

# **Key inspection report**

## **CARE HOMES FOR OLDER PEOPLE**

### **Caversham Residential Home**

**Astridge Road  
Witcombe  
Gloucester  
Glos  
GL3 4SY**

*Lead Inspector*  
Mr Adam Parker

*Unannounced Inspection*  
6th August 2009      09:00

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](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop).

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

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

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# SERVICE INFORMATION

<b>Name of service</b>	Caversham Residential Home
<b>Address</b>	Astridge Road Witcombe Gloucester Glos GL3 4SY
<b>Telephone number</b>	01452 862554
<b>Fax number</b>	01452 545295
<b>Email address</b>	djungle@hotmai.com
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Nazdak Limited
<b>Name of registered manager (if applicable)</b>	Tracy Sally Miles
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	8
<b>Category(ies) of registration, with number of places</b>	Dementia - over 65 years of age (1), Old age, not falling within any other category (8)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following category of service only: Care Home providing personal care only - Code PC to service users of either gender whose primary care needs on admission to the home are within the following Categories: Old age, not falling within any other category (Code OP) Dementia over 65 years (Code DE(E)) - maximum number of places 1
2. The maximum number of service users who can be accommodated is 8.
3. The registered person may continue to accommodate 1 person identified to CSCI whose primary care needs on admission were within the category dementia (DE). This condition will lapse when this person leaves the home.

**Date of last inspection** 7th August 2008

## Brief Description of the Service:

Caversham is a small care home set in a residential area of Witcombe on the outskirts of Gloucester. The home is close to a local shop.

The single bedrooms with ensuite toilets are located on the ground and first floors, with a bathing facility available on the first floor. There is a sitting room at the front of the house with a dining room and kitchen combined at the rear. The residents also have the benefit of a garden at the rear of the house.

Current fees are £329.60 to £414.65. Hairdressing, chiropody and newspapers are charged extra. The home makes information about the service, including inspection reports available to residents and their representatives through a service user guide and statement of purpose available in the home.

# SUMMARY

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

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

One inspector carried out the inspection visit on one day in August 2009. The registered manager was present as well as the responsible individual. The inspection visit consisted of a tour of the premises and examination of residents' care files. In addition training was looked at as well as medication storage and administration and documents relating to the management and safe running of the home.

Four residents were spoken to during the inspection to gain their views of the service.

An Annual Quality Assurance Assessment (AQAA) form was received from the home prior to the inspection visit. Apart from one section that was missing this was completed satisfactorily and gave us the information we asked for.

The judgements contained in this report have been made from evidence gathered during the inspection, which included a visit to the service and takes into account the views and experiences of people using the service.

## **What the service does well:**

Individualised personal care is provided to residents based on clear care plans with any identified risks assessed.

Residents are able to exercise choice in how they spend their time and through good consultation contribute to the choice of meals on a weekly basis.

The home ensures that all residents and their immediate relatives have a copy of the complaints procedure.

A clean environment has been maintained in the home.

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

Residents have been consulted by an outside agency about activities in the home.

Full records are now kept of complaints made to the home.

The adult protection policy has been improved to include the specific contact details of relevant agencies.

Hand washing facilities are now provided in the laundry.

Recruitment procedures have improved and are now more robust to protect residents.

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

The pre admission assessment document needs improvement in one area relating to falls.

The home must improve its arrangements for medication storage. In addition accurate records must be kept of the administration of residents' medication and checks are needed with any hand written directions.

The home needs to improve the way that it deals with any allegation of abuse towards a resident particularly with taking action to protect residents and in contacting relevant outside agencies.

There has been a failure to organise training for staff in a number of important areas such as adult protection, induction, fire safety and infection control. In addition new staff had not been booked on training sessions for moving and handling, first aid and food hygiene. In general the creation of a skilled and competent workforce is not given a high priority by the registered provider. The registered manager should receive a copy of their job description as a formal reference point for their role in the home.

The home has completed a risk assessment for Legionella although this still needs checking against national guidelines.

The home must improve its procedures for reporting certain accidents and incidents to the Commission.

The homes AQAA document must be completed in full.

Five of the requirements identified in this report have been issued on at least one previous occasion. Failure to address these issues as a matter of urgency will result in regulatory action being taken against Caversham Residential home by the Care Quality Commission.

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

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line – 0870 240 7535.

# DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection



## Choice of Home

### The intended outcomes for Standards 1 – 6 are:

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

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

This is what people staying in this care home experience:

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

#### 3

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.

Past practice with admissions has not always ensured that information from local authorities is received about a resident's needs before care in the home is offered, so that residents cannot be sure that they will receive the care they require.

