

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Foxley Lodge

**24-26 Foxley Hill Road
Purley
Surrey
CR8 2HB**

Lead Inspector
Wendy Owen

Key Unannounced Inspection
11th August 2009 06:20

This report is a review of the 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.

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.

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SERVICE INFORMATION

Name of service	Foxley Lodge
Address	24-26 Foxley Hill Road Purley Surrey CR8 2HB
Telephone number	020 8668 4135
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Email address	yabhee@btinternet .com
Provider Web address	
Name of registered provider(s)/company (if applicable)	Mr Yogindrananth Abhee Mrs Devika Abhee
Name of registered manager (if applicable)	Mr Yogindrananth Abhee
Type of registration	Care Home
No. of places registered (if applicable)	22
Category(ies) of registration, with number of places	Dementia - over 65 years of age (22)

SERVICE INFORMATION

Conditions of registration:

1. A variation has been granted to allow a maximum of three service users aged between 60 and 65 in the Dementia (DE) category to be admitted from time to time.

Date of last inspection 12th August 2008

Brief Description of the Service:

Foxley Lodge is registered to provide care and accommodation to elderly residents with a diagnosis of dementia. Each resident has their own bedroom, and access to spacious communal areas including two lounges, a dining room and large garden with both paved and lawn areas. There are adequate toilet and bathroom facilities to meet the needs of the current resident group. The building was previously extended to provide two single, en-suite bedrooms and two toilets.

The home is situated in Purley, and well placed for road and rail links, and access to the local supermarket. It is also within reasonably easy reach of the centre of Croydon.

Copies of the homes Statement Of Purpose, Service User Guide and the latest inspection report may be obtained from the home. Inspection reports can also be downloaded from the Commission for Social Care Inspection website.

SUMMARY

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

The quality rating of the service is 1 star. This means the people who use this service experience adequate outcomes.

This inspection visit took place over the course of one day with the visit commencing at approximately 06:20 am.

The visit included observations of the routines and practices, viewing of records, discussions with the manager, staff and relatives and a tour of the home.

As part of the inspection we reviewed the information we held on the service file, including the recently completed Annual Quality Assurance Assessment (AQAA). This is the information provided by the Provider about how the service is meeting people's needs.

What the service does well:

Pre-admission assessments are undertaken, are detailed and form the basis for care planning to ensure that residents' healthcare needs can be met.

Some of the comments we received in the feedback include, "X seems to be happy enough" and "Staff are caring and always seem happy."

The way people behaved, the way they communicated and interacted with staff showed signs that they experience positive wellbeing.

People, in the main, found the food to be enjoyable.

The home is very homely in style and residents appeared to be relaxed in their surroundings. .

A number of staff have worked in the home for a few years providing continuity, stability and familiarity for residents which is important for people with dementia.

Staff training is generally provided and with some opportunity to keep their knowledge and expertise up to date.

The owner/manager has been running the home for many years and shows a sound knowledge of the residents.

Recruitment procedures are in place to ensure that residents are cared for and protected from people who should not be working there.

What has improved since the last inspection?

Since the last inspection there have been improvements in the way accidents/incidents have been acted upon and reported and in the medication practices ensuring improvements in the monitoring of peoples' healthcare needs.

We also noted that care plans and supporting documentation are now more comprehensive covering many of the persons' identified needs.

There has been some progress with the employment of a new "handyman" and commencement of redecoration in the home.

Some new furniture has been purchased, as well as the fitting of stair lifts in the main lounge and landing area enabling people with mobility problems to access areas more safely.

The Provider acknowledged our concerns about the management of the home and employed a new deputy manager with potential to develop to becoming the manager.

What they could do better:

Generally people experience a reasonable standard of care. However, we are concerned with the current practice of people made ready for the day at a very early hour. There is no indication that this is part of their identified needs and means that peoples' wishes are not respected and that their needs may not be met. A warning letter has been sent requiring the Provider to tell us what they are going to do to address this issue.

Their well-being could be further improved by looking at ways in which staff could increase opportunities for stimulation and interaction. Whilst some progress has been made in improving the environment some areas such as the bathrooms still need to be redecorated or refurbished so that people have a more pleasant experience whilst bathing.

There is also a need to ensure services and equipment are examined or serviced in line with safety regulations and that more robust infection control practices are implemented to ensure people are not placed at risk of cross infection.

