

Key inspection report

Care homes for older people

Name:	Rose Lawn
Address:	All Saints Road Sidmouth Devon EX10 8EX

The quality rating for this care home is:

one star adequate service

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

Lead inspector:	Date:
Teresa Anderson	0 7 1 0 2 0 0 9

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

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

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

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

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

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

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

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

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

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

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

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

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Rose Lawn
Address:	All Saints Road Sidmouth Devon EX10 8EX
Telephone number:	01395513876
Fax number:	01395579519
Email address:	barbarab@keychange.org.uk
Provider web address:	www.keychange.org.uk

Name of registered provider(s):	Key Change
Type of registration:	care home
Number of places registered:	29

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	29
Additional conditions:		
The home is permitted to admit one resident under 65 years of age at any one time		
Date of last inspection		
Brief description of the care home		
<p>This service was last inspected on July 16th 2008.</p> <p>Rose Lawn provides personal care and accommodation for up to 29 people over State retirement age. It is owned by Key Change, a not-for-profit organisation, which has a Christian and spiritual ethos.</p> <p>It does not provide nursing care other than that which the local community nursing services can provide, and it does not provide intermediate care.</p> <p>The home is a few minutes walk from the town centre, shops, local amenities and Sidmouth seafront. The home has a hairdressing room for visiting hairdressers, and runs a trolley shop, for the benefit of those who do not go out.</p>		

Brief description of the care home

Communal areas include a reception area with seating, two lounges, a quiet room, conservatory, and a large dining room with open views over the local rugby ground and beyond. An area at the rear of the property is paved, with seating provided, and some rooms have direct access onto this.

Bedroom accommodation is on the ground and first floors of the home, with staff accommodation on the top floor. All bedrooms have en suite facilities, some with a bath or shower facility, although there are also adapted baths and a level access shower around the home, providing easy access to such facilities.

There is level access throughout the ground floor, with a passenger lift between floors and a stair lift in one part of the home.

The current level of fees are approximately £650.00 per week. Details are given by the home when an application for admission is made. Fees do not include hairdressing, private chiropody (a free service is available at a local health centre), transport to health appointments, newspapers and alcoholic drinks for individuals.

Information about the home is available direct from the home or from the Key Change website www.keychange.org.uk