### EVIDENCE:

There had been no admissions to the home since October 2007. As mentioned at the previous random inspection the registered provider must ensure that any future admissions to the home comply with the home's registration categories and conditions of registration.

Following a recommendation made at the previous key inspection the home's pre admission assessment document was looked at. This was still in need of

updating and should include a specific area to record if any prospective residents have a history of falls.

The home does not provide intermediate care and so standard 6 does not apply.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

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

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

This is what people staying in this care home experience:

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

#### 7,8,9 & 10

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

Although the home works well to meet residents' health and personal care needs, attention must be given to ensure that in the interests of their health and wellbeing residents' medication is stored correctly and accurate records are kept of the administration of their medication.

### EVIDENCE:

Resident's care plan files were in the process of being updated. One resident's file looked at contained new care plans that had been written following a review of the resident's needs by the funding authority. There was also evidence that the resident had been consulted and this had produced a care plan that contained clear instructions to staff about the actions to take to meet the resident's needs. In addition there was also a description of the resident's usual daily routine from morning to night.

Care plans had been reviewed on a regular if not always on a monthly basis.

One resident had been receiving input from mental health services and the registered manager had attended a review meeting under Care Programme Approach arrangements in the past. However it was unclear if these arrangements were to continue, if they were then the home should again request any relevant documentation relating to this.

General risk assessments had been completed for all residents and these addressed areas such as wandering out of the home. In addition a risk assessment for falls had been completed where the need indicated this. With one resident this was in need of up dating although it was reported that this would be done with the planned updating of the care files. Resident's weights were recorded on a monthly basis and assessments were also completed for physical health and mental health. One resident had a risk assessment completed for pressure area care and this listed the aids that were in use. A malnutrition assessment tool was also in use in the home. Residents had been receiving input from health care professionals with visits and input recorded from GPs, opticians and a specialist nurse. A community nurse was visiting a resident in the home during the inspection visit.

The arrangements for medication storage, administration and recording were checked. Medication was stored securely in two cupboards. Weekly temperature monitoring was taking place in the original cupboard and records showed that appropriate temperature levels had been kept. Since the previous inspection a new cupboard had also been brought into use. There was no temperature monitoring in place for this cupboard which was situated close to the cooker and therefore likely to be too high for storing some medication when the cooker was in use. Storage temperatures had been monitored and recorded for medication stored in the refrigerator and were within appropriate ranges.

No controlled drugs were kept in the home at the time of the inspection visit. It was pointed out to the registered manager and responsible individual that the medication storage arrangements were not in line with current legal requirements for storing controlled drugs in care homes. A new storage cupboard in line with legal requirements would need to be obtained if a current resident were prescribed any controlled drugs or a new resident admitted with such medication.

During the tour of the premises it was noted that an unopened tub of topical cream was stored in the communal bathroom. This should be stored in the resident's individual room to prevent any possible use by other residents. The majority of liquid medication containers had been dated on opening as an indication of their expiry date. However one bottle of eye drops was in use with no date of opening and some non-prescription domestic remedies were being kept that were past their expiry date. These were removed from use during the inspection visit.

The medication administration record (MAR) charts were looked at. Handwritten directions made for one resident's medication had only one signature with no second signature to indicate that the entry had been checked

for accuracy by another member of staff. Hand written directions must be signed and dated by the staff member writing them and checked and signed by a second staff member.

Examination of the MAR charts showed a gap in the recording on the 03/08/2009 for a number of residents at 21:00. No investigation had been carried out in the home concerning this.

Where medication was prescribed on an 'as required' basis there was no protocol or plan in place to guide staff in when to give such medication. This is an area that must be developed in the interests of ensuring that residents receive their medication when they need it.

Medication training had been provided to staff through a training pack supplied by the pharmacist. In addition a training session had also recently taken place by another pharmacist involved in supporting care homes.

Issues about one resident taking medication out of the home had been resolved since the previous key inspection. A policy had been written regarding residents taking medication out of the home for future reference.

Staff were observed treating residents with respect and when spoken to, residents confirmed that their privacy was respected by staff who knocked on doors before entering their rooms.

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

Residents are able to benefit from exercising choice and having some control over their lives in a number of areas including selecting their meals.

### EVIDENCE:

Generally residents pursue their own interests and activities. These take the form of reading newspapers, listening to the radio, making use of the garden and going out with family members. The registered manager reported that a consultation had recently taken place with residents to gain their views about activities. This had been carried out by a local care home support organisation. It was reported that residents were generally happy with the current situation although some art and craft activities had been introduced.

