

Key inspection report

Care homes for older people

Name:	Royd Hill Nursing Home
Address:	Royd Hill Nursing Home Sutton Lane Sutton in Craven Keighley West Yorkshire BD20 7AJ

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

Lead inspector:	Date:
Bridgit Stockton	0 8 1 2 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

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Information about the care home

Name of care home:	Royd Hill Nursing Home
Address:	Royd Hill Nursing Home Sutton Lane Sutton in Craven Keighley West Yorkshire BD20 7AJ
Telephone number:	01535633499
Fax number:	01535636668
Email address:	roydhill1@googlemail.com
Provider web address:	www.roydhill.co.uk

Name of registered provider(s):	Royd Hill Nursing Homes Ltd
Type of registration:	care home
Number of places registered:	46

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	46	0
mental disorder, excluding learning disability or dementia	10	0
old age, not falling within any other category	0	46
Additional conditions:		
The maximum number of service users who can be accommodated is: 46		
The registered person may provide the following category of service only: Care home with nursing - Code N, to service users of the following gender: Either, whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP; Dementia - Code DE; Mental Disorder, excluding learning disability or dementia - Code MD (maximum places 10)		
Date of last inspection	0	6
	0	8
	2	0
	0	0
		9
Brief description of the care home		
Royd Hill is a care home providing nursing care for up to 46 service users who have general nursing care needs, dementia and mental illness and those who are terminally ill.		

Brief description of the care home

The original building, which is in stone, circa 1900 was a Mill owners dwelling and an extension was built on about fifteen years ago. The accommodation is on three floors, including the basement and there is a vertical lift to facilitate level transfer to all of them and a stair lift from the ground to first floor is also provided.

The home is located in Sutton-in-Craven and is situated in well-laid out private grounds with ample parking facilities for visitors and staff.

The fees charged on the 26th February 2009 was from three hundred and ninety two pounds seventy four pence to five hundred and eighteen pounds twenty pence.