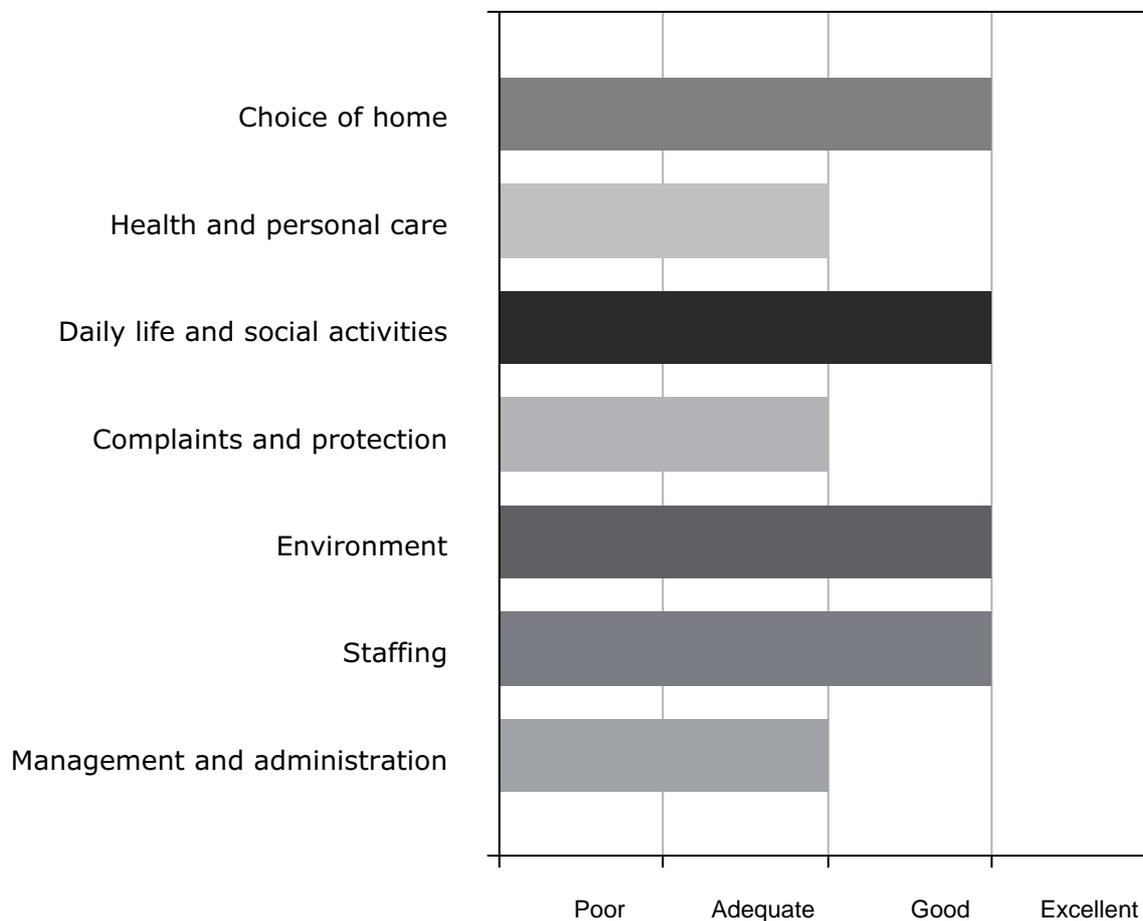
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

This inspection took place as part of our normal programme of inspection. We (the commission) visited the home unannounced, beginning our visit at 10.00am and finishing at 6.30pm. During that time we spoke with approximately 10 people living here, with the manager and 3 members of care staff and with the administrator and chef. We observed some practice and looked around all communal and service areas of the home and at some bedrooms. We also looked at records relating to the care people receive, to recruitment and training of staff and records relating to safety.

We case tracked three people living here. This means we looked closely at the care and accommodation offered to these people as a way of judging the overall standard of care, and as way of learning about the experiences of people living here.

Prior to the visit to the home we asked the home to complete an Annual Quality Assurance Assessment (AQAA). This gives us information about the management of

the home and about the people living there. It is also the home's opportunity to provide the commission with evidence that demonstrates what they do well, what has improved in the last year and what they feel they could do better. The manager sent this to us prior to the due date.

We sent surveys, asking for feedback and comments, to people living and working here and to some health care professionals. 5 residents and 1 member of staff returned surveys. Their comments are included in the report.

What the care home does well:

Before coming to live here people are assessed by a person who is competent to do this. These assessments ensure that people's needs can be met in this home.

Each person has a plan of care, and care is delivered by staff who are recruited using robust methods and who receive appropriate training. Staff are described as lovely, caring and patient. People feel that staff listen to them and that their care needs are met.

People living here are helped to stay healthy with the involvement of the District Nurses, Doctors, specialist health professionals, dentist and chiroprapist. Doctors are called in a timely fashion in response to people's needs. Their monies are kept safe.

This home is clean, comfortable, warm, calm and relaxed. It is furnished with quality furniture in a homely and stylish fashion. It is clean and comfortable throughout. Aids such as handrails, raised chairs, hoists and bathing equipment are available to help people remain mobile and independent.

What has improved since the last inspection?

Since the last inspection the redecoration programme has continued. Staff have all received mandatory training and more specialist training has been given and is being arranged. The quality of pre admission assessments have improved, and all upstairs windows have been restricted to ensure people are kept safe.