During the inspection visit it was noted that some residents were making use of the communal lounge where a radio was playing while others were spending time in their rooms. One resident spoken to described how they liked to spend time in their individual room but also made use of the garden. Another resident enjoyed the freedom of "*doing what they wanted to do*".

The home has a policy of open visiting and there was evidence that residents were spending time with family members outside of the home.

Some residents in the home manage their own financial affairs and information is available on advocacy services should these be needed. Residents have brought personal possessions including furniture into the home.

Meals were chosen by the residents on a weekly basis with a menu produced. Residents spoken to confirmed that they were enjoying the variety of meals provided. One resident spoken to described the meals as "good" and another confirmed how residents were able to choose their meals and stated that the meals had improved.

At the time of the inspection visit there were no special diets being provided for residents in the home.

Residents were observed having lunch in the dining area adjoining the kitchen and one resident was having lunch in their room. A menu was on display on a board in the kitchen.

# 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):**

## **16,17 & 18**

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 home has demonstrated that complaints are acted upon in the interests of the residents, the way that the home dealt with an allegation of abuse against a resident has shown that residents may not be fully safeguarded from any potential harm.

## **EVIDENCE:**

The home had a complaints procedure that had been given to all residents with a record of this kept on their files. In addition the complaints procedure has also been sent to relatives of residents. At the previous key inspection it was found that there were no written records of two previous complaints and how the home had dealt with these. This had been rectified with details of the complaints now kept on file.

Mental Capacity Act training including Deprivation of Liberty Safeguards had been planned for staff in the home.

The home's adult protection policy had been updated to include the specific contact details of relevant agencies such as the local authority adult protection unit and the Commission.

The registered manager and other staff had received training at a local college in adult protection. There were some staff that had not received training in



adult protection and this must be addressed in the interests of protecting residents.

In May 2009 there was an allegation of physical abuse made by a resident in the home about a member of staff. This was reported to the registered manager who then reported the allegation to the responsible individual. No agencies were contacted at this stage although five days after the alleged incident the registered manager reported it to the local authority adult protection unit and to us.

It became clear that during this 5 day period the responsible individual had sought to handle this matter privately, contrary to local authority adult protection guidance and best practice identified by the Department of Health in "No Secrets".

Enquiries made by us found that no immediate action had been taken regarding the member of staff who had carried out the alleged abuse. The registered manager was not able to take any immediate action regarding the member of staff. After some discussions with the responsible individual by ourselves and the local authority adult protection unit the member of staff was suspended from duty pending a disciplinary hearing. The home has since been the subject of a number of multi-agency safeguarding meetings with placements suspended by the local authority.

## 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):

#### 19,21,24 & 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 have the benefit of living in a well-maintained and clean, environment with personalised individual rooms.

### EVIDENCE:

A tour of the premises was conducted and the home was noted to be generally clean and tidy. One resident spoken to commented on the cleanliness of the home.

Residents have access to the rear garden either directly through bedrooms on the ground floor at the rear of the home or through the side door where a gentle slope and handrail had been provided.

Resident's rooms contained personal items and a number had undergone redecoration with further work planned. The washbasin surround in one of the upstairs bedrooms was in need of some attention. This was discussed with the registered manager.

It was noted at a previous inspection that the communal toilet and bathroom on the first floor did not have a hand washbasin or any hand washing facilities. It was reported that this was to be looked at on the day of the inspection visit with a view to fitting a hand wash basin.

The laundry was situated in the rear garden detached from the home. A sink was provided and there were liquid soap and paper towels for hand washing. A new tumble dryer had been installed since the previous key inspection. It was noted that fresh vegetables were stored in here in an uncovered container. Consideration should be given to more suitable storage arrangements for vegetables.

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

Although recruitment practices have improved the home has failed to organise training for staff so that residents are not always cared for by a competent and skilled workforce.

**EVIDENCE:**

Staffing in the home is arranged so that the home is always covered by a minimum of one member of care staff with 2 working at the home during the times of 8:00 to 10:00 in the morning and 12:00 to 14:00 in the afternoon. A cleaner works on weekdays. At night there is one member of waking night staff.

The home had three members of staff out of six who have achieved an NVQ. During the inspection visit a representative of a training provider visited the home to discuss further NVQ training with the registered manager. In terms of the residents being cared for by a trained staff group, further staff should undertake an NVQ.

Records for recently recruited members of staff were examined. All the required information and documentation had been obtained including an employment history against which any gaps in employment could be explored.

Checks against the Protection of Vulnerable Adults list were being made as well as with the Criminal Records Bureau.

