. We also spoke to the Deputy Manager, Assistant Manager and one senior care assistant.

Records were inspected and there was a tour of the premises. Three people living at the Service were 'case tracked' so as to determine the quality of service from their perspective. This inspection focussed on all the key standards and on the progress made towards achieving the requirements and recommendations made at the last key inspection on 17th September 2008. The Manager's pre-inspection, Annual Quality Assurance Assessment (AQAA), self assessment form was reviewed prior to this inspection. We were informed that the Service's fees ranged from £380 to £450 per week.

What the care home does well:

Individual needs assessments were made before people were admitted to the Service so that their diverse needs were identified, planned for and individually met. The Service provided a programme of activities and services for people living here. Meals were varied and enjoyed by people. People were living in a comfortable and homely environment. The Service had a good level of well recruited and reasonably well trained staff to ensure that the people living here were safe and their needs were met.

What has improved since the last inspection?

New chairs had been purchased for the main lounge, and the downstairs bathrooms and a number of bedrooms had been repainted. Several carpets had been replaced. Some improvements had been made to care plans and more documents were being updated. Better infection control measures were in place. Additional activities for residents had been arranged.

What they could do better:

Care plans must be in place for each person accommodated. Tamazepam tablets must be stored in a controlled drugs cupboard. All prescribed medicines must be stored securely at all times and this includes medicines requiring refrigeration, which must be stored in a dedicated medicines refrigerator. A pro-active approach to keeping people safe must be consistently followed. A qualified electrician must assess the safety of the wall light switch near to a wash hand basin in the toilet by the dining room. The inside cupboard, containing cleaning materials, must be kept locked.

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 (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Individual needs assessments were made before people were admitted to the Service so that their diverse needs were identified, planned for and individually met.

Evidence:

The Service was recommended to update its Service Users' guide at the last inspection. We noted that it now contains up to date contact information on the Care Quality Commission but the section on management structure did not reflect the current situation and there is no longer a smokers' lounge, as described.

One relative, who completed our pre-inspection questionnaire, said that the Service is, "very informative". The Service had started to send out newsletters keeping people up to date on news and events at Bearwardcote Hall and we read the first two issues. The last inspection report is kept in the Manager's office and there is a notice displayed in the entrance hall informing people of its availability.

Evidence:

One of the people case tracked had been recently admitted and their file was examined. We noted a recorded assessment of this person's needs, dated before admission. It provided staff with a good range of information about the individual's particular needs and preferences so these could be met. We thought that a record entitled Preferred Daily Routine was particularly helpful. It included preferred rising and going to bed times, food likes and dislikes and 'Things you like to do'. In this respect this document was a good example of 'person centred' recording. People who completed our pre-inspection survey were positive about their decision to choose Bearwardcote Hall for them or their elderly relative to live.

The Home was not providing intermediate care.

Health and personal care

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

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

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

Most people who use the Service had individual plans of care to demonstrate that their health and care needs were being met. Prescribed medication was not always being stored safely.

Evidence:

Three people living at the Service were case tracked so as to identify the standard of care provided from their own perspective and from individual records and discussions with them, the Deputy Manager and with staff. The files of these people were examined and two of these included holistic care plans that set out how people's individual needs should be met by staff. The case tracked person, who had been admitted two weeks before this inspection, had no care plan. The Deputy Manager told us it was normal practice to wait up to a month after admission to write a care plan. We noted that another case tracked person had a care plan dated six weeks after admission. Care plans were not person centred in their wording and did not reflect or support the person centred way that staff work with residents. Care plans were generally being reviewed every three months, though reviews were being carried out monthly for one case tracked person as their needs change more frequently, the

Evidence:

Deputy Manager told us. Care plans were being consistently reviewed and we noted they were being signed and dated by staff. Individual files contained people's photographs. Daily records had comprehensive entries made at each of three shifts a day.

Recorded risk assessments covered areas such as risks associated with falling, Moving & Handling, Tissue Viability and nutrition and provided a means of measuring and minimising these risks. There was a very good system of reviewing risk assessments and people's physical needs, at appropriate intervals, and these were signed and dated by staff. However, the documentation did not prompt staff to review people's social and leisure needs, as recorded in the original assessment of need. We saw evidence that people's health needs were being met by appropriate contact with external health professionals.