Most significantly, the management team are continuing with their efforts to put the ethos of the home into practice. We saw evidence that a dialogue has been opened up between management and staff, and the people living here. Staff are more vocal and contribute suggestions for improvement, which are acted upon where appropriate. Both staff and people living here are being empowered to make positive contributions to the continued development of this home.

What they could do better:

A number of requirements and recommendations were made as a result of this inspection, many of which remain outstanding from previous inspections.

People's care is not planned or reviewed in sufficient detail to ensure that staff can meet their care needs and so that all of their health, welfare and social needs are met. People are not fully supported to maintain their abilities and independence and are not always treated with regard to their privacy and dignity.

Medicines are not managed completely safely.

A number of safety issues are not being addressed adequately. These include not fully protecting people from abuse and fire safety.

The home does not have a Registered Manager and the manager has not yet identified her learning needs, and has not had training in equality and diversity.

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

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

Details of our findings

Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Each person is assessed prior to moving in to the home so that the home can be sure that people's needs can be met.

Evidence:

Each person who comes to live here is assessed usually by the manager, or by a member of senior care staff. We looked at one assessment of a person recently admitted. This records the person's basic care needs and a check list determining the person's dependency score. The manager reports that this helps her to identify how much help each person might need. This assessment forms the basis for each person's care plan.

The manager reports that the assessment paperwork used by this organisation does not support the process of person centred assessment and care planning. She is discussing with the management team how the information collected might be supplemented so that the assessment and process of moving in becomes a more

Evidence:

individualised process.

Health and personal care

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Care planning has improved. However, staff need more information to ensure that they know what people's care needs are and how these are to be met in a person centred and respectful way.

The system in place to manage medicines are insufficient to fully ensure that medicines are not open to being misused.

Evidence:

In surveys people told us that they always, usually or sometimes get the care and support they need. In conversations people told us that different staff have different abilities and that in general their care needs are met.

We looked at how the care of three people is planned and delivered. We found that each person has a care plan which is used to record, review and plan their care needs. We saw some improvements to the way these are completed and used for the benefit of people living here. The manager is aware that further improvements are needed, including linking plans to people's daily lives. There are plans in place on how this improvement is to be achieved, and this is good practice.

Evidence:

We saw in two care plans that two people have been experiencing pain for some time. Both people have been referred to the doctor in response to this, as is good practice. However, since that time these people have continued to experience pain. Staff have recorded this in the daily records in the care plans. However, there is no record of how their pain should be assessed, recorded or managed. The effectiveness, or otherwise, of their pain medication is not recorded. Records show that senior staff have reviewed this care plan and have not taken any actions to address these people's complaints of pain.

The records of one of these people also shows that they are losing weight and are generally frail, fragile, getting weaker and being sick intermittently. This person has developed a pressure sore. The medication this person takes indicates they have a serious medical problem. When we spoke with the manager she confirms that this is likely. However, staff are unaware of this and therefore did not understand the significance of the symptoms this person is showing and describe them as being full of moans and groans. Staff we spoke with do not know that this person has lost 10kg in 6 months, although they describe this person as a 'picky eater'. The care plan records this person's weight loss and it records that they are at high risk of malnutrition. The doctor has been informed, however the recommendations made by the assessment tool have not been followed and the care plan does not provide staff with instructions about how to manage this person's weight loss.

In another care plan staff are instructed on how to help one person to either maintain or to lose some weight. This is working as the recorded monthly weights show that this person's weight is stable.

We also saw in all three care plans we looked at that people are at risk of developing a pressure sore, and as shown above, one person has developed a pressure sore. The assessment tool used recommends that these people sleep on a type of mattress that is filled with air and is specifically used for this purpose. These are not being used for these people. When we asked the manager why, she thought that one person had refused, that one person did not need this (although had not recorded this) and did not know why the other person was not using one. Neither of the care plans record what actions staff should take to prevent the development of pressure sore or instructions on how to monitor people for signs of a pressure sore.

