

Key inspection report

CARE HOMES FOR OLDER PEOPLE

The Gables Nursing Home

**56 Ifield Green
Crawley
West Sussex
RH11 0NU**

Lead Inspector
Elizabeth Dudley

Key Unannounced Inspection
8th September 2009 09:45

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	The Gables Nursing Home
Address	56 Ifield Green Crawley West Sussex RH11 0NU
Telephone number	01293 552022
Fax number	01293 528001
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Excel Care Homes Ltd
Name of registered manager (if applicable)	Manager post vacant
Type of registration	Care Home
No. of places registered (if applicable)	56
Category(ies) of registration, with number of places	Dementia (0), Old age, not falling within any other category (0)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following categories of service only:
Care home with Nursing - (N) to service users of the following gender:
Either

Whose primary care needs on admission to the home are within the following categories:

Old age, not falling within any other category - (OP)

Dementia (DE)

Learning Disability (LD) 1
2. The maximum number of service users to be accommodated is 56.

Date of last inspection 24th November 2008

Brief Description of the Service:

The Gables Care Home is registered to provide personal and nursing care for fifty-six residents.

Excel Care Homes Limited privately owns the service and the Responsible Individual on behalf of the company is Mr K Indra.

The home is located in Ifield Green, which is on the outskirts of Crawley. There is a car park to the front of the home.

A local shop, post office and pub are close by. Bus services are available close to the home and Crawley town centre and other amenities are approximately 10 minutes drive away.

The home consists of a two-storey building, the majority of the resident's rooms are situated on the ground floor, and those rooms on the first floor are accessible by a passenger lift.

The home underwent recent flooding which has resulted in the implementation of flood barriers and also complete refurbishment.

An enclosed garden is in the centre of the premises; resident's rooms surround

this. A pleasant garden with a lawn, shrubs and flowers is to the front of the premises.

The fees currently being charged by the home are £560 to £750per week. This does not include extra services such as chiropody and hairdressing and details of the charges for these can be obtained from the home.

SUMMARY

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

The quality rating for this service is **0 star**. This means the people who use this service experience **poor** quality outcomes.

This unannounced key inspection took place on the 8th September 2009 from 0945 until 1800 and was facilitated by the appointed manager and the registered provider (owner). During the inspection the lead inspector was joined by a specialist pharmacist inspector.

The home does not currently have a registered manager in post. The appointed manager is in the process of applying for registration with the Care Quality Commission and will be referred to as 'the manager' for the purposes of this report.

Methods used to inform the judgements made in this report included examination of documentation such as care plans, medication records, catering and health and safety records, personnel and training files and other records necessary to ensure the smooth running of the home. The involvement of six residents and five members of staff who gave their views on life in the home, and discussions with the manager and the provider (owner)

Prior to the inspection the Care Quality Commission sent out fifteen questionnaires to residents and twelve questionnaires to staff. Of these three from residents or their representatives were returned.

The Annual Quality Assurance Assessment, (a document required by legislation and sent to the provider by the Care Quality Commission, which enables the provider to set out what the home has achieved in the past twelve months and plans for the next twelve months, and also includes some numerical information used in the inspection), was not sent prior to the inspection. The home has since received this and will be returning it by the required date.

Due to previous non compliance with regulatory requirements the home was inspected under a 'Code B Notice', this is an indication that the commission may consider enforcement action on the home to ensure compliance. The home previously had enforcement action taken on it following the last inspection, but due to the flooding of the home this could not be continued.

What the service does well:

The Gables is clean, comfortable and well maintained and provides a pleasant home for residents.

Residents said that the staff were 'Very kind'. 'Very polite and respectful and very kind and caring'.

The home had been closed from December 2008 to June 2009 due to flooding and subsequent refurbishment, therefore some staff left and other staff were deployed, along with the residents to the sister home. Some of these staff have now returned to the home so that residents have the benefit of being looked after by people that know them and their needs and with whom the residents are familiar.

What has improved since the last inspection?

Since the flooding the home has invested in flood defences and staff will be receiving training in the use of these.

This has also resulted in the home having to be completely refurbished and room has now been made for a nursing and staff office and a new clinic room. New furniture including extra variable height beds have been purchased and new equipment put in place.