The administration of prescribed medicines was being recorded accurately though only one signature was being recorded beside hand written entries. There were no photographs of people beside their individual medicine records to minimise mistakes. Neither was there a record of staff signatures/initials to ensure that signatures can be cross-referenced against staff names. At least two people had Tamazepam tablets prescribed for them but their administration was not being recorded in a controlled drugs register, as good practice recommends. Also this medication was not being safely stored, in a cupboard designed to take controlled drugs, as required by recent changes in legislation. This and other medicines were being stored in blister packs in a locked cupboard. However, seven containers of medicines had been delivered by the Service's pharmacy during the evening before this inspection. These containers had been stored in the small office which is kept unlocked. They were moved to the main office when we pointed out this unsafe practice.

One case tracked person was self medicating and the Deputy Manager told us that a Self Custody of Medicines sheet had been completed and signed. Insulin, eye drops and Timodine cream, requiring refrigeration, were being stored in a domestic refrigerator in the kitchen, where they could be stolen or accidentally used by a resident. The Deputy Manager informed us that the Service's pharmacy provides staff with training in the safe use and recording of medicines. Additionally, staff had been following medication distance training over the past 15 months.

One relative who returned our pre-inspection questionnaire told us, "(My relative) always looks presentable, dressed nicely and uses the clothing I leave". The Expert by Experience observed that people's, "clothing was clean and well laundered...they all receive and wear their own clothes". Residents and visitors who spoke with the Expert

Evidence:

by Experience told her, "they were treated with dignity and respect". She also, "heard staff speaking respectfully" to residents. There had been observations made during 2009, by visiting social care professionals, of residents sitting in the lounge in their bed clothes during the afternoon, following having a bath. We believed that this potentially compromised people's dignity. The Deputy Manager told us this practice no longer happens and the senior care assistant we spoke with confirmed this.

Daily life and social activities

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

The Service provided a programme of activities and services for people living here. Meals were varied and enjoyed by people.

Evidence:

The Expert by Experience found that, "all the residents would like more appropriate activities or entertainment". One relative told her, "I would have a job to find something I wasn't happy with, except the lack of activities". The Expert by Experience considered there was little evidence of interaction between staff and residents during her visit. She said, "five people were asleep in the lounge and none of the remaining occupants were watching the (loud) TV". One relative who completed our pre-inspection questionnaire also felt the use of the television should be reduced saying, "use of radio/music may be an alternative".

The Manager, in her pre-inspection self assessment form, provided evidence of activities provided for residents. These included an occupational therapist visiting once a week for 4-5 hours holding exercise sessions and leading stimulating discussions, staff supervising Sunday night musical sessions and film nights. However, the Expert by Experience felt, "the home needs an Activities Co-ordinator - a view shared by all the visitors (I spoke with)". The Deputy Manager told us that two care assistants

Evidence:

share an Activities Co-ordinator role but this appears not be widely known.

The Expert by Experience also said, "It would be helpful if the staff took a little more interest in the residents, eg. their interests, social concerns, potential activities, etc." Four of the seven staff who completed our pre-inspection questionnaires also felt that residents would benefit from more stimulation. Their comments on what the Service could do better included, "Offer the residents more outings...trips out when it's nice weather...more things to stimulate the older residents". These comments were made in June 2009 and the senior care assistant we spoke with told us that more trips out were now being made. We saw photographs of residents involved in some of these trips out. However, there still appears to be a view held by residents and visitors that more stimulating activities for the residents are needed and this is probably best addressed by considering how people spend their waking day and the part that staff play in this.

We observed many people visiting the Service on the day of this inspection and frequent entries in the Visitors Book confirmed this was normal. The Deputy Manager told us that most residents have family and friends who keep in contact. One case tracked person told us that, "Friends come and take me out twice a week".

The Deputy Manager told us that none of the people was in need of an advocate. One case tracked person provided evidence of their personal choices being met by saying, "I asked to have a bath in the morning...I always have a morning bath now...staff go out of their way to help me".

We saw that food stocks were at a satisfactory level in the kitchen and there was fresh fruit and vegetables. The menu indicated that people were being provided with nutritious and varied meals and it was changed four times a year to reflect the seasons. The Expert by Experience ate lunch with the people living here, during this inspection, and found that, "The food was nutritious and there was a choice". One case tracked person spoke positively about the, "freshly prepared food...beautiful meat... the cook will get me any food I like". Two relatives remarked in their pre-inspection questionnaires that the standard of food was good. Their comments included, "Provides good food and hydration to residents", and "Nice home cooked food". Two staff also added positive comments in their pre-inspection questionnaires with both saying there was a good choice of food.