We spoke with staff about care plans. They say that they use these on a daily basis. However, when we checked some staff's knowledge of people's needs they did not know what they were. We asked staff if they are given information in any other way.

Evidence:

Staff told us that they are given information about each person when they come on duty each day at the daily hand over. When we checked what this information is, we found that it does not include details of people's needs and how these are to be met. Information given relates to how each person slept, if they are up, if they are washed and if they have had breakfast. This means that care instructions given to staff direct them to carry out tasks and do not guide staff toward meeting individual needs. The manager has identified that this is an area of communication that could be improved upon.

People who come to live here tend to have low to medium care needs. This means they have a lot of abilities. However, care plans does not identify people's abilities and do not instruct staff about how to help people to maintain these abilities or to remain independent. For example, care plans do not contain instructions on how to help people to remain continent.

Care plans do contain good and specific instructions for staff about moving and handling. Staff are instructed how to do this and what equipment they should use. This is good practice.

People are helped to see health care practitioners such as the dentist, opticians and chiropodists. Some people use local services and are helped to attend appointments by staff if this is needed. Other people are more independent and go alone and others, who say they prefer this, have these appointments in the home. People told us that these appointments take place in the privacy of their bedrooms. They also told us that staff knock on their bedroom doors before entering and that they are respectful. We noticed that some staff knock on bedroom doors but do not wait before entering. We were told by a person living here that they only like to have a female carer attend to them. However, the care plan recorded this person would accept a male carer if in a rush and some staff we spoke with were not aware that this person had a preference. These issues mean that people's privacy is not fully respected.

We looked at how medicines are managed in the home. We saw good practice in that there are systems in place for ordering, storing and returning medicines in the home. We saw that there is sufficient safe storage facilities and were told that only the person in charge has access to the keys to the medicines. We checked some records and we found that staff always sign to say when they have given oral medicines but that they are not always signing when prescribed creams and/or eye drops are used. We looked at the records of two medicines and counted these medicines to see if they matched. We found that the number of tablets counted for one person matched the records of how many tablets there should be. We found that another person had more

Evidence:

tablets than records show they should have. This means that some medicines are not managed safely as they could go missing and this would not show up during an audit.

Some people living here are encouraged to manage their own medicines, as is good practice. There is a system in place to help ensure that this is managed safely. Each person who wishes to manage their own medicines is assessed and a record of the outcome of this assessment is kept. However, the assessments we saw lacked detail about people's abilities and disabilities. Some assessments recorded that they should be reviewed and as yet, this has not been done. In addition, records relating to the medicines belonging to these people are incomplete. The manager reports that all medicines are given to each resident when they arrive in the home, and this should be recorded to ensure that staff can always determine, if medicines were missing, where they had gone missing from.

Medicines that need to be stored in a fridge are kept here and the fridge is kept locked. However, whilst staff check the temperature of the fridge everyday, they are not checking the minimum and maximum temperatures that the fridge has reached during each 24 hours. Doing this ensures that medicines are constantly stored at the correct temperature to ensure they remain effective.

Daily life and social activities

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

People's social lives are improving as the choice and range of activities offered increases. People have easy access to the local community, although less able people would like to go out locally more often. People are supported to have a varied diet of their choosing and to make choices in their daily lives.

Evidence:

In surveys one person told us there are always activities offered that they can take part in, two people said there usually are and one person said there sometimes are.

We looked at what group activities are arranged. We found that the home has a weekly quiz and a movement to music session. The manager reports that some outings have been arranged and these have included a trip to the seafront, to a local attraction, and to the local theatre. Events planned for the future include helping to make and decorate Christmas cakes and puddings.

The manager also says that when possible staff take people, on an individual basis, into town. She told us that she recognises that people living here are not completely satisfied with their social lives, and has employed a part time activities co-ordinator who will start work in the near future. There are plans to include more arts and crafts

Evidence:

activities which the manager feels people will enjoy.