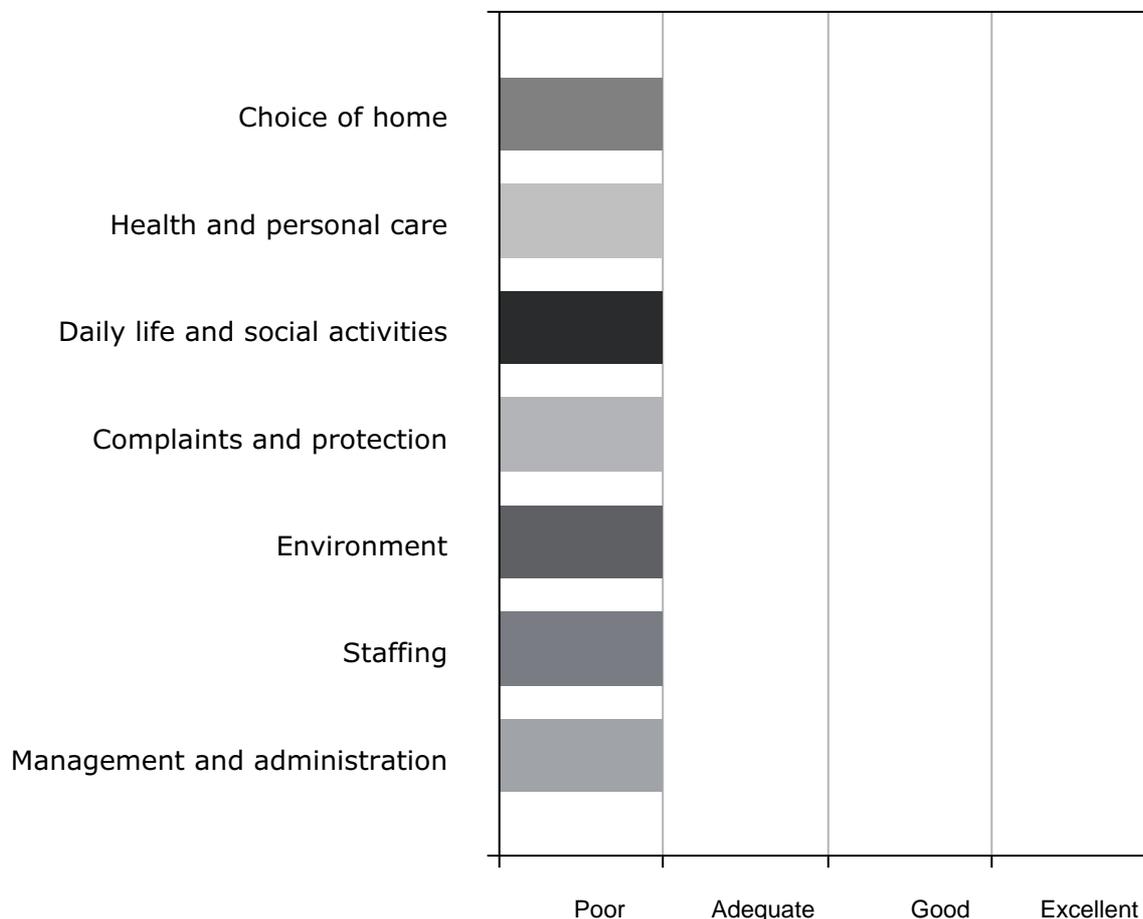
Summary

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

The quality rating for this care home is:

zero star poor service

Our judgement for each outcome:



How we did our inspection:

The inspection of Royd Hill care home took place over two days, two regulatory inspectors carried out the visit and were assisted by a specialist pharmacy inspector on the first day. We did this inspection using our power to seize documents that we may use as evidence if we need to take any further action if the home does not do what we ask of them. This is in relation to making sure that the home operates properly and that people are looked after and cared for safely.

We also gathered other information by talking with the people who live at the home, their relatives and the staff who were on duty at the time of the inspections. In addition we also looked at some other documents, and observed how staff support and care for people. Mr Trehan who owns the home and is the registered provider was given feedback on the first day of the inspection, on the second day we told the acting manager of the home what our findings were. She took detailed notes and told us she would pass the information on to Mr Trehan.

At the end of the first day of the inspection we issued two immediate requirement

notice's. One was regarding a fire door that did not close properly and the second was about making sure that if people had bed rails fitted to their bed that rails where safe to use, were fitted correctly and compatible with the bed.

What the care home does well:

People told us that the food was well cooked and that they enjoyed the meals they were given.

People who live at the home also told us that staff were very hard working and kind.

What has improved since the last inspection?

There have been no improvements at the home since the previous inspection.

What they could do better:

When we carried out our inspection we identified a number of areas where the home was failing to provide a good quality and safe service. Very little progress has been made in meeting with the requirements set in the previous inspection of the service and there have been numerous requirements made from this inspection. Care plans and risk assessments are not written in sufficient detail to ensure people's assessed needs are met properly and safely. The way in which people's medication is administered puts some people who live at the home at risk. We found that in some cases medication it is not given in accordance with the prescriber's instructions. On some occasions medication has been out of stock at the home for a long period of time. Some people felt they were not listened to when they complained, and some said they felt they could not speak out and complain. We saw that when a complaint is received by the home it is not dealt with promptly and the homes own complaints procedure is not followed. The home is dirty and poorly maintained. Staff are not provided with the correct equipment to do their jobs safely.

The knowledge and nursing skills of some staff who are employed at the home is limited. There is no leadership from the nurse in charge of the shift. Each nurse that we spoke to thought that things were never their responsibility and had difficulty in accepting accountability. Staff are not recruited safely and checks to make sure that people are safe to work with vulnerable people are not always carried out before someone starts work at the home. Putting people who live at Royd Hill at risk of harm. Staff have had little or no training in fire prevention, safeguarding vulnerable people, medication administration, moving and handling, first aid and health and safety. This means that staff are not fully trained or updated in how to care for people safely. Some certificates to ensure that equipment had been maintained and was safe to use were not available for inspection.