Complaints and protection

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

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

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

A pro-active approach to keeping people safe has not been consistently followed, leading to instances of abuse.

Evidence:

A copy of the Service's written complaints procedure was placed on the rear of each person's bedroom door and in the Service Users' Guide. It had been maintained up to date. There was, however, no copy conspicuously displayed for visitors' use. The case tracked person we spoke with was aware of who to speak to if unhappy and they confirmed they had never made a complaint. They added that the Assistant Manager, "will sort out practical problems quickly, for example a television fault". One member of staff who returned our pre-inspection questionnaire told us that the Manager, "always listens to staff and residents' suggestions and concerns". The Managers' pre-inspection self assessment form indicated that there had been one complaint received within the previous 12 months. We were aware of this complaint that had been treated as an adult safeguarding issue regarding alleged abusive behaviour from care staff - see the next paragraph.

Two safeguarding referrals to the local Adult Social Services Department had been made in 2009 and these had focussed firstly on alleged abusive staff behaviour and secondly on inadequate attention being paid to risks associated with a set of rear stairs. The Service had taken appropriate disciplinary action with staff to address the first issue and provided, in early November 2009, an appropriate action plan to

Evidence:

address the issues raised in the second referral. In both cases the allegations of abuse were found substantiated though it was acknowledged that everything had been put in place that had been recommended at the safeguarding meetings. We believe these events suggest that a pro-active approach to keeping people safe has not been consistently followed at this Service. This conclusion is reinforced by the lack of clear safeguarding policies and procedures, and the poor staff training record on this topic, discussed later in this section. However, the Expert by Experience gathered from discussion with residents that they felt safe living here.

Derbyshire County Council (DCC) Guidance on Safeguarding Adults, and associated Report Cards, was in place. The Deputy Manager showed us the Service's own Safeguarding Adults policy/procedures, dated May 2000. These made no reference to the need to immediately contact Social Services, as lead safeguarding agency, in the event of suspicion of abuse of people living here. Additionally, this policy referred to making a full investigation, which is worrying given the potentially serious implications of carrying out an internal investigation before a safeguarding strategy meeting is called by Social Services. Although this page was crossed out there were no alternative procedures recorded. The Deputy Manager later found a newer Safeguarding Adults policy/procedure, dated August 2007, which made no reference at all to alerting Social Services or to procedures regarding investigations.

The Deputy Manager thought the Manager had attended Safeguarding Adults training as well as deputy managers, the assistant manager and senior staff. We were later informed by the Manager that all staff have attended in-house safeguarding training. The senior care assistant we spoke with showed understanding of how to safeguard vulnerable people and of 'whistle blowing'. She said she had received training on this subject four years ago. There was no evidence to suggest the rest of the staff had attended Safeguarding Adults training.

Environment

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

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

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

People were living in a comfortable and homely environment.

Evidence:

We found the premises to have been tastefully decorated and the large number of photographs, depicting residents involved in activities, helped to make the place look homely. One relative who completed our pre-inspection questionnaire said they find the Service to have, "a very caring and homely atmosphere". The Manager told us, in her pre-inspection self assessment, that, "We have purchased some new chairs for our main lounge and repainted our downstairs bathrooms and put up some new pictures". We noted evidence of new carpets. The Deputy Manager told us of plans to redecorate the large dining room, entrance hall and the hall by the stairs. The Expert by Experience said that, "Many of the bedrooms had been repainted and were, therefore, quite clean". She added that, "I visited three bathrooms which were clean...however, some of the fittings are getting quite worn". The state of bathroom/toilet fittings had been noted at the last inspection when a recommendation was made to address the worn plastic coating on grab rails in toilets. We found evidence, at this inspection, of grab rails in the toilet, by the dining room, in a similar state. The Manager later told us that most grab rails had been replaced and there were plans to complete this work soon. In this same toilet there was a standard wall light switch near to a wash hand basin, which we felt was a potential hazard. We noted that the toilet off the large lounge, which had no privacy lock at the last inspection, was still missing a suitable

Evidence:

door lock. The bathroom/toilet opposite bedroom 15 had a 7 inch step up to it. The Deputy Manager said this facility is only used by staff. However, she accepted that she could not guarantee that a resident might not try to use the room and trip over this step. We discussed suitable measures to reduce this risk. A large cupboard off the main stairwell had no lock on it and could be a hazard for any resident who tried to enter it.