A new manager is in place who is in the process of applying for registration with the commission.

There have been some improvements around aspects of medication administration which has improved the safety of this for the residents.

Recruitment processes are now robust and ensure the safety of the residents.

What they could do better:

The home has not complied with the majority of the requirements made at the last inspection; these include shortfalls around staff supervision, provider's monthly reports, some aspects of medication administration and care planning, and ensuring resident's choices in activities of daily living such as times of rising and retiring, choices of food and leisure activities.

There were also concerns around the levels of staffing and staff training.

These requirements are included in the main body of the report, with new requirements being in a table at the end of the report.

Surveys received from residents showed that they only 'sometimes' liked the food and one included the comment "It would be good to have a more varied menu which contains more traditional home cooked meals which elderly people would enjoy".

Residents spoken with during the day said that they were not aware of choices on the menu, with only one saying that they were aware of this and other comments made included: " I don't like the food, it is poorly cooked the majority of the times, quite bland and there is no choice" " We need to have a choice of two meals, it seems if you don't like it you go without" (staff were seen offering an alternative to a resident who pushed her plate away saying she didn't like the taste). "Sometimes the meals are cold". "We don't have choices at most meals but we do at breakfast, and the porridge is wonderful"

Two surveys received identified the lack of leisure activities with one saying "They could have a few activities which they don't seem to have any more". One resident seen sitting in the lounge with the television set to a programme with which none of them appeared interested said "We sit and look into space all day with the television blaring, but its company". Another said "They switch this (the TV) on but we can't switch it over, and so there is nothing to do really".

The commission will be taking further action due to non compliance with the statutory requirements not met from previous inspections.

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.

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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):

1,2,3,4,5,6

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

The Statement of Purpose and Service User Guide have been reviewed but do not currently reflect what is happening in the home, and are not produced in a format which can be understood, give out relevant information, and be easily read by the people who live at the home.

Not all residents who returned to the home following recent evacuation due to flooding have been reassessed prior to readmission to the home, and the standard of preadmission assessment seen for new residents does not ensure that the home can meet the individual residents' needs.

EVIDENCE:

The Statement of Purpose and Service User Guide have recently been reviewed and whilst the majority of this combined document reflects the current status of the home and the services supplied, it was seen that the section on leisure activities did not accurately reflect what was currently happening in the home. The Service User Guide was not in a format which would enable current residents to be aware of the relevant information they need to know about the home and would not be easily read or assimilated by them.

Each resident, regardless of how their care is funded, receives a statement of 'Terms and conditions of residency' and a contract. These are given to the resident or their representative following admission, and are in line with the National Minimum Standards and associated regulations.

Whilst the manager said that all residents are assessed to ensure that the home can meet their needs prior to admission, it was noted that some residents who had returned from the sister home following their evacuation due to flooding, had not been reassessed. Although it is recognised that the same staff had been looking after them, their needs may have changed substantially during this time. New care plans based on the findings at assessment would have been required and insufficient information could lead to shortfalls in care provided.

One resident newly admitted to the home may have needs in the near future that the home will be unable to deal with, with the resident's condition being such, that this may occur before staff have received the relevant training. Another resident had been admitted without sufficient assessment. The assessing member of staff said that the resident was unable to give the relevant information, but there was no evidence that it had been sought from other sources such as relatives or health or social care professionals. A further resident readmitted from a care home had sufficient psychological needs to warrant a further assessment from a psycho geriatrician or other specialist health care professional; this had not taken place since readmission.

All newly assessed residents receive written confirmation about whether the home can meet their needs.

The home admits residents for respite, continuing and permanent care but not for intermediate care.

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):

7,8,9,10,11.

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

Care plans currently in use do not contain sufficient information to ensure that staff are fully aware of all aspects of care required by the individual residents, or to ensure that residents' needs will be met in a manner that considers their preferences.

Failure by management to ensure that staff follow their guidance in care planning may lead to residents being put at risk.

In some instances senior staff have not been proactive in ensuring that residents receive attention from specialist health care professionals.

Some aspects of medication administration and risk assessment do not fully ensure residents' safety

EVIDENCE:

In order to assess the staff's perception of the care required by the residents care plans belonging to three residents were examined and the three residents either spoken with or observed. Following observation of other residents a further two care plans were checked for relevant details.