The Provider must ensure that new staff and ancillary staff receive core training, particularly moving and handling before they commence care duties to ensure the staff member and the people being cared for are safe.

Whilst recruitment checks are being made on prospective employees, people would be further protected by ensuring supervisory arrangements are in place when commencing a staff member's employment with a POVA first check.

We have also made a number of recommendations such as ensuring information such as the Service Users' Guide and complaints procedures are produced in a format more suitable for the people living there.

Meals should be made more appealing and appetising to encourage people to eat well and have a healthy diet.

An external quality assurance system should be implemented to provide a more objective and robust system for monitoring the quality of care.

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 INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

1,3,5 & 6

People using the 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 pre-admission processes mean that people can be assured that the home meets their needs.

EVIDENCE:

There is both a Statement of Purpose available for the home which is given to potential residents or their representatives. A Service User Guide is given to residents at the time of admission. We recommend due to issues of communication that this information is produced in formats more suitable to the needs of the individuals living there. For example photographs or a video/DVD or ensuring people are given this information verbally, if more appropriate.

We viewed the pre-admission records relating to three people who were recently admitted to the home and found the information particularly detailed and informative.

There was good information and assessments received from the Care Manager/Social Worker as well as an assessment undertaken by the manager. All this information is kept on the individual file along with evidence that the resident or their relative or representative is also asked to contribute to the process.

To determine the social, personal and dietary preferences of the new resident information is obtained and is useful to staff when engaging with residents, particularly those with dementia.

This information ensures that as far as it is possible the home can be confident that it can provide a suitable place for the person to live in and that they will be happy there. The AQAA also details that visits are encouraged and a trial period offered.

We did note that the pre-admission process included recording of people's property checks to ensure possessions were safeguarded.

Standard 6 is not applicable.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9, 10

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

Medication policies and procedures are in place and ensure peoples' healthcare needs are being met.

Whilst there is written information provided about how people wished to be cared for the observed practices and routines mean that peoples' experiences may not reflect their identified needs.

EVIDENCE:

At the inspection we had a brief look at three care plans, risk assessments and other records in relation to people living there and found them to be comprehensive and improved upon from our previous visit. The manager and

staff had taken note of the requirements and they generally covered the areas detailed in the standard. The last inspection also required the care plans to detail where medication is prescribed "as required". This has been complied with.

There were still some gaps and would still benefit from being more individual. For example giving information about what people are able to do for themselves; how they like to be dressed; what are their routines.

We noticed some inappropriate staff behaviour which we believe is naivety or inexperience i.e. stroking of a person's hair.

The records detail that a number of people wander during their night. We observed from our visit at 6:25 in the morning, that of the twenty residents, eighteen were "up and dressed" ready for the day. However, many of them were asleep in the armchair. For two night staff to undertake these tasks they must have started extremely early. There was no indication on the care plans that this was peoples' choice or routine. There was no record as to some people sleeping in the armchair during the night and no information about their agreement to being washed and dressed by the early morning. We cannot be assured that these routines are the wishes of the individual rather than the needs of the home, especially as there is no access to their rooms once made ready for the day due to the staff locking them. We sent the Provider a warning letter requesting he provide us with a response as to the action he is taking to address this issue.

Further comments have been made in the next section of the report.

We spoke to a new member of staff and found that they were new to care but had a kind and gentle approach. They had not yet received much training and had not been trained in moving and handling, even though they were now involved with all aspects of the person's care (except medication administration).

Observing their current practice in this area we noted that they are they are placing themselves at risk, as well as the residents. Staff practice of holding the person's hands to lead them also places the person at risk if they were going to fall. There is a need to ensure new staff are fully trained in moving and handling and that staff adhere to the correct walking support technique.

One of the records viewed was a "bath book". This is a practice that should no longer be used as it is undignified.

We received positive feedback about the service from three relatives spoken to and an NVQ assessor who also visited the home during our visit.

Our observations during the time spent in the home showed that staff are generally kind, considerate and had a good understanding of people's needs

and that people appeared to be groomed and dressed quite well for the time of year.

However the routine of getting people up so early without their express wishes must be addressed.

There was evidence of assessments relating to risk of falls, pressure care, nutrition and moving and handling.