The home has been without a registered manager for a long period of time. The people who live and work at Royd Hill Care Home would be better served by a competent manager being employed who has the skills and knowledge to manage the home. This will ensure that people who live at the home are kept safe and are cared for by a skilled and stable work force who can meet peoples assessed needs.

The provider is aware that the Commission has started enforcement proceedings, statutory notices have been served on the home and action must be taken by the registered provider to comply with these notices in order to avoid prosecution.

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

People are not properly assessed prior to moving into the home and therefore there is no guarantee that their care needs will be met.

Evidence:

The acting manager told us that she would visit people who have been referred to the home and carry out an assessment of need prior to admission. Information is also collected from other professionals, such as care managers and hospital staff.

We were told by the acting manager that people and their relatives are offered the opportunity to look around the home if they wish before making a decision, and there was also a home's brochure and service user guide for people to refer to.

At this inspection we looked at some assessment documentation used for assessing people. None of the assessments had been completed in full with some areas in the assessment left blank. In the absence of this information staff are unsure of what care

Evidence:

and support was needed to be provided to people upon admission. We looked at the case file of the last person who had been admitted to the home. There was no pre admission assessment for this person. We were told that this person was an 'emergency admission'. There was an assessment that had been completed by the placing authority contained in the file which gave basic information about the care this person required. Upon speaking to staff on duty they were unclear as to why this person had been admitted to the home, and could not give an accurate account of what care needed to be provided for this person.

Intermediate care is not provided at the home.

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

People health and welfare are being put at significant risk of harm due to poor care practices.

Evidence:

At the last inspection, we asked that people's care plans be written in more detail in order that staff have clear instructions and can deliver the right care to people in a consistent way. During this inspection we looked at six care plans in detail and randomly sampled several others. We found the recording in plans remains very poor and inconsistent with the actual care that person was receiving or required. Staff were vague when describing the care delivery and unable to confirm that they had read people's care plans.

We read that the district nurse visited a service user to dress a wound. Within the person's care plan was the district nurse's records of visits. When we spoke to the nurse on duty at the home she told us that she was unaware that this person required a dressing, or was visited by the district nurse.

Evidence:

We looked at some people's fluid and diet charts. They showed that people have had very limited drinks and food for a twenty four hour period. However when we looked into daily statements for these people for the corresponding day it said 'good diet and fluids taken.' All of the fluid intake charts had not been tallied up at the end the twenty four hour period. When we asked the nurses who was responsible for this, and who monitored peoples fluid intake none of them knew.

There was no reference in any of the files about the mental health, psychological or social needs of people and how they were managed by staff. This is very poor given that the majority of people who live at the home suffer from a dementia type illness.

Staff need training in how to interpret documentation used to assess whether a person is at risk of developing pressure damage and in addition basic assessments of wound classification. The nurses who were on duty during the inspection were unable to tell the inspectors how many people were suffering with pressure damage. We asked one nurse when a persons dressing was due to be changed, she replied 'when it falls off or gets wet'. Staff also need to make sure that there are completed risk assessments for people who may experience risks in their daily lives. For example, how staff are to manage behaviour which can quickly change, that may pose a risk and a challenge to others at the home. It would appear that currently staff manage challenging behaviour by the use of restraint. For example seating them in a chair that is too low for the person to stand up from unaided. One member of staff who spoke with the inspector said that this was how they managed one person who was prone to walking into other people's bedrooms.

A pharmacy inspector also visited Royd Hill and looked at how people's medication was looked after by the home. We looked at a sample of medicines stocks and records. Most medicines were supplied in a monitored dosage system and this was use correctly. But, it was of concern that, as seen at previous visits, we found examples where the amount of medicine left did not tally with what the medication administration record told us. We saw some records that showed that more doses had been administered than had actually received into the home. We were concerned to see that a painkilling patch was changed a day late on two occasions, on one occasion this was because there were none left in stock. On the day of the visit a second person had no stock of one of their liquid medicines. We found that prescribed creams were poorly managed, records were not always completed to show when they had been applied. Care plans did not always offer clear guidance to staff about where the creams should be used, or when they may be needed. Similarly, we saw one example where we found a lack of information and records showing the administration of a nutritional supplement. We spoke with two people, who applied their own creams,

Evidence:

they were happy with the arrangements made but there was no information within care plans about how self-administration was supported. In one case not all staff spoken with knew that a cream was being self-applied. Creams were stored within people's own rooms, we found stocks were not well managed finding old, unlabeled and creams without lids on. It is important that all medicines including external preparations, like creams, are used correctly to ensure people receive the treatment they need.