The home had an induction programme that largely related to the premises and procedures in the home.

New staff that had started working in the home had not been provided with induction training to new staff under the nationally recognised Common Induction Standards. These standards have been developed by Skills for Care and set down minimum expectations as to the learning outcomes that need to be met so that new workers know all they need to know to work safely and effectively. The need for induction training had been discussed at previous inspections prior to the employment of new staff.

One member of staff had undertaken various training with their other employer although this had not been checked. Consideration should also be given as to the suitability of any training in relation to working in the care home environment.

A resident spoken to during the inspection visit described the staff as "*Good workers*"

# Management and Administration

## The intended outcomes for Standards 31 – 38 are:

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

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

This is what people staying in this care home experience:

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

#### **31,33,35 & 38**

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.

Although assessed as adequate, there are serious failings regarding the management of the home, such as repeated failures to address previous requirements, that place residents at risk. Some quality checks are in place although further development of this area is needed as well as staff training in some important areas to ensure that the safety and welfare of residents is fully promoted and protected.

#### **EVIDENCE:**

The manager has been registered since April 2007. She had completed an NVQ level 4 in care as well as the registered manager's award. She had recently

undertaken medication training and was to attend training in infection control and health and safety.

The registered manager reported that she was yet to receive a copy of a job description from the responsible individual although it was noted that this had been drawn up at the previous Key inspection in August 2008. This would be a useful reference point for the expected role of the registered manager in the home. There was no specific time allocated to fulfil the management role and as at the previous key inspection it was reported this has to be carried out between care duties or in the manager's own time. Consideration should still be given to some set hours for management duties.

The home had no formal quality assurance system in place. It was reported that the responsible individual had undertaken visits and compiled reports under regulation 26 of the Care Homes Regulations. Although these were not in the home at the time of the inspection visit and had been taken to the home of the registered manager for work to be carried out. These will be looked at in a future inspection visit and must be kept in the home at all times.

In addition a member of staff conducts weekly meetings with a group of residents. The main purpose of the meetings is to decide the menu for the coming week although other issues are discussed. A written record of the meetings had been kept. Entries noted that there were no concerns about meals and that "*Meals had been enjoyed.*" This was a useful way of keeping in touch with the views of the residents. The home's AQAA document told us how a new menu board in the kitchen had been provided in response to a request by residents at one of the meetings.

Work had started on the use of surveys and audits as checks on the quality of the service with a number of survey forms under preparation.

An Annual Quality Assurance Assessment (AQAA) document was completed by the registered manager and returned to us. This gave us the information we asked for except for the section on 'Choice of Home' that was missing.

The home provided secure facilities for resident's money. The amount held for three residents was checked with one having slightly more than the amount recorded and two having the correct amount.

Some staff had received training in moving and handling, first aid and basic food hygiene. Three new members of staff had not received training in these areas and this must be provided.

However despite requirements at the previous two key inspections, the situation remained that some staff had still not undertaken training in infection control or fire safety and this situation must be addressed.

Checks have been carried out on electrical appliances and the electrical system in the home. Checks on window restrictors are carried out by the responsible individual. Weekly checks had been carried out and recorded on hot water temperatures from wash basin taps in residents' rooms. These had been maintained at appropriate levels.

The bath hoist had been serviced in April 2009 and although it was reported that the stair lift had received a recent service, no documentation regarding this could be found. Following the inspection visit it was reported that a repair had been carried out in May 2009 and the lift was due a service in August 2009.

The central heating system had been serviced in February 2009.

The Legionella risk assessment was checked although some work had been done towards reviewing this it was still not in line with the guidelines published by the Health and Safety Executive as recommended at previous inspections. Bottles of cleaning substances had been left in a toilet and stored on a high shelf although not locked securely away. This was pointed out to the registered manager and the responsible individual and action was taken to provide a locked storage cupboard where the substances were locked away by the end of the inspection visit.

The Control of Substances Hazardous to Health (COSHH) was in need of updating. Consideration should also be given to providing a training update for the registered manager and other selected staff in the Control of Substances Hazardous to Health).

The home had a fire risk assessment recorded in 2005 although had not had a recent visit from the fire safety officer.

The accident book was checked and there were two accidents recorded where medical assistance had been sought for the resident that had not been reported to the Commission.