Looking at healthcare records there was evidence of access to NHS healthcare and optical and chiropody for some. We also noted the District Nurse involvement in ensuring the healthcare of an individual with diabetes was being met. We also had the opportunity to meet with the District Nurse who also provided positive feedback.

At the last inspection we were concerned about the action staff were taking when people have accidents resulting in injuries. The manager has now implemented a monitoring system whereby all accidents are recorded along with the action taken to ensure the resident is safe and has the required treatment by a professional.

We saw evidence of people involved in making some choices and decisions about how they wish to live through the regular monthly meetings where they discuss such things as activities, meals etc.

We looked at the medication practices and records. These have improved since the last inspection with good records in place and safe administration. There was a list detailing staff authorised to administer medication, along with the initials used on signing the medication records.

Medication records were in place and had been printed by the chemist. They had photographs of the individuals and also detailed allergies or where none were known this had not been recorded. Any hand written medications had been signed with two signatures.

We found "as required" guidance for staff as to when it should be administered. For example, glyceryl trinitrate was prescribed PRN and guidance is now in place for administration.

Where creams were prescribed the records also needed guidance as to how and where they should be administered and this has been completed.

Medication that remained over from one month to the next has been recorded as being carried forward and the date of opening recorded where medication has a limited shelf life.

Only training record could find was training in 2004-need to review and update this.

Some individuals are prescribed temazepam which is maintained in a safe. Whilst this is secure the manager should make themselves aware of the requirements for a CD cupboard to ensure it fully meets the legal requirements.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

11,12,13,14,& 15

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

People who use this service do not enjoy flexible routines and are unable them to choose how they wish to spend their days.

There is evidence of people enjoying some activities with some positive interaction to provide some interest and stimulation during their daily lives.

Their friends and visitors are always welcome to visit the home.

People are provided with a healthy diet, although there are limited choices at times and more effort could be made to ensure they looked more appealing and appetising.

EVIDENCE:

We spoke to relatives, observed practices and looked at records to determine the quality of the activities and routines of the home. Previous inspections have shown that there is a need to improve the activities and stimulation for people.

We spent most of our visit (from 06:25 in the morning) observing what went on during the day and found that most of this time residents were in the lounge either sleeping or in some cases wandering. The TV was on for the most part (only one TV in the larger of the lounges) with few people appearing interested in it. Perhaps some music or radio would provide more stimulation.

We did note that the deputy manager organised some exercise and a game for people to take part in and relatives told us that when they visit they have seen games being played and entertainment arranged "every now and again". One relative told us that their family member enjoyed the musical entertainment.

Records viewed showed a prayer meeting held on a Monday which some people enjoyed taking part in and, on a Wednesday, the hairdresser visits. This is particularly enjoyed by some, as noted in the residents' meetings minutes.

We viewed the schedule of activities on display for the week and the orientation board had written information about the weather, meals etc. The manager should consider a more pictorial/sign format so people are able to understand a little better.

The interaction during the tasks was kind and considerate. However, because it is task focused there was little time for spending time one to one to chat. During our observations a number of people spent a good deal of their time asleep, one resident was at one time distressed but this remained unnoticed by staff as they went about their daily tasks.

We have mentioned previously the observations relating to the routine of residents being ready for the day by 6:30am. We are concerned about this aspect of care and the effect it may have on the persons' overall well-being. This is especially pertinent because the personal care had been undertaken by the two night staff which must have been quite rushed, as all but two of the residents, were dressed by early morning. Time taken during personal care is invaluable as it enables staff to spend quality time with the person.

The AQAA acknowledges this is an area for improvement both in activities and interactions. We would suggest the manager also focuses on opportunities for interaction as commented earlier.

Whilst we were there we observed part of the lunch-time meal and the mid-morning refreshments. We spent some time with one person who had their meal in their room. The meal consisted of mince, mashed potatoes and broccoli. Both the individual and their family member felt food looked unappetizing and that there was a lack of fresh vegetables. We would agree

that, whilst quantity was sufficient, there could have been more in the way of fresh vegetables to make it look more appetizing as well as nutritious.

The alternative on offer was fish pie which was also served with broccoli and mashed potatoes. This looked very bland with the main content being potatoes.

The dessert was tapioca or yoghurt and cold drinks available. People generally appeared to eat their meal, although it was difficult to determine how much it was enjoyed.