We spoke with people about their social lives. People we spoke with say they like to be independent and come together as a group for meals and events. Some say they join in with the quiz and movement to music and others say they prefer not to. The majority of people we spoke with said they want to chat about what is happening in the home, the community and the country. They say there is little opportunity for this but really appreciate it when staff take the time to sit and chat with them. One person told us that they are old but that doesn't mean they don't still enjoy a chat, gossip and having an opinion.

The home has a Christian ethos and many of the people living here lived and worshiped at the nearby church. They say that they feel lucky that as they have got less able to attend church, the local minister comes to the home each week for a service.

People told us that their visitors are always made welcome and that if they want to they can join them for lunch. One person described how they were able to share lunch with their visiting relatives in the conservatory. They were very impressed that because the visitors are vegetarians that they were offered vegetarian food. This person says that being offered such a choice and entertaining visitors outside of the dining room with others is new and very welcome.

People are very complementary about the food served here. They say that they get a choice of seasonal and fresh vegetables and fruit. People told us that the newly introduced system, where people can choose what they eat from a menu, is very welcome. People also told us that the menu is less repetitive and that some new meals have been added. One person told us that when there is something on the menu that they don't like, the chef always cooks people something different. We spoke with the chef who told us how important it is to be flexible with food as, just like anyone else, the people living here don't always like everything on the menu, change their mind or might prefer what they see someone else eating.

The main meal of the day is served at lunch time and people say this suits them. We saw that a hot and cold option is often offered at tea time, and people told us they like this choice.

The majority of people come to the dining room for lunch and tea, where prayers are said before eating. Others choose to have their meals in their bedrooms.

Evidence:

Tea, coffee and biscuits are easily available and we heard staff offering people cups of tea outside of the routine times showing that routines are flexible. Other evidence of this flexibility is that people told us they get up and go to bed when they like and that, within the confines of communal living, they can do what they like.

Complaints and protection

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People are listened to and taken seriously. However, people are not completely protected from harm as the manager is not fully aware of the procedures to follow if an allegation of abuse is made and is not using the Mental Capacity Act as a way of protecting people.

Evidence:

In surveys people told us that they can speak with someone informally or formally if they wish to raise an issue or make a complaint. People we spoke with say staff are obliging and that the manager is very approachable. They say they have no complaints and that any requests are easily dealt with.

The home tell us that they have received 2 complaints. Although they have recorded that neither were upheld, when we discussed complaints with the manager she told us how one was partially upheld and that action was taken to address the issue raised. The commission have not received any complaints about this service since the last inspection.

We spoke with staff about their understanding of abuse. They demonstrate a good understanding of what abuse is, including more subtle forms of abuse such as not being gentle enough and being rude. We asked them what they would do if they saw or suspected abuse. They told us they would tell the manager. We asked the manager what she would do. The response she gave does not comply with the guidance in the

Evidence:

multi agency procedures. In addition the manager reported an incident to the commission and to the police. However, she did report it using the multi agency guidance in place. For these reasons people are potentially at risk.

We looked in care plans to see if people had been assessed as having capacity as is good practice under the Mental Capacity Act. We found one form relating to this in the three care plans we looked at. This was only partially completed in relation to a Lasting Power of Attorney. It had not been completed in relation to the person's capacity or in relation to decision making, despite them possibly having some problems with understanding.

Environment

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People live in a homely, well kept and clean home which suits their needs. A lack of attention to fire prevention and escape is creating a risk to the safety of the people living here.

Evidence:

In surveys the majority of people told us that the home is usually clean and fresh. In the past people have said that the home is always clean and fresh. We spoke with the manager about this, who told us that the cleaner is currently on sick leave. She also told us that she is working hard to encourage staff to ensure that rooms are left neat and tidy, for example by emptying waste bins if this is needed.