There is a new care planning system in place which staff are still in the process of completing and with which they are not completely familiar. According to the deputy manager the new care plans are now the only care plans in use.

All care plans viewed lacked significant information which would be necessary to ensure that residents receive care in a manner which ensures that their needs are being met, takes their individual preferences into account, and ensures that residents are not being put at risk of harm.

The deputy manager had compiled a list of necessary inclusions and current omissions in the care plans which mirrored our findings; this was displayed in the nurse's office but had not been implemented by staff.

Whilst all care plans had been reviewed on a regular basis there was no evidence of care planning taking place in consultation with the resident or their representative.

Instructions to care staff in the care plans were not sufficiently in-depth to ensure that care was given in a manner which met the individual needs or the number of care staff required, i.e. 'Wash and dress', 'assist to toilet'.

Instructions were task orientated rather than personalised. In the three care plans examined there were no instructions for oral care, and observation of two residents showed that oral care was needed.

Two of the care plans belonged to residents who required their blood sugar to be monitored, although this was being done on a regular basis, there was no indication for staff on the suitable levels for the particular individual.

Bedrail risk assessments were in place, but for those residents who required pressure mattresses, there was no information about the risks of using these, no information of the pressure required by the individual and no evidence of this being monitored.

Continence care plans had little information about the aids used or measures to be put in place to promote continence, and one night care plan said 'night staff to wash and dress'. On querying this, the information was given that this was due to the resident's incontinence, but there was nothing in the night care plan regarding checking or keeping the resident clean during the night which may have prevented this.

The information in the night care plans was scant.

One resident's Waterlow score chart (care information chart which indicates the degree of risk the individual faces from pressure damage) had not been completed or signed by the assessing nurse. We totalled the scores and found the resident to be at a 'very high risk' of pressure damage but no care planning had taken place to this effect.

A resident identified at risk of having fits had no details on the type of fits suffered or staff actions to be taken when these occurred. A senior member of staff was asked about this and stated she did not know, she checked the previous care plan but there was no information regarding this in that care plan.

Following observation of residents a further three care plans were examined, one resident showing constant behavioural disturbance which may cause distress to the resident or others, had not been assessed by a specialist health care professional, another resident said they had not had access to any physiotherapy, and therefore spent a lot of time in bed as they preferred not to use the hoist. Although with appropriate help from a physiotherapist this may have been able to be avoided on some occasions.

The senior member of staff said a request for physiotherapy had been made two months ago, but this obviously had not been followed up in spite of the apparent urgency.

A third resident was described as showing inappropriate behaviour which may be due to infection, but no triggers were put in the care plan or instructions to staff on how to prevent these infections.

Residents seen around the home were appropriately dressed for the season and the temperature within the home, and residents in bed appeared comfortable, although one resident required frequent oral care and there was no evidence that this was being given.

Records in individual rooms showed that residents were being turned or moved at regular intervals and that fluids were being given.

Residents spoken with said 'They look after us quite well and the staff are very kind'. 'All the staff, day and night are lovely, very helpful and they do the best that they can'. Two surveys from residents and relatives received said 'The home does well under the circumstances but no further comment'. 'They take good care of all the residents'.

One resident stated that on this day they had to ring the call bell three times over a long period of time for their needs to be met. The resident stated 'Although I may have to wait some time for the bell to be answered, the staff are very nice people, very kind and respectful and helpful, although they are very busy'.

Call bells ringing during this day appeared to be answered within a reasonable amount of time, but there is a concern around how people sitting in the lounge reach the call bells to attract the attention of staff.

The medicine procedures and policies were generic and stated the principles of safe medicine handling and not actual procedure in the home. There was no guidance around the use of medicine to be given only when needed to provide person centred care and consistency.

One resident managed their own inhaler and there was no care plan or a risk assessment for this activity. This means that the safety for residents could be compromised. Another resident had to be given medicine in food and although there was a permission document from the family for this, there was nothing to indicate that doctors were involved.

Patient information leaflets for each resident were kept in a file for reference to give additional information on these medicines to staff.