# 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

<b>CHOICE OF HOME</b>	
<b>Standard No</b>	<b>Score</b>
<b>1</b>	X
<b>2</b>	X
<b>3</b>	2
<b>4</b>	X
<b>5</b>	X
<b>6</b>	N/A

<b>HEALTH AND PERSONAL CARE</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	3
<b>8</b>	3
<b>9</b>	2
<b>10</b>	3
<b>11</b>	X

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

<b>COMPLAINTS AND PROTECTION</b>	
<b>Standard No</b>	<b>Score</b>
<b>16</b>	3
<b>17</b>	2
<b>18</b>	1

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

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

<b>MANAGEMENT AND ADMINISTRATION</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	3
<b>32</b>	X
<b>33</b>	2
<b>34</b>	X
<b>35</b>	3
<b>36</b>	X
<b>37</b>	X
<b>38</b>	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.	OP9	13 (2)	Measures must be taken to ensure that residents' medication is always stored at the correct temperature. This is to ensure that the potency of residents' medication is not adversely affected by storage temperatures that are too high.	31/10/09
2.	OP9	13 (2)	Medication administration or omission must be signed for as an accurate record that residents are receiving the medication that they require to meet their health needs.	30/09/09
3.	OP9	13 (2)	Handwritten directions on medication administration records must be signed and dated by the staff member making the entry and checked and signed by a second staff member. This is in the interests of safe medication administration. <b>This requirement has been repeated from the previous key inspection.</b>	30/09/09
4.	OP18	37	Any allegation or suspicion of abuse of a resident must be	30/09/09

			reported to the Commission without delay. This is so that checks can be made that the registered provider has taken action to protect residents in the home.	
5.	OP18	13 (6)	Arrangements must be in place to ensure that where allegations of abuse are made about a resident that appropriate action is taken at the time to ensure that residents in the home are fully protected.	30/09/09
6.	OP18	13 (6)	All care staff must receive training in protecting residents from abuse. <b>This requirement has been repeated from previous inspections.</b>	30/09/09
7.	OP30	18 (1)	Induction training must be provided to new staff in line with the Common Induction Standards so that residents are cared for by competent staff. <b>This requirement has been repeated from previous inspections.</b>	30/09/09
8.	OP33	17	Reports of visits made under regulation 26 of the Care Homes Regulations must be kept in the care home. This is so that they are available for any inspection.	30/09/09
9.	OP38	23 (4A) (b)	Staff must undertake appropriate fire safety training in line with current fire safety regulations in order to ensure the safety of residents. <b>This requirement has been repeated from previous inspections.</b>	30/09/09
10.	OP38	13 (3)	Staff must receive training in infection control procedures in order to promote the wellbeing and safety of residents. <b>This requirement has been repeated from previous inspections.</b>	30/10/09
11.	OP38	13 (5)	All care staff must receive	30/11/09

			training in moving and handling in order to promote the wellbeing and safety of residents.	
12.	OP38	16 (2) (j)	Staff must receive training in food hygiene in order to promote the wellbeing and safety of residents.	30/11/09
13.	OP38	13 (4)	Staff must receive training in first aid in order to promote the wellbeing and safety of residents.	30/11/09
14.	OP38	37	The home must check if any accident to a resident is notifiable to the Commission and report this accordingly. This is so that checks can be made that the registered provider has taken appropriate action in the interests of the resident's health and welfare.	30/09/09

## RECOMMENDATIONS

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

No.	Refer to Standard	Good Practice Recommendations
1.	OP3	The pre admission assessment document should include an area for checking if any prospective resident has a history of falls.
2.	OP7	Where a resident is subject to Care Programme Approach arrangements the home should request copies of any relevant documentation from mental health services.
3.	OP9	Checks should be made on the storage temperatures for medication stored in the cupboard near to the cooker particularly when this is in operation.
4.	OP9	All medication containers should be dated on opening as an indication as to their expiry date.
5.	OP9	Protocols or plans should be developed as a guide to staff in giving medication prescribed on an 'as required' basis.
6.	OP9	Topical creams should not be stored in the communal bathroom.

7.	OP9	Give consideration to the fact that current storage arrangements do not meet legal requirements for storing controlled drugs.
8.	OP9	MAR charts should be checked for any gaps in the recording of medication administration and if any are found these should be investigated.
9.	OP26	Review the arrangements for storing uncovered vegetables in the laundry.
9.	OP28	Continue to work towards improving the level of staff NVQ training in the home.
10.	OP30	Where staff have undertaken training with another employer then this should be checked with regard to relevance for working in the care home.
11.	OP31	The registered manager should receive a copy of her job description.
12.	OP31	The registered manager should be allocated set hours in which to carry out management duties.
13.	OP38	The Legionella risk assessment should be checked against Health and Safety Executive guidelines.
14.	OP38	Consideration should be given to providing an update in COSHH training for the registered manager and other staff.



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