There were attractive gardens surrounding the premises. One case tracked person referred to these, "beautiful grounds" and to the fact that one resident, "sits out there in their scooter all day long in the Summer" and, "we have tea outside in the Summer".

The Expert by Experience found no odours in the areas she visited. However, we found a very strong odour in one case tracked person's bedroom. The Deputy Manager told us the carpet in this room had been laid just three months previously and was cleaned three times a week. One person living at the Service, who completed our pre-inspection questionnaire, said that the Service had, "a good standard of cleanliness". A relative gave a similar view: "A clean environment is maintained", they said.

Staffing

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

The Service had a good level of well recruited and well trained staff to ensure that the people living here were safe and their needs were met.

Evidence:

The Deputy Manager told us about the staffing levels at the Service and these, as described, were sufficient. As part of the second safeguarding referral to Social Services, a comment had been made by a visiting professional that staff congregate in the kitchen area and leave residents unsupervised. This observation was repeated by one relative who completed our pre-inspection questionnaire in July 2009. In early November 2009, the Manager had supplied an action plan in which she stated, "All breaks are now split into an early or late, making sure there are always staff members working when others are on a break". The senior care assistant we spoke with confirmed that staff breaks are now staggered.

The Manager told us, in her pre-inspection self assessment, that 89% of the care staff had achieved a National Vocational Qualification (NVQ) in Care at least to level 2. This meets the requirement to maintain a staff group with at least 50% qualified staff.

The file of the most recently appointed member of staff was examined. All matters relating to her recruitment were satisfactory, including two written references and a Criminal Records Bureau (CRB) disclosure. The Service's job application form did not

Evidence:

provide a clear layout for people's work experience to be recorded.

The Deputy Manager confirmed that new staff follow induction training to the required Common Induction Standards. She also provided us with information regarding ongoing staff training. All care staff had completed Basic Food Hygiene, Moving & Handling and Fire training during 2009. The Deputy Manager said the Service was considering her undertaking Level 3 Food Hygiene training. Managers, senior care staff and night care staff had completed First Aid training in March 2009 but not remaining care staff. Staff had received training in dementia, nutrition, tissue viability and Health & Safety. The senior care assistant spoken with confirmed she had attended several training courses over the past 12 months. One staff member, who completed our pre-inspection questionnaire, told us. "I think staff are trained to a high standard".

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

The welfare of people who live at the Service was being potentially compromised by a lack of pro-active risk management in certain areas.

Evidence:

The Manager has 22 years experience of managing and owning this Service. She completed the Registered Managers Award course in 2007, giving her a management qualification. However, she has not completed the NVQ in Care at level 4, which is an expectation we have of all registered managers. The Deputy Manager in Charge, during this inspection, has an NVQ in Care at level 3 and was currently undertaking this qualification at level 4. She showed an awareness of good and safe caring practices. She told us that the Service's other deputy manager has an NVQ in Care and Management at level 4.

There was evidence, from people who completed our pre-inspection questionnaires, of the Manager's approach creating a positive atmosphere at the Service. Relatives' comments included, "We are always met with smiles and a welcome cup of tea from

Evidence:

the staff... staff appear to have good/friendly/caring relationships with residents...a friendly and happy environment". Staff were positive about working at the Service. Their comments included, "The Manager is very approachable and supportive to staff and residents...all staff work well as a team, managers are very approachable". The Expert by Experience said, "All the residents, with whom I spoke, said that they were happy living here and felt that the staff were caring".

We examined the Service's current Annual Development Plan. This covered a range of topics though it had no target dates to enable progress to be measured. In the pre-inspection self assessment the Manager told us, "We try to issue questionnaires to our service users - we want the questions to accurately reflect our changing methods within the Home". We examined some completed residents' questionnaires and these were generally positive about the quality of care provided. However, these were being kept on individuals' files and had not been collated. Satisfaction questionnaires were not being sent to relatives, staff or external professionals. The Expert by Experience suggested the formation of a relatives group and said, "All visiting relatives stated that they would like the opportunity to meet with the staff informally to discuss ideas and suggestions for the residents' welfare and any help they might give to the Home...this would improve communication between them".