Medicine storage facility provided was sufficient and allowed for safe management of medicines. The Controlled Drugs cupboard had some money and keys. This could be a risk for misuse of these medicines which require stricter controls.

There is a system to keep records of medicine for audit. The home has acquired an audit tool for safe medicine management checks, but has not started using it as yet.

We observed some of the medicines being given and noted good practice.

We noted example where additional information added to Medicine Administration Record [MAR] was not dated or signed. This means in case of a query the person responsible would not be identified to direct the query to. We observed from the few MAR looked at, several gaps where either a signature or a code for non administration of medicine should appear.

Requirements were made at previous inspections regarding medication. These required that the registered person ensures that:

“Medication policies and procedures must be updated and reflect the practices of the home, for the guidance of staff and to ensure people receive medicines safely”. This was a requirement over two prior inspections with compliance dates of the 31/05/08 and 20/01/09.

“Medication audits must be carried out and records kept”. This was a requirement over two previous inspections with compliance dates of the 30/04/08 and 01/01/09

These requirements have not been complied with and the commission may take further action to ensure compliance.

There was no specific end of life care planning in place or evidence of whether residents wish to have any medical interventions such as resuscitation or have a preferred place for end of life care. The home takes residents for continuing care, and whilst the hospice will provide ongoing support, it is necessary for the home to ensure that the staff have the relevant training in end of life care.

There has recently been an issue whereby staff failed to recognise that the tubing on a syringe driver was broken, and therefore left the resident without pain relief. The home is in the process of arranging further training for staff.

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):

12,13,14,15.

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

Although the difficulties faced by the management in employing a suitable activities coordinator are appreciated, staff could have been more involved in providing leisure activities during this time and adequate mental and physical stimulation is an important part of holistic care particularly in care homes who offer facilities for older people with mental health conditions. The standard of social care planning was poor.

No second main menu is offered at lunchtime and some residents were unaware of the limited choices available. Generally the standard of catering fell below resident's expectations.

EVIDENCE:

There is currently no activities coordinator or programme of activities for residents in place. The manager said that on a couple of occasions staff have played bingo with the residents and a relative of a resident has been providing more bingo sessions on a weekly basis. Although the statement of purpose states that outings are provided, to date staff have taken two residents to a local pub and there was a party when the home reopened.

Whilst an activities coordinator has recently been employed and is due to start at the home, there has been little emphasis on leisure activities in the past few months.

There have been difficulties for management in employing a suitable person, meanwhile there is no evidence that staff have been involved in providing leisure activities during this time, neither is there evidence that mental and physical stimulation is considered an important part of holistic care in this care home.

One resident on being asked how they spent the day said 'We just sit and stare into space all day, the TV is always blaring but at least it's company'. Another resident said 'Fortunately I can amuse myself and have various interests such as crosswords and quizzes, otherwise I would have gone mad by now, there are no other residents around to talk to its totally depressing, I have been into the garden a couple of times, but that's as far as it goes'.

Surveys received also commented on the lack of leisure activities. 'They could have a few activities which they don't seem to have any more'. 'I don't know about activities I don't believe there are any'.

A survey received commented on the home's failure to provide an aerial which would facilitate digital television reception and therefore increase the choice for those who relied on television to keep them occupied.

The weather on the day was good but there was no evidence of residents being encouraged to sit outside to enjoy this.

A requirement was made at the last inspection which required that the registered person ensures:

"That leisure activities are of a frequency and content to enable all service users to be adequately stimulated and occupied". This had a compliance date of the 20/01/09.

This requirement has not been complied with and therefore the commission may take further action to ensure compliance.

Whilst the manager said that all residents have a choice around the activities of daily living such as rising and retiring, this was not apparent. Staff said that

night staff have to get between 8 and 10 residents up in the morning, and only one care plan examined showed preferred times of rising and retiring .

Two residents spoken with said that they were woken up before they really wanted to be and breakfast was too early for them. One resident said ` I don't think its something you have a choice about, they just come in and do it' and another said ` You don't choose what time you get up and go to bed, they come in and you just go with it really, I suppose I could say something'. Several residents were seen being put to bed in the afternoon and it was unclear as to whether this was their choice.