When we spoke with people they told us that the home is mostly clean and tidy. They told us that the lounge is being redecorated or 'touched up' and that they like the furnishings and decor. Some people told us they like having their own en suite shower and some people say they prefer to have a bath with the help of staff. They say that the equipment in the baths makes this easy. They say that the hot water is always hot and the home is always kept at a pleasant temperature. Some people told us it was good that the home is kept warm enough so they could have their windows open because they like the feel of fresh air.

Radiators are cool to the touch and the windows we checked have restricted openings.

Evidence:

These are in place to help keep people safe. We spoke with the manager about the windows and she assures us that all windows on the upper floors have restricted openings.

We looked in the laundry room and found it clean and tidy. People told us that sometimes clothes go missing and we heard staff trying to find the owner of a cardigan. The manager told us that this issue had been raised by people at the last resident's meeting and that changes were being put into place to address this.

We saw staff washing their hands and that gloves and aprons are available around the home. Staff explained the procedures for handling soiled linen and for reducing the risk of infection, and this is appropriate.

We noticed during our inspection that the area below a set of stairs was being used to store a number of paint pots. This is a fire risk. We also saw that the fire escape door in this area was blocked by wheelchairs. We brought these issues to the attention of the manager before we left the home and she addressed them.

Staffing

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

People are supported by staff whose skills are being enhanced by appropriate training and who are recruited using robust means.

Evidence:

In surveys people told us that staff always, usually or sometimes act on what they say and that they receive the care and support they need. We spoke with people about this. Some people told us staff are easily available and others told us that they always had something else to do or somewhere else to be. As a consequence these people felt that their care and support is rushed.

The manager told us that people had thought that there were not enough staff on duty in the afternoon. As a consequence she reports that the numbers of carers in the afternoon had been increased from 4 to 5 until 4pm, when this number reduces to 4. We were told that there are 5 or 6 carers on duty in the morning and that on four days of the week the manager works from 7am until 5pm and this is extra to caring staff. At night there are 2 carers on duty who are both awake. Since the last inspection there has been a considerable reduction in the times that agency staff are used. Although this has recently increased slightly as one person is on sick leave. The manager reports that new staff are receiving an induction training programme which is based on the Skills for Care recommended programme, as is good practice. Care staff are supported by a chef, kitchen assistant, administrator, maintenance person

Evidence:

and cleaner. Some ancillary cover is now provided at weekends and this is an improvement since the last inspection. In addition the manager reports that since the last inspection weekend duties are covered by permanent staff, not agency staff, and there is a senior carer on duty at the weekends.

We heard the call bell ringing frequently throughout the day and asked the manager why she thought this was. She said that the home has a print out of how often and how long the call bells ring for. She agreed to look at this and talk with people to find out if staff ensure that people have all they need before leaving them.

People describe staff as 'variable', 'lovely', 'caring' and 'they do their best'. We saw a letter from a bereaved relative saying how kind, caring and patient the staff were. Some people we spoke with thought that more recently there had been a slight lowering of standards in relation to personal attention and attention to detail.

We checked some staff recruitment records. We found that all staff undergo the recommended checks prior to coming to work here. For example, each person has two written references and a police check is carried out prior to them working at the home. In addition confirmation is obtained from the agency that the home use which confirms that staff working for the agency undergo recruitment checks.

The manager reports that since coming into post the amount of training provided for staff has increased. This includes supporting staff to study for the National Vocational Qualification in Care at level 2 or above. The manager reports that nearly 50% of care staff have this qualification and more have recently started this training. The manager reports that staff have also received some basic care training, training in moving and handling and training in caring for people with dementia. In addition, staff are encouraged to identify their own learning needs and to request training which the management team say they are committed to supporting.

Records are kept relating to staff training and the manager reports she has a good system in place for identifying both individual needs and to ensure that all staff receive the training they need to care for the people living here.