Refreshments were available mid-morning and at 7:00am. However we would expect that people who are up so early in the morning have a drink at an earlier time.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17. Service users' legal rights are protected.
- 18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

16 & 18

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

People who use this service benefit from a complaints procedure that ensures that their views listened to and acted upon.

Policies and procedures are in place to safeguard residents. Staff are generally trained in ensuring their role in protecting vulnerable people, although new staff would benefit from a better understanding of this aspect of care. More robust recruitment procedures would also further safeguard the people in their care.

EVIDENCE:

A copy of the home's complaints procedure is displayed in the hall, although as reported in previous inspections most of the people living there would probably not have the ability to understand or access the procedure. The Commission has seen a number of changes over recent years and so contact details need to be continually updated. The manager should ensure that people have the Care Quality Commission contact team details.

We suggest that the manager look at producing the procedure in a format suitable for the individuals that live at the home.

We spoke to a number of relatives who all said they would have “no problem” in raising issues with the manager. Some have done so and found the manager to be responsive. The AQAA and discussions with the manager showed there have been no complaints in the last twelve months.

The Commission has received two anonymous complaints during this time, one of which related to concerns about the care including meals, people being made ready very early morning and lack of action taken where incidents occur. We looked at these issues during the inspection and have commented on them in the relevant section.

We are concerned that we receive anonymous complaints each year, mainly from staff, rather than concerns or complaints being made to the Providers directly. It is difficult to determine the reasons for this i.e. is it because staff do not find their concerns are addressed or for other reasons.

Abuse procedures are in place with guidance to staff to look for signs of abuse and to report to the manager immediately. It states the manager will review accident book, injuries, untoward incidents etc for signs of abuse and that he will look at other symptoms and then refers the allegation to the adult protection unit. We are not aware of any incidents that have been referred to be investigated under these procedures.

Adult protection training records are also in place showing staff are in receipt of such training. We spoke to one member of staff who was relatively new to the home and found them to have limited understanding of these procedures despite the manager telling us that they had training. Perhaps the manager ought to explore people’s understanding after the training to ensure their understanding.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

19,20, 21,24,25 & 26

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

People live in an environment, which is generally safe and comfortable for them.

Infection control procedures are not robust enough to ensure risks of cross infection is minimised and peoples' health put at risk.

EVIDENCE:

Foxley Lodge is located in a residential area of Purley. There are eighteen en-suite rooms and all are for single occupancy.

At the last inspection a tour of the home showed that the doors to bedrooms all locked and only a few people have keys to their room. The manager has now written in care plans the reason for this and, as residents are unable to communicate their wishes verbally, he has the agreement of relatives. We are concerned as stated in previous comments that residents are up so early and therefore bedroom doors locked at this stage.

It is positive that a handyman is working three days per week and that they have begun small amounts of DIY and redecoration. We did observe that they were painting the internal doors from the lounge to the corridor whilst residents were seated very close by. There was limited ventilation and the inspector was very aware of the paint odour as they were seated in the vicinity. The manager needs to think beforehand about how these tasks are to be achieved without affecting individuals. There are reasonable steps to take, such as purchasing odour free paint and clearing the area whilst work is going on and the paint drying etc. This is obviously more difficult with this client group especially as people do tend to wander throughout the home.

The AQAA showed a number of improvements including the purchasing of new carpets in the lounge and hallway, new chairs, stair lifts on ground floor lounge and corridor on first floor, liquid soap dispensers in WCs and bathrooms and some new bedroom furniture. This is positive, although at no time did we see any resident use the stair lift, only staff assisting people down the steps

On looking at the bedrooms these were adequate, although we would recommend replacing the old style metal frame commodes with more modern and comfortable ones.

The bathroom on the ground floor is being used according to staff, although we found two seat cushions in the bath. We found bathrooms generally basic but adequate, although some deep cleaning of toilet pans, floors and grouting etc is need for a fresher, cleaner environment.

Alarm calls were located throughout the home and hand-washing facilities were also available for staff to use in bathrooms and WCs.

People spoken to felt the home is clean and fresh with no odours. The fact that it was odour free at the time of our early arrival is very positive.

There is a laundry with washing machines and sluice facility. This area was quite untidy and disorganised due its compactness, although gloves and hand-washing facilities were in place.