A requirement was made at the last inspection regarding resident's choice, required that the registered person ensures:

"That the routines of the home are sufficiently flexible to enable service users to have choices around all activities of daily living". This had a compliance date of the 20/01/09.

This requirement has not been complied with and the commission may take further action to ensure compliance.

The home has an open visiting policy although it does request that visitors bear in mind that early morning and late evening are the times that residents receive personal care and ask that they choose other times where possible to maintain resident's dignity.

An Anglican minister of religion visits the home on a regular basis and sees a group of the residents and an RC minister of religion is available on request. The manager is in the process of accessing a minister of religion for a resident who is a member of another non Christian faith.

Whilst the manager said that there are two full choices on the menu at lunchtime as well as other options such as baked potatoes, omelettes and sandwiches, examination of the menus proved that this was not the case. Residents spoken with also said that there was only one choice available: `We don't have a choice of main menu, and although the food is cooked nicely it is often cold, I wish we had more choice of puddings, the puddings are a bit bland'. `The food is not bad but there's not much choice, you have to eat what's put in front of you, we can choose what we want for breakfast and the porridge is wonderful'. `I wouldn't write home and tell mother about the food'. `When I don't like the meal I ask for fish and that is very nice'.

The cook stated that residents have a full choice of breakfast including a cooked breakfast if they wish, and this was on the menu. The supper menu is

comprised of either home cooked foods on some days or some convenience food on other days, Residents in general were not enthusiastic about the supper menu.

Cheese and biscuits are offered following the dessert on a daily basis.

A requirement has been made to ensure that the daily menu is varied and nutritious and reflects residents preferences, and that alternatives are offered to the main meals of the day.

There was evidence of fresh fruit and vegetables in the kitchen and residents receive fresh vegetables on a daily basis. There was a bowl of fresh fruit in the dining room although it was not identified how non ambulant residents obtained this.

Pureed meals were well presented and the cook said he fortifies the food with dried milk, cream and butter as required. All residents have the malnutrition universal screening tool (MUST) in their care plans (a tool used for determining the nutritional requirements of the resident) and are weighed on a regular basis. Where necessary, records are kept of food and fluid intake for individual residents.

The dining room was attractively set out and residents sitting around the dining table were chatting and enjoying social interaction with one another. Staff assisting residents with meals, whether in their own rooms or in the lounge area, were seated and engaging in conversation with these residents.

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.

The home keeps records of any complaints and concerns made and the manner in which they are addressed.

It was unclear whether residents were aware of the formal complaints procedure, but those spoken with were comfortable with taking any concerns they may have to the manager or senior staff.

The level of training in the safeguarding of adults undertaken by staff does not include sufficient information to assist staff with making an alert and therefore ensuring that residents are safeguarded.

EVIDENCE:

The complaints policy is displayed in the home and included in the Service User Guide. However this was not user friendly for the residents, and did not include addresses of the commission or any other agency to which residents could refer. Residents spoken with said that they would probably go to the manager or get their relatives to deal with it if they had a complaint and would not use the formal complaints procedure themselves.

Records of complaints and the manner in which they have been addressed were in place.

There has been one complaint since the home has reopened and this was addressed by the manager to the resident's satisfaction.

There have been three adult safeguarding issues recently, one was partially proven and one fully proven, the other was unproven. The home was open and transparent in addressing these and followed the recommendations of the local authority.

The home did not report these to the commission as required by regulation and a requirement has been made.

Not all staff have received adult safeguarding training although this has been commenced on a rolling programme.

The training programme for adult safeguarding was examined, this did not address the correct reporting procedures or protocols required to ensure resident's safety, therefore staff would be unaware of the correct manner of reporting and alerts. The manager is addressing this with the training company.

The home has a copy of the 'multi agency guidelines' available for staff, but has not updated their policies and procedures to reflect the guidance given.

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):

19.20,21,22,24,25,26.

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.

Residents live in a clean and well-maintained home

EVIDENCE:

All areas of the home are well maintained and pleasantly decorated. Residents have access to communal accommodation which includes a lounge, dining rooms and a garden.

The home was flooded in the winter of 2008 resulting in the evacuation of residents and complete refurbishment of the home. This has resulted in a staff

office, new clinic room and some storage facilities being provided and the home has invested in having flood defences installed.