We looked at medicines administration. All medication is administered by qualified nursing staff except external preparations (e.g. creams). The application of creams is carried out by care staff. Consideration should be given to the N.M.C. (Nursing and Midwifery Council) standards for medicines administration when delegating this task to help ensure peoples' needs are best met. We saw that some people were prescribed medicines that need to be administered before food. Staff explained that , nurses knew which people needed to have medicines before breakfast. It is of concern that this reliance on memory increases the risk that special instructions may be missed.

Most of the medication administration records were pre-printed by the pharmacy but, as previously seen, where handwritten entries were made these were not checked and witnessed by another staff member. This is recommended to reduce the risk of errors. We saw occasional gaps in the medicines administration records where administration or the reason for non-administration was not recorded. We found that record keeping needs to improve to better support and evidence the safe administration of medication. Regular written medicines audits (checks) were not carried out at the home. This is recommended to help ensure that any weaknesses will be promptly identified and addressed.

We have commenced enforcement proceedings regarding some of the issued raised concerning the health, safety and welfare of people, this includes the lack of accurate care records including care plans and risk assessment and management documentation.

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

People are not stimulated, and are bored. Staff do not engage or encourage people to make choices about how they spend their days.

Evidence:

During the inspection we spoke to some visitors at home. They told us that they could visit the home any time. We were told that they were kept informed and receive important information from the home, for example if the doctor's visit their relative and what the outcome was. We found that some people's choice over how they spend their day at the home was limited and mainly dictated by routine within the home. People were not given a choice as to when they could bathe or shower. We were told 'I get bathed weekly on a Tuesday if I refuse I don't get the chance of another'. A member of staff told us 'if people refuse a bath or shower they do not get offered another.' We also saw evidence of lists of 'daily duties for carers' which were not flexible to the residents that lived at Royd Hill. For example one instruction read 'any resident needing a bath or shower will have breakfast first' another instruction said '11:00hrs all carers toileting all residents including cricket floor. When toileting is finished, then residents may be brought down for lunch.' Staff confirmed that they generally tried to keep this routine.

Evidence:

On the first day of the inspection staff were decorating the home with Christmas decorations. Some people were sat in the lounge area watching them do this, the majority of people were in their bedrooms either asleep in the chair or else asleep on the bed. Some people at the home told us that they enjoyed the activities that were provided, and that the activities coordinator was 'very good'. Another person told us that they had recently been taken on a shopping trip and had really enjoyed themselves. There were some organised events planned for celebrating over Christmas that included a carol concert and a Christmas party. However some people told us they were 'bored'. One person told us that they would just like staff to spend a couple of minutes passing the time of day but that 'it rarely happens'. During both days of the inspection people who live on the dementia care unit were sat in the lounge area or in their bedrooms with no stimulation other than watching television. Staff were sat in the lounge area also watching television with the residents.

People told the inspectors that they enjoyed the food that was provided at the home. People were given a choice of what they would like to eat. The meals looked nicely presented and appetising. On the second day of the inspection we were told that the choice was liver and onions or poached salmon. We were told that the cook does 'home baking' .We saw freshly cooked scones and cakes that had been prepared for tea time.

We saw people being offered hot drinks and biscuits by staff regularly. Within the communal areas and in some people's bedrooms there were also jugs of juice and water.

On the dementia care unit there are no facilities to make hot drinks for people. Often there was only one member of staff on duty to supervise these people. Therefore if somebody requires a hot drink the member of staff would either leave the unit to make the drink or else the person went without one. During the inspection we heard a person tell staff they were cold and would like a hot drink. The resident had to wait until the tea trolley arrived before they were given a cup of tea. The person said to the inspectors 'you don't get many hot drinks around here'. Consideration should be given to providing facilities on the unit to make hot drinks. alternative arrangements must be made to provide hot drinks when people require them

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

People are not being protected and are put at significant risk of harm due to the lack of understanding of staff as to what constitutes abuse.

