

# Key inspection report

CARE HOMES FOR OLDER PEOPLE

Orton Manor Nursing Home

64-70 Birmingham Road  
Water Orton  
Birmingham  
West Midlands  
B46 1TH

*Lead Inspector*  
Michelle McCarthy

*Key Unannounced Inspection*  
4th September 2009 11:00

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>	Orton Manor Nursing Home
<b>Address</b>	64-70 Birmingham Road Water Orton Birmingham West Midlands B46 1TH
<b>Telephone number</b>	0121 749 4209
<b>Fax number</b>	0121 749 4249
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	RSV Care Limited
<b>Name of registered manager (if applicable)</b>	Manager post vacant
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	40
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (40)

# SERVICE INFORMATION

## Conditions of registration:

1. 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 (OP) 40
2. The maximum number of service users to be accommodated is 40.

## Date of last inspection

This is the first inspection of this service since it was registered with us in February 2009.

## Brief Description of the Service:

Orton Manor Nursing Home is situated in the village of Water Orton and is near local transport links. It is a short walk away from the village and its amenities, such as shops, places of worship, library, post office and banks.

The care home is on a main road with a large frontage and has gardens at the rear with flower beds, lawns and a patio area for people to use. There is parking for 12 cars in the home's car park.

Accommodation is provided over two floors connected by a