Residents' accommodation consists of 52 single rooms and two double rooms, not all rooms have en suite facilities and the home is planning to provide some of the ground floor rooms with these facilities.

Residents are provided with a key to their rooms under the auspices of risk assessment and all residents have keys to locked storage facilities in their rooms.

All window restrictors in upper floor areas were patent.

Monitoring of the temperatures to residents hot water outlets has not been taking place, the manager gave assurances that this would commence and records of these would be kept. Subsequent to the inspection the commission was informed that these had now been done and that all temperatures were within recommended parameters. The manager gave assurances that regular monitoring of these would take place.

The EMI area is separated by a door, which is locked by keypad, although there are some residents with mental health conditions in the rooms adjacent to the unit. The manager must ensure that residents who live within the locked environment receive the relevant assessments in line with the Deprivation of Liberty safeguarding and must seek advice on this.

The manager is aware of the lack of w.c. facilities in the EMI unit although the communal bathrooms are available and the intended provision of en suite facilities will improve this. The provider should ensure that this is made a priority.

One bathroom was being used for storage of wheelchairs, and whilst this did not impede upon residents being able to access the wc, it made access to the bath difficult. Alternative space should be found for storage.

The home provides a range of equipment, including nursing beds and hoists, to enable residents to maintain their independence and although the top floor corridor is very narrow, staff said that they could manage to propel both wheelchairs and hoists along this. Some residents still have divan beds as opposed to variable height beds; this could impact on staff safety in the event of the resident requiring to be nursed in bed.

The home was very clean and staff were wearing disposable aprons and gloves for care tasks and separate protective aprons when entering the kitchen. Alcohol gel is provided throughout the home. Few staff have had infection control training and no staff have undertaken this recently, the home has not updated its infection control policies and procedures to reflect current research and knowledge and this must take place.

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

Whilst some improvements have been made to the staffing levels these have not considered the dependency and needs of the residents and the geography of the home. Staff are finding it difficult to balance the need to take into consideration the preferences of the residents whilst ensuring that essential care takes place.

The home does not have sufficient staff with either mental health registration or dementia training to ensure that residents requiring these specific skills receive the care that they require.

The home has robust recruitment systems in place which ensures the safety of the residents.

EVIDENCE:

Following the reopening of the home there were not always sufficient staff on duty to ensure that the readmission of residents could be satisfactorily

managed, but over the past eight weeks further staff have been either recruited or brought back to the home.

Duty rotas, discussions with staff and observation of staff working, showed that the calculation of staffing numbers appeared to have been based on the numbers of residents living at the home rather than considering the needs and dependency of the residents, the geography of the home and the situation whereby some residents are cared for in a locked unit which requires continual staff presence. This results in staff being taken away from the general areas. There are some residents in the home with very high nursing needs and staff are finding it difficult to balance the need to take into consideration the preferences of the residents whilst ensuring that essential care takes place.

Two members of staff said that the night staff currently wash and dress eight to ten residents in the morning and indicated that day staff do not have time to do this. "Night staff have to get up 8-10 people, and as I said last time , I think it would be difficult without that".

Two members of staff said that afternoons could be difficult with deployment of staff into the EMI unit, and all staff stated that there was insufficient staff on duty at night, given the combination of the two units, the varying needs of the residents and the geography of the home.

These statements raise concerns both about the standard of the care in the early mornings and about whether the home is being run in a task centred rather than a person centred manner.

Staff said 'In the afternoons it can be difficult with people going to bed and then we have to make sure some staff are in the EMI unit and there sometimes is not enough for the general unit'.

'I believe night duty can be rather difficult, especially in the evening and early mornings'.

' Staffing has improved, it was very difficult the first few weeks with all the admissions, now its better in the mornings, but the afternoons can be rushed and night duty is busy with the large home and the separate unit. But I feel that the staff are really pushed at the moment'.

'The night duty levels are not quite right, I know nights can be traumatic for residents, the levels are not right'.

These statements raise concerns both about the standard of the care in the early mornings, afternoons, and at night, and about whether the home is being run in a task centred rather than a person centred manner.