Evidence:

One the first day of the inspection the inspectors told Mr Trehan about a complaint they had received regarding the laundering of someones clothes. Mr Trehan said he would look into the matter. On the second day of the inspection (a week later) we looked at the complaints record. There was no recording of the complaint. We asked the acting manager if it had been investigated, she said 'I think Mr Trehan was looking into this , but it looks like nothing has happened'. We asked people who live at the home if they knew how to complain. They said they would speak to staff and one person told us they had actually complained to Mr Trehan about the lack of staff in the home. There was no record of this complaint or the outcome of any actions recorded. One person we spoke to said 'if I say anything it comes back on me'.

Staff told us that they had been trained in the protection of vulnerable people. However when we spoke to them about how they would keep people safe and what action they would take if they thought someone was being abused or harmed they were very vague and unclear as to what they would do.

We read in peoples care plans of incidents that we considered to warrant an investigation under safeguarding procedures. We asked the senior nurse on duty if these incidents had been referred for investigation, she was unsure, therefore the inspectors took action and referred these incidents to the local authority who are the

Evidence:

lead agency in these matters to investigate.

All staff (including the registered provider) must receive refresher training in abuse awareness, in order that they are clear about what constitutes abuse, and what action must be taken if they suspect that a person has been mistreated. Measures need to be in place to ensure that staff have fully understood this training.

Environment

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People do not live in a clean, comfortable or safe environment.

Evidence:

We looked around the home. There was a stale smell of urine in all the communal lounge areas and in some people's bedrooms. The surfaces in people's bedrooms were dirty and sticky and some bedrooms were in need of a deep clean, some carpets were stained and some flooring needs replacing. At the last inspection we asked that some carpets be replaced as they were ripped or had been cut away around the washbasins in people's bedrooms. This has not been done. We looked at the laundry room the flooring is worn and there is a large crack in the floor where dirt and bacteria would be harboured, it is also a trip hazard for staff using the laundry. The flooring needs replacing. There is very limited space in the bathrooms at the home. We found that the majority of bathrooms are used to stored equipment. For example in the dementia unit, the bath side had three glass vases stood on it, and hung over the bath was plastic sheeting. In several bathrooms trolleys had been set up with towels, bed linen and incontinence products. Tied to the side of one of these trolleys was a bag containing communal socks, stockings and net pants. When staff were asked who the items belonged to they told us they were 'spare'. The socks were labeled with a person's name and we asked staff to return the socks to the person. Staff replied 'their dead, we use them if we need them for someone if we run out'. The bathrooms off the corridors do not have doors but have privacy curtains across the doorway. All

Evidence:

of these curtains were dirty, one was heavily stained and marked with urine and faeces. In the upstairs communal bathroom the shower chair had faeces smeared on the seat, and the toilet seat and toilet pan were also heavily stained with faeces. The domestic assistant confirmed that the bathroom had 'just been cleaned'. We were told by another domestic assistant that there were no disposable gloves left to use. The nursing and care staff confirmed this. The use of disposable gloves is a basic measure for stopping the spread of infection. People who live and work at the home are being placed at risk because this equipment is not being supplied. We were told by staff that they were applying topical cream to people without the use of gloves. We also saw that some medication had not been administered because gloves were required to do this. The nurse told us that she had ordered some gloves to be delivered on the day of the inspection. All of the liquid soap dispensers in the toilets or bathrooms were empty. Care staff told us that they are never replenished, and often the home is without paper towels.

Upon inspection the kitchen was extremely dirty. The cook told us that that he did not have any help in the kitchen to keep on top of the kitchen cleaning schedules. Mr Trehan the home owner told us that there was a vacancy in the kitchen for a kitchen assistant. However the kitchen and the equipment require a deep and thorough clean. Food needs to be labeled and stored properly to avoid cross contamination of food and reduce the risk of infection. We looked at the environmental health report for the kitchen, some areas that had been identified from this inspection that took place in October had not been actioned. For example the visiting environmental health officer had asked that the wooden kitchen units and worktops be replaced to allow for proper cleaning and disinfecting, this had not happened.