However, there is a need to improve the infection control practices. Two people reside there who have MRSA. Only one had a glove supply in their room. Bacterial soap was available when exiting the room but there was no clinical waste bin, hibiscrub or aprons available. We were shown where a

supply of gloves and aprons were stored to be collected by care staff. These must be more accessible, particularly where people have an infection: i.e. all the resources should be kept in the person's room to minimize the risk of cross infection.

The clinical waste bag is used for continence pads and other soiled items and dressing. There is no foot operated bin available but the bag is kept directly on the floor. It is then put in a metal dustbin outside of the laundry area when finished with and is easily accessible to animals or humans. The manager must review these practices and implement good infection control guidelines. Since the inspection the manager/Provider has informed us that they have purchased bins and apron holders for these rooms in particular.

A recent Fire Officer visit showed satisfactory arrangements in place for protecting people from the risk of fire.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

27,28,29 & 30

People using the 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 who use this service benefit from an established staff team who generally have suitable training to help them provide the care and support required by individuals.

Recruitment procedures are in place, although further improvements could be made to ensure that residents are protected from people who should not be working with them.

EVIDENCE:

On arrival at the home two night staff were on duty with eighteen of the twenty residents dressed and mainly seated in lounge.

The rosters show four staff on duty in the morning and three in the evening (including the manager, Mr Abhee. The manager works long days as part of the care team and managing the home.).

One domestic and a cook are also employed. There are sufficient staff numbers and of different job roles to ensure people are adequately cared for. Since the last inspection a new deputy manager has been employed.

We spoke to member of care staff who is new to the home and to the care sector. They told us they had applied for the job and been interviewed by Mr Abhee, they had received on the job training and was currently working through their induction booklet. They told us that they had not received any other training confirmed by training records, although this contradicts what we were told by the manager.

We discussed a number of procedures and they had a basic knowledge of what to do in an emergency and when accidents occur and knew to refer such incidents to more senior staff. Their knowledge of adult protection was less so, even though according to the manager this was one of the training events they had attended.

We looked at the individual's staff file and found it to contain an application form; health questionnaire; birth certificate; passport; POVA check and two references, although both were personal as they had arrived from Italy earlier on this year. The file did not contain the Criminal Records Bureau (CRB) check, although this was later shown to us as only recently received. The care worker had been working unsupervised prior to this with a POVA check in place. We reminded the manager of the requirements when commencing staff with a POVA check prior to the full CRB.

The second file viewed was that of the deputy manager and showed all checks required had been completed.

There was good evidence of staff training provided and showed training arranged through one training provider which takes place in the home on Tuesday afternoons.

Our observations in relation to assisted walking practices and our discussions with the new care staff showed that it is important that they are provided with training in core areas as soon as possible to ensure people being cared for are safe. This includes moving and handling training. Any new member of staff would have to wait some time for the training to be provided judging by the information in the training register. This is detailed also in the AQAA.

Ten staff have NVQ 2 or above out of the fifteen permanent staff employed. We were fortunate to have a discussion with the NVQ Assessor who was meeting with two staff on the day of our visit to assess their practices in relation to their NVQ 2 and 3.

We received favourable comments about the care staff and their caring approach. This was a reflection of our observations during the time spent in the home. The staff have a good attitude and approach and it is clear residents are relaxed in their presence. The manager should take on board other comments in this report and work on these to improve the care further.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

31,32,33,35 & 38

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

The manager has the experience and qualifications to run the home with some system in place to ensure the quality of care is consistently provided.

Health and safety practices are generally safe to ensure that people live in a safe environment and their welfare is protected.

EVIDENCE:

Mr Abhee is the manager/provider working five days each week at the home as manager and part of the care team and often working long days. He also owns another home which he has a registered manager.

He is a qualified nurse in Learning Disability and has a degree in Health and Social care. This gives him the experience to manage the home which he has done for a number of years. Registered Manager's Award and Certificate in Management Studies.

We commented at the last inspection on the need to look at the management of the home, particularly as he was also owner of another home and worked long hours managing Foxley Lodge. He had recruited a deputy manager with a view to becoming registered manager, although a change of mind by the individual has meant looking once again at this issue.

Relatives spoken to were generally positive about approaching Mr Abhee with any concerns etc. However from our comments made in the safeguarding outcome group this does not appear to be as open as it could be for staff.