It is also concerning that residents are saying that they have no choices on either rising or retiring, and senior staff saying that 'the staff are very pushed at the moment'.

Staffing levels need to be reviewed to ensure that there are sufficient staff on duty over a twenty four hour period to meet the needs and preferences of the

residents in the home and to ensure that staff have sufficient time to care for people in the manner that they would wish to do so.

During one part of the afternoon the lounge was not visited by staff for 20 minutes, during conversation with residents they said that this was not unusual, and the only resident with a call bell was unsure of how to use this.

Discussions were held with the manager and the provider who agreed to re-examine the staffing numbers.

The home does not currently use the nationally recognised induction course 'Skills for Care' and has its own induction course for new staff, although the manager said that the home is planning on using 'Skills for Care' in the future.

Whilst a new training matrix has recently been commenced, this showed that fewer than 50% of the staff have received up to date moving and handling training. There were no records relating to fire training. The manager was uncertain whether some catering staff have undertaken the necessary training.

Five out of the nineteen care assistants have a National Vocational Qualification level two in Care; this does not meet the National Minimum Standards guidance which asks for over 50% of staff to have this qualification.

A requirement was made at the last inspection which required the registered person ensures:

"That staff receive the relevant training for the work that they have to perform". This had a compliance date of the 20/01/09 and has not been complied with.

The commission may take further action to ensure compliance.

The home has an EMI unit, currently there are seventeen residents living in this unit. There are only three staff with the training necessary to look after older people with mental health conditions, namely the manager, a newly employed registered mental health nurse and one member of care staff. There is only one mental health nurse currently employed and there are no dementia care courses currently planned.

A requirement was made at the last inspection which required that the registered person ensures:

"That the numbers and skill mix of the staff ensures that service user's needs are met". This had a compliance date of the 20/01/09.

This has not been complied with therefore the commission may be taking further action to ensure compliance.

Four personnel files of recently recruited staff were examined, these contained all the checks and documentation as required by regulation. Staff who have not yet received their criminal records bureau check confirmed they were working under supervision.

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):

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

As the provider currently does not oversee or report on practices in the home and staff have no supervision, this may result in residents not receiving the care and services which meet their needs and expectations.

Failure to maintain adequate review of policies and procedures, testing on electrical equipment and ensuring risk assessments are in place, could have implications on the safety of residents and staff in the home.

EVIDENCE:

The appointed manager has been in post since April 2009, and is a registered nurse and has experience in managing other care homes. She is currently in the process of registering with the Care Quality Commission and is planning to undertake the Leadership and Management qualification in the coming academic year.

The Annual Quality Assurance Assessment (AQAA), a document required by regulation which enables the provider to tell us what the home has achieved in the past year and the plans for the next year, was not sent to the home prior for completion prior to this inspection. The home has now received this and will complete and return this by the required date.

Currently there is no quality monitoring programme in place, the provider and manager said that they intend to commence sending questionnaires to residents and other stakeholders and commence general quality monitoring of the services offered by the home.

No residents or relatives meetings have taken place although the manager said that she sees all residents and relatives as they are around the home. Policies and procedures have not been reviewed to reflect the practices taking place in this home and to show any new guidelines or current research.

Neither the manager nor staff have received training in the Deprivation of Liberty Safeguarding, this must be made a priority given the registration of the home and that there are some locked areas which may require some residents to be assessed to ensure that these restrictions are in their best interests.

The home does not currently manage or keep any monies for residents; with advocates coming in from social services should any resident not have a representative able to do this.

No regulation 26 visits (monthly visits and reports made by the provider and required by legislation) have taken place since March 2008. These must commence.

A requirement was made at the last inspection which required that the registered person ensures:

“That the registered provider or his representative undertake monthly visits to the home in accordance with this regulation and make the reports of these visits available to the manager”. The compliance date was the 20/01/09.

This has not been complied with therefore the commission may take further action to ensure compliance.

Staff have not received any form of formal supervision since the home reopened and this must be commenced.

A requirement regarding this was made at the three previous inspections. This required that the registered person ensures that:

“All staff must have formal supervision”. This had compliance dates of the 1/12/07, 1/04/08 and 1/01/09 respectively.

This has not been complied with and the commission may take further action to ensure compliance.