In addition to this we saw evidence that staff are more vocal and feel comfortable making suggestions. This shows that a dialogue has opened up between staff and the management and that staff are being empowered for the good of the people who live here. This is an ongoing process and the management team show a strong commitment to further developing this.

Management and administration

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

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

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

The overall management of this home has improved, and actions taken by the manager are helping to ensure that the ethos of this home is put into practice. Systems are being further developed so that they are robust enough to ensure that people have their needs communicated and fully met, and to ensure that people are completely safe.

Evidence:

Jayne Cann has been the manager of this home since October 2008. She is applying to register with the commission and has completed the Registered Manager's Award. Mrs Cann has many years experience in providing health and social care.

Mrs Cann and the recently appointed administrator have set up systems for helping to ensure that the home runs smoothly. Mrs Cann reports that some paperwork was missing when she started work at the home. This includes a letter from the fire authority (copied to the commission) which recommends that the home take certain actions. We have given Mrs Cann the details of this letter together with the contact

Evidence:

details and she is going to follow this up. During this inspection all the information we asked for was easily and readily available and was well organised.

People and staff told us the home is friendly and relaxed and is run efficiently. They say the manager is approachable and staff say that she gives them support and training. The manager reports that all mandatory training has been brought up to date and this has included moving and handling, fire drills and training in infection control and health and safety. We talked to some staff about this and they confirm that they have had this training. The manager has put in place a system for carrying out annual appraisals of staff. However, she has yet to put in place a development plan which reflects the aims and outcomes for people living here and has not yet started a system of supervision to ensure that the training given to staff is understood and being effectively put into practice.

Since this manager came into post, resident and staff meetings have taken place and the manager reports that they are happening regularly (every 3 - 4 months). Suggestions put forward by people living here such as more staff in the afternoon and more choice of food have been acted upon. In addition the manager has recently sent out surveys to people living here, their supporters, to staff and to professionals who visit the home asking for their feedback and comments. This is good practice.

The manager completed a pre inspection questionnaire (Annual Quality Assurance Assessment or AQAA) prior to this inspection. This did not give us all the information we needed. Statements about what the home does well were not supported by robust evidence and information about how this service addresses equality and diversity issues relating to the people who live here was not given. In addition there was little information in the AQAA about how previous requirements and recommendations made had been addressed. We discussed these issues with the manager. She demonstrates an understanding of the type of evidence required and a commitment to providing this in the future. She explained she has not yet identified her own learning needs in relation to being a manager of a care home and acknowledged that these would include training in equality and diversity.

We checked one person's personal allowance account and found that this is in order. Receipts of purchases are kept and the amount of money recorded matches the amount we counted in that person's account. Access to people's personal allowances is restricted to a few senior members of staff and is kept safely in a locked safe.

We checked accident forms and found that a number of people have fallen recently. Records show that many people were found on the floor, meaning that staff were not

Evidence:

present when the fall happened, and saw that other people had slipped or fallen when reaching for things. Records show that the doctor is usually called to attend to people after falls. However, we could not find any records to show that the manager had investigated the falls to determine if actions are needed to prevent falls in the future. We talked to the manager about one incident where someone had dropped their cup of tea. This person has severe arthritis but the manager did not know what type of cup this person is using or if it's style or weight had contributed to this incident. The manager had made arrangements to refer another person to the falls clinic, as is good practice. In addition the manager reports that a falls log is kept to help her to identify if there is any pattern to people's falls so that appropriate action can be taken.

Are there any outstanding requirements from the last inspection?