We saw evidence of residents' meetings taking place and would suggest that the minutes also record the action to be taken by staff as a result of issues raised. For example, one resident would like a bath everyday but this was not evidenced in care plan or any action taken by staff.

We were given evidence of internal audits to monitor the quality of care although not the involvement of an external agency in reviewing the service, as recommended at the last inspection. We commented at that time that "such as system would show an openness to involve others in the way the service is run and what improvements could be made as well as supporting the home's current systems"

Audits are only as good as the person completing the audit and their knowledge and understanding of best practice and this is why it is beneficial to have an external person who has a sound understanding and an objective view.

We saw copies of the infection control audits and yet no-one had picked up the lack of resources in the individuals' rooms where an infection was present.

He has recently (June 2009) undertaken a review of the service which consisted of sending out surveys to residents and relatives. Eighteen out of nineteen were completed and returned and when we asked for the report on the outcome this was supplied to us.

We sampled some of the service agreements relating to the equipment and services used. These were found to be generally satisfactory ensuring the safety and well-being of the people living there.

However, the manager was reminded that all equipment used to lift people must be serviced and tested at six monthly intervals to ensure they are safe for people to use. This includes lifts, bath hoists and any current unused hoists. Records show last examinations took place in December 2008.

There is also the need to ensure the fixed wiring is examined as this was due earlier this year. The manager told us that they would arrange this without delay and an examination was undertaken on 18/08/09 with a satisfactory outcome.

Fire equipment and the system are serviced regularly with weekly checks and regular fire drills. A recent visit by the Fire Officer showed satisfactory arrangements in place. However, they need to review the practice of keeping bedroom doors open with chairs etc. which is our findings during our visit

We have commented on the training provided in the previous section and have highlighted the need for new staff to have core training to ensure they are safe and competent to provide training to new staff.

There is also the need to ensure ancillary staff are also involved in this training, especially moving and handling and adult protection, as well as training relevant to their role.

The systems in place for the management of personal monies are satisfactory meaning people's monies are kept safe.

We are now receiving notifications of events including accidents and injuries and found an improved monitoring and recording.

People are kept safe in the home by ensuring there is satisfactory insurance in place and that the registration is accurate and reflects the current situation.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	2
2	x
3	3
4	x
5	3
6	n/a

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	2
9	3
10	2
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	2
13	3
14	3
15	2

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	x
18	2

ENVIRONMENT	
Standard No	Score
19	2
20	3
21	2
22	X
23	X
24	3
25	2
26	2

STAFFING	
Standard No	Score
27	3
28	3
29	2
30	2

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	2
33	3
34	X
35	3
36	X
37	X
38	2

Yes

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS				
This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.				
No.	Standard	Regulation	Requirement	Timescale for action
1	OP7	15	Care plans must include the routines around personal care routines particularly the time in which people like to get up and go to bed.	01/11/09
2	OP12	12	The manager must look at ways in which the provision of activities and interactions can be improved so that people living in the home enjoy a stimulating environment and positive well-being.	01/11/09
3	OP19	23(2)(b)	The ground floor bathroom must be redecorated and refurbished to provide people with a comfortable place to receive personal care. This is an unmet requirement and CQC are taking action to ensure compliance.	01/11/09
4	OP26	13 (3)	Infection control procedures must be improved to ensure the risks to peoples' health is reduced.	01/11/09
5	OP29	19 Schedule 2	Recruitment of care staff with a POVA1st check must include the arrangements for supervising the member of staff whilst working in the care home to ensure	01/10/09

			people receiving care are adequately protected.	
6	OP30	18	All staff must be provided with core training, particularly moving and handling training. This must be provided more timely so that individuals are in safe hands.	01/11/09
7	OP38	23	Equipment must be serviced as per the requirements of the Regulations. Specifically equipment used for lifting of people must be serviced every six months.	01/11/09

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP1	Information required to be provide to people using the service should be produced in formats that are suitable for the people to understand.
2	OP15	There should be food choices available at each mealtime and food provided appropriate to the individual's diet.
3	OP24	The Provider should consider changing the "old style" commodes located in peoples' bedrooms.
4	OP33	Implementation of an external quality assurance system would be beneficial to ensure an objective view is provided on the quality of care provided.



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