Record sheets of personal monies belonging to the people living at the Service were examined. These were found to be satisfactory and included two signatures beside each entry. We confirmed the accuracy of one resident's sheet by cross referenced entries against actual money held. Money was being stored securely. The Service was recommended, at the last inspection, to provide a safe place in people's bedrooms for them to store valuable items. The Deputy Manager said this had been addressed - care plans specifically record residents' response to a question about whether they wish to have this facility. We saw one case tracked person's signature against such a record. The kitchen was clean and good food hygiene practices were noted. However, staff sit at the end of the kitchen during their breaks and this is a potential food hygiene hazard. There had been a general environmental risk assessment in place at the last inspection though this was not specific to the individual characteristics of the Service's environment so needed updating. The Assistant Manager could not find any environmental risk assessment at this inspection which is particularly concerning, given the accident on the rear stairs that gave rise to the safeguarding referral to Social Services. We believe this is further evidence of a pro-active approach to keeping people safe not being consistently followed at this Service.

There were two cupboards containing cleaning materials, one outside and one inside the premises. The latter was in the laundry area and was not locked when we

Evidence:

inspected the room. Product Information Sheets, as required by the Control Of Substances Hazardous to Health Regulations, were not in place in either of the two cupboards. The Service had received a five-year examination of its electrical wiring in 2007 and portable electric appliances were tested in January 2010. Accidents were being recorded in order that accident patterns could be identified. The Manager showed us, in the pre-inspection self assessment, that equipment was being checked and maintained appropriately.

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		13	13(4)(a) A qualified electrician must assess the safety of the wall light switch near to a wash hand basin in the toilet by the dining room. This is ensure the safety of people who use that facility.	08/03/2010
2	7	15	15(1) Care plans must be in place for each person accommodated. This will ensure that their needs in respect of health and welfare are met.	01/03/2010
3	9	13	13(2) Tamazepam tablets must be stored in a controlled drugs cupboard. This will minimise the risk of theft and ensure that people receive the medicines prescribed for them.	01/03/2010

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
4	9	13	<p>13(2) All prescribed medicines must be stored securely at all times.</p> <p>This includes medicines requiring refrigeration which must be stored in a dedicated medicines refrigerator. This will minimise the risk of theft and ensure that people receive the medicines prescribed for them.</p>	01/03/2010
5	18	13	<p>13(6) A pro-active approach to keeping people safe must be consistently followed.</p> <p>This will reduce the risk of abuse.</p>	01/03/2010
6	38	12	<p>13(4)(c) The inside cupboard, containing cleaning materials, must be kept locked.</p> <p>This will minimise the risk of residents being exposed to hazardous chemicals.</p>	01/03/2010

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	1	The Service Users' Guide should be updated to reflect the current management structure and the facilities available for residents who smoke. The Service Users' Guide and Statement of Purpose should be kept up to date.

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
2	7	Care plans should be reviewed every month.
3	7	Care plans should be written in a person centred way.
4	7	Care plans should be written within a week of admission.
5	8	People's social and leisure needs should be reviewed alongside physical needs.
6	9	Two staff should sign against hand written entries on medicine records.
7	9	There should be a record of staff signatures/initials attached to medicine record sheets.
8	9	Photographs of people should be placed beside their individual medicine record sheets.
9	9	The administration of Tamazepam should be recorded in a controlled drugs register.
10	12	Consider how residents spend their waking day, the part that staff play in this, and provide additional stimulating experiences for them.
11	16	A copy of the Service's written complaints procedure should be conspicuously displayed for visitors' use.
12	18	The Service's Safeguarding Adults policy/procedures should be absolutely clear about the need to immediately contact Adult Social Services in the event of suspicion of abuse of people. The procedures regarding investigations should also be clear.
13	19	A privacy lock should be fitted to the door of the toilet off the large lounge.
14	19	The door to the large cupboard off the main stairwell should be kept locked.
15	19	The door to the bathroom/toilet opposite bedroom 15 should be kept locked.
16	19	Corroded grab rails should be refurbished or replaced.
17	26	Further attempts should be made to eradicate the unpleasant odour in the bedroom identified at the inspection. The use of suitable good quality vinyl flooring should be considered.
18	29	The Service's job application form should provide a clear layout for people's work experience to be 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
19	30	All staff should be provided with training in First Aid.
20	31	The Registered Manager should complete the NVQ in Care at level 4.
21	33	Satisfaction questionnaires should be sent to relatives, staff and external professionals.
22	33	Residents' satisfaction questionnaires should be collated and kept together.
23	33	The Service should consider the formation of a relatives group.
24	38	Environmental risk assessments should be available that address all potential hazards in all parts of the premises.
25	38	The Service should consider alternatives to staff using the kitchen for their breaks.
26	38	Product Information Sheets, as required by the Control Of Substances Hazardous to Health Regulations, should be kept near to cleaning materials.

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