Yes



No



Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	7	15 (1)	<p>All the people living at the home must have an up to date and detailed plan of care. This will ensure that their health, social and welfare needs are met in a person-centred and consistent way.</p> <p>(This requirement is outstanding from 30.06.06, 30.01.07, & 15.08.07)</p>	21/08/2008
2	7	15 (2)	<p>Each persons plan of care should be reviewed when needs change and the plan of care should be altered accordingly. In this way when people become less able, risks to their health and welfare will be minimised.</p> <p>(This requirement is outstanding from 31.10.07)</p>	21/08/2008
3	9	13(2)	<p>You must make arrangements for the recording, safekeeping and safe administration of medicines in the home. This is to include</p> <p>Maintaining records of medication received by the home, including for people who subsequently self</p>	21/08/2008

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			medicate. Supporting people who wish to self medicate, within a risk management framework, to ensure they receive any help they need to achieve this safely.	

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	7	15	<p>Each person's plan of care must be reviewed using all the information about them that is available and which relates to their needs and changing needs. Changes to the plan of care must be made based on this information.</p> <p>This will help to ensure that people's needs are met and that deterioration in health is prevented as far as is possible.</p>	31/12/2009
2	7	15	<p>Each person's plan of care must be reviewed using all the information about them that is available and which relates to their needs and changing needs. Changes to the plan of care must be based on this information.</p> <p>This will help to ensure that people's needs are met and that deterioration in health</p>	31/12/2009

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			is prevented as far as possible.	
3	7	15	<p>All the people living at this home must have a plan of care that is up to date and contain sufficient detail for staff to follow.</p> <p>This will help to ensure that peoples' health, social and welfare needs are identified and met in a person centred and consistent way.</p>	31/12/2009
4	8	12	<p>Actions must be taken to make proper provision for the health and welfare of people. This includes, but is not exclusive to, taking preventative action to ensure that pressure sores are prevented, ensuring that people's pain is appropriately addressed and helping people to maintain their abilities and to remain continent for as long as possible.</p> <p>This will help to ensure that people stay well for as long as possible.</p>	31/12/2009
5	9	13	<p>Arrangements must be made to ensure that medicines are managed safely and that records of medicines kept in the home and medicines given</p>	27/11/2009

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			<p>(including non oral medicines) are accurate and up to date. Risk assessments of people who wish to self medicate should be written in sufficient detail to ensure that any risks are identified and that actions needed to manage these risks are taken and recorded.</p> <p>This will help to ensure that medicines are always managed safely and that people are supported to managed their own medicines safely.</p>	
6	18	13	<p>Senior staff must be familiar with the locally agreed procedures to be followed if an allegation of abuse is made or if abuse is suspected.</p> <p>This will help to ensure that people are fully protected from being abused.</p>	31/12/2009
7	19	23	<p>Action must be taken to comply with fire regulations including taking appropriate actions to prevent fires and to provide adequate means of escape.</p>	13/11/2009

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			This will help to ensure that people are kept safe from fire and from the effects of fire.	
8	31	9	<p>The manager should continue with her application to register with the commission to become the registered manager of this home.</p> <p>This will help to ensure that the home is being managed by a person who has been judged as fit to do this.</p>	26/02/2010
9	38	13	<p>You must ensure that people's activities are, as far as possible free from avoidable risks and that unnecessary risks to people's health and safety are identified and, where possible, eliminated.</p> <p>This type of proactive approach will help people to remain safe.</p>	31/12/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	7	People should be helped to remain as independent and able as possible through a care planning system that identifies people's abilities and makes plans as to how these will be

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		maintained.
2	9	The minimum and maximum temperature of the medicine fridge should be recorded every day to ensure that the fridge consistently runs at the correct temperature.
3	10	More attention should be given to how staff respect people's rights to privacy and dignity. This includes staff waiting before entering someone's bedroom and people having their preference for a same sex carer fully respected.
4	12	People's social needs should be kept under review to ensure that each person has these needs met in an individual way which meets their preferences.
5	27	You should monitor that staff are meeting people's needs in a way that assures you they are paying attention to detail and are anticipating people's needs before they leave them.
6	31	The manager should identify her learning needs, and should improve her knowledge in relation to addressing equality and diversity issues.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.