On walking around the home it was noted that some doors to vacant resident's rooms had not had the fire closures replaced and that there were portable fans used around the home, there were no risk assessments in place. Generally, with the exception of bed rail risk assessments, there was insufficient evidence of any risk assessments for areas of the home to ensure the safety of residents and staff.

There were no records to show that the testing of portable electrical equipment (PAT) has taken place either prior to or since the home reopened, and the manager confirmed it has not taken place.

The home has not been proactive in ensuring that staff have had mandatory training in areas such as moving and handling or fire training. Whilst a training matrix is now in place, this showed that one session of moving and handling and another in adult safeguarding had taken place in August 2009 only a proportion of the staff had taken part in this, another session is booked for October 2009. This has not been done in a timely manner to ensure that staff are prepared for their work. No training in how to respond to fire has taken place.

A requirement was made regarding the above issues at the last inspection. This required that the registered person ensures:

“That risk assessments for equipment used in the home are comprehensive and contain sufficient information to enable staff to minimise any risk to the service user.

That the manager liaises with the health and safety executive regarding the testing of portable electrical appliances or ensures that these are tested.
That all staff receive mandatory health and safety training and that this is updated”.

This had a compliance date of the 01/01/09 and has not been complied with. The commission may take further action to ensure compliance.

Whilst the home has informed the commission of one incident which adversely affected a resident, the commission was not informed of the safeguarding issues. The provider is reminded that the commission must be informed of any incidents affecting residents as required by regulation 37 and a requirement has been made regarding this.

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	
<i>Standard No</i>	<i>Score</i>
1	2
2	3
3	1
4	1
5	3
6	N/A

HEALTH AND PERSONAL CARE	
<i>Standard No</i>	<i>Score</i>
7	1
8	2
9	2
10	2
11	1

DAILY LIFE AND SOCIAL ACTIVITIES	
<i>Standard No</i>	<i>Score</i>
12	1
13	3
14	1
15	1

COMPLAINTS AND PROTECTION	
<i>Standard No</i>	<i>Score</i>
16	2
17	x
18	1

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
19	3
20	3
21	2
22	2
23	x
24	3
25	3
26	2

STAFFING	
<i>Standard No</i>	<i>Score</i>
27	2
28	2
29	3
30	1

MANAGEMENT AND ADMINISTRATION	
<i>Standard No</i>	<i>Score</i>
31	2
32	2
33	2
34	x
35	3
36	1
37	1
38	1

Are there any outstanding requirements from the last inspection? Yes

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.	OP1	Reg 5	The registered person must ensure that the Statement of Purpose is contemporaneous and reflects what is occurring in the home at the present time. The service user guide should be produced in a format which is suitable for the service users currently living in the home and provides them with the relevant information about the home to ensure that they are aware of the services that the home provides.	30/11/09
2	OP4	Reg 14	Preadmission assessments must always be carried out before someone lives at the home, even if they have lived there before and this must be recorded. Any identified specialist needs must be arranged before the admission then takes place.	30/10/09
3	OP7	Reg 15	That care plans are comprehensive and address all the physical, psychological and social needs of the service user with the actions to be taken by staff to meet these needs clearly identified. That care plans are formed in	30/10/09

			consultation with the service user or their representative.	
4	OP9	Reg 13(2)	When medicines are disguised in food, there must be an assessment of mental capacity of the service user and a care plan agreed by a multidisciplinary team. This is to ensure that peoples' rights are protected.	30/10/09
5	OP9	Reg 13(2)	Care plans are available with information that clearly states when 'as required' medicines may be given. In order that the administration of as required medications are person centred and there is consistency.	30/10/09
6	OP15	Reg 16	The menu is compiled following consultation with service users, is varied and nutritious and meets the nutritional needs of the older person, reflects their preferences and offers a choice of main meals which is shown on the menu and of which service users are made aware.	30/10/09
6	OP33	Reg 24 (1)	That the registered person shall put in place a system for monitoring the quality of the services provided by the home	30/11/09
7	OP38	Reg 37	That the Care Quality Commission is kept fully informed of any events adversely affecting service users in the form of regulation 37 notices. This is to ensure that the home is ensuring service users safety.	01/10/09

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



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