The home is untidy. Old and disused equipment is left in bathrooms or bedrooms. Cupboards are untidy and the home is generally dirty and grubby and in need of a thorough clean.

The home has two pet cats. The litter tray for the cats was placed in the conservatory that people have access to and use. The litter tray on both days of the inspection had been used by the cats but had not been cleaned.

At the last inspection we asked that people were provided with hot water an adequate hot water supply to their wash basins in their bedrooms. In addition we also asked that people had adequate heating supplied to their bedrooms as well. Despite Mr Trehan telling us that a plumber had visited the home to do this the situation has not been resolved. One person told us that 'you have to run the water forty five minutes before it gets hot'. This has now been an outstanding problem for some time and is

Evidence:

unacceptable. We also saw in several peoples bedrooms supplementary heating, such as free standing radiators and heaters. Several people told us that they felt cold. Mr Trehan must look at further investment in the decor, furnishings, assisted bathing facilities and equipment at the home. For example, providing bathrooms that are practical and meet the needs of the residents and the staff who help them, and by refitting the kitchen with surfaces that can be disinfected and cleaned properly.

We have started enforcement proceedings regarding some issues concerning the cleanliness of the home.

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

Poor recruitment procedures, coupled with a lack of skilled, knowledgeable staff employed at the home, puts people who live there at risk of harm and neglect.

Evidence:

We inspected staff files and we saw that staff had not been recruited properly. A nurse who was on duty at the time of the inspection had not had any checks carried out on her to make sure she was safe to work with vulnerable people. We spoke to a newly appointed member of staff who told us it was her second day of working at the home, and that she had worked unsupervised for most of the morning. We asked if she had been given any training during the induction period she said 'I have seen the hoist being used this morning but I would not like to use it on my own '. She was also asked if she had received any fire training or instruction she replied 'no'. We looked at this persons recruitment file. There were no references or current criminal record bureau check obtained prior to this person commencing work at the home

We looked at the duty roster and check that the people who were rostered to work were present. On the first day of the inspection we saw that two members of care staff had 'swapped shifts', however the roster had not been altered.

Staff told us that the home owners son often alters the duty rota and rotstered staff for extra shifts without asking staff. Staff told us that they were not happy about this as they work very long hours and that they were tired.

We could not find any up to date information about the training that staff had

Evidence:

received. A member of staff told the inspectors that they had attended some training in moving and handling and infection control earlier in the year. Two staff training files were examined. The training certificates in both files were not current. Neither member of staff had been trained in moving and handling people since 2005, health and safety was last completed by them both in 2005 and first aid in 2007.

The nurses who were on duty during the inspections did not appear to be competent in carrying out some basic nursing procedures and were unaware when they were in breach of their code of conduct as nurses. For example we saw the medication trolley left open and unsupervised, and the medication drugs fridge was left unlocked. When we asked the nurses about the care people were receiving they were unclear about what care they should be providing.

We have started enforcement proceedings regarding some issues concerning the recruitment and training of staff at the home.

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

In the absence of any clear leadership and support from the registered provider, the health welfare and safety of people who live and work at the home is at risk.

Evidence:

The home does not have a registered manager. Currently a manager from another home is over seeing the home until a manager can be recruited. Staff told us that they miss the support and leadership of a manager on a day to day basis, and hoped one would be appointed to the home soon. The staff told us that the home owner does not listen when they raise concerns with him and is dismissive of them.

The home helps to look after some people's personal allowances. We checked some of the records and cash balances that were available. The records were found to be correct and the money was securely stored. The health and safety records were disorganised. We were unable to tell if all the regular health and safety checks for the home had been carried out. It did not appear that all of the staff have received basic health and safety training. Therefore the health, safety and welfare of the people who

Evidence:

live at the home is not being promoted or safeguarded. We were shown a report from the fire and rescue services that asked that some work be carried out on the home regarding fire safety. The acting manager was unable to tell us if this had been completed. We saw that a fire door did not fit correctly into the door frame, in the event of a fire the door would not be viable in deterring the spread of smoke and fire. We left an immediate requirement that the door must be repaired straight away.

During the first day of the inspection we saw that some people had bed rails fitted to their beds. Some of the rails did not fit correctly. We left an immediate requirement that all the bed rails were checked and that they fitted properly and were suitable for use with the bed. On the second inspection we were told by the acting manager that this had been done. We observed in one persons bedroom some bed rails that were in use but not fitted with any protectors. Protectors are used to stop people injuring themselves on the bed rails. The persons care plan said they needed the rails and protectors to be in situ when they occupied the bed. We were told that the maintenance man checks that the bed rails are fitted properly and that the protectors are also used. We looked at the bed rail check list that the maintainance person completes. We saw from this documentation that the bed rails throughout the home had been checked on the day of the inspection (08/12/09). However we saw that the word 'none ' had been put next to this room number where we saw the bed rails without protectors. No follow up action was recorded and the nurse in charge said she had not been made aware that there were no protectors for these bed rails. We did not see evidence that accidents and safeguarding incidents are being properly managed properly. A number of people have had accidents. In the absence of any accurate records it is unclear whether people have received appropriate medical attention or appropriate action has been taken to prevent further accidents and keep them safe.

We were concerned because staff had not received appropriate fire, manual handling training, first aid or infection control training.

We have started enforcement proceedings regarding some issues concerning the how peoples health safety and welfare is manage at the home.

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	14	<p>Care plans must be written in sufficient detail to ensure that the care that is been given is appropriate and can be evaluated for it's effectiveness.</p> <p>To ensure people are not put at unnecessary risk of harm.</p> <p>This is now being dealt with under enforcement procedures, using regulation 15</p>	07/12/2009
2	19	13	<p>The registered provider must make sure that all parts of the home are safe and kept warm and that hot water is available in people's bedrooms.</p> <p>This makes sure that people's health is not put at risk.</p> <p>This is now being dealt with under enforcement procedures.</p>	25/05/2009
3	19	13	<p>The carpets identified at the inspection that were worn or damaged need replacing In order that peoples health and safety is maintained.</p> <p>This is now being dealt with under enforcement procedures.</p>	08/12/2009

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
4	26	23	<p>There must be an adequate hot water supply to all hot water outlets in the home To enable people to wash and keep hygienically clean.</p> <p>This is now being dealt with under enforcement procedures using regulation 13.</p>	08/10/2009
5	27	18	<p>The registered person must review the staffing rota to make sure that there are enough staff with the necessary skills to look after people properly.</p> <p>This makes sure that people's care needs are met at all times.</p> <p>This is now being dealt with under enforcement procedures using regulation 12.</p>	25/05/2009
6	27	18	<p>Staffing numbers and skill mix of staff must be appropriate to the assessed needs of the service users, the size, layout and purpose of the home, at all times.</p> <p>In order that peoples assessed needs can be met safely.</p> <p>This is now being dealt with under enforcement procedures using regulation 12.</p>	02/10/2009

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
1	38	13	<p>The fire door that was identified during inspection needs to shut properly into the rebate of the door frame.</p> <p>This is to make sure that in the event of a fire the closed door will stop the spread of fire.</p>	01/12/2009
2	38	13	<p>Bed rails must be fitted properly, checked on a regular basis and be compatible with the bed they are fitted to. Bed rail protectors must be fitted to avoid injury or entrapment, and a clear documented risk assessment that is reviewed regularly must be completed. This will make sure people are safe and the risk of harm from using this type of equipment is reduced.</p> <p>WE are dealing with this under our enforcement procedures.</p>	01/12/2009

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
1	3	14	<p>People's care needs must be properly assessed before they move into the home.</p>	25/01/2010

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			This will make sure that the home has enough resources and the correct facilities to be available to meet the person's needs fully.	
2	7	13	<p>To avoid harm people who live at the home must have in place documented risk assessments and risk management plans</p> <p>To make sure that staff have clear instructions on how to manage an identified risk in order to keep people safe from harm.</p> <p>We are dealing with this under our enforcement procedures.</p>	25/01/2010
3	9	13	<p>Where people choose to self-administer medication risk assessments need to be completed and care plans kept up-to-date</p> <p>to help ensure they receive any help they may need to do so safely.</p>	25/01/2010
4	9	13	<p>Medication, including external preparations, must be safely administered as instructed and sufficient stocks maintained</p> <p>to enable continuity of treatment.</p>	25/01/2010

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
5	11	12	<p>The use of communal clothing and toiletries must stop.</p> <p>This will ensure that people's right to dignity is protected.</p>	25/01/2010
6	14	12	<p>People who live at the home should be offered a choice over how they wish to spend their days. This must be documented, and routines must be flexible to meet individual preferences.</p> <p>This will give people autonomy and choice and provide a more stimulating fulfilling lifestyle.</p>	25/01/2010
7	16	22	<p>Any complaints made by people who use the service or their representatives must be fully investigated and a written record of the action taken and the outcome of the complaint kept.</p> <p>This will make sure that people can be confident that their complaints will be listened to, taken seriously and acted upon in a timely way.</p>	25/01/2010

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
8	18	13	<p>All staff who work at the home must be given refresher training in the protection of vulnerable adults.</p> <p>To make sure people are safe and to protect people from harm</p>	25/01/2010
9	26	13	<p>All areas of the home must have a deep and thorough clean. Equipment that is no longer used should be removed from bathrooms and unoccupied bedrooms and either stored or disposed of properly</p> <p>This will make sure people live in a safe and clean home.</p> <p>We are dealing with this under our enforcement procedures.</p>	25/01/2010
10	26	13	<p>There must be available in the home a supply of disposable gloves and aprons at all times. Basic infection control equipment must be supplied for all staff. Soap and paper towels must also be made available at all hand washing facilities. This will reduce the risk of spreading infection throughout the home.</p>	25/01/2010

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			We are dealing with this under our enforcement procedures.	
11	26	13	<p>The floor in the laundry needs repairing or replacing where large cracks have appeared in the concrete, and the floor covering needs replacing.</p> <p>To reduce the risk to staff tripping when working in the laundry and to make it safe.</p> <p>We are dealing with this under our enforcement procedures.</p>	25/01/2010
12	27	17	<p>The duty rota must detail all staff who are on duty and what shifts they have been rostered to work. This must include the first and surnames of all staff.</p> <p>So you can determine which members of staff are on duty and a accurate record is maintained</p>	25/01/2010
13	29	19	<p>Staff must have undergone appropriate recruitment checks before starting work at the home.</p> <p>This will make sure that people are not put at risk of harm from poor recruitment procedures.</p> <p>We are dealing with this</p>	25/01/2010

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			under our enforcement procedures.	
14	30	18	<p>All staff should be appropriately trained to help them to maintain the health, safety and well being of people living in the home and themselves. This must include training about the specialist needs of people such as dementia care.</p> <p>To ensure that staff are qualified and competent for the job they are doing.</p>	25/01/2010
15	38	13	<p>Valid safety certificates must be produced to demonstrate that equipment used in the home is safe.</p> <p>This is so people who live and work at the home are kept safe.</p>	25/01/2010
16	38	13	<p>Any accident must be recorded in sufficient detail, monitored and appropriate healthcare support provided.</p> <p>So people who live at the home are safe and have all their needs met.</p>	25/01/2010

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	9	<p>It is recommended that when changes or additions are made by staff to a person's medication administration record, a second person should witness these changes and sign the record. This will reduce the risk of any error being made.</p> <p>Regular written medicines audits should be completed to help ensure that should any weaknesses arise they can be promptly addressed.</p>
2	15	Consideration should be given to supplying the units within the home with facilities to make hot drinks.
3	16	It is recommended that a written record of all complaint outcomes is kept in accordance with the homes complaint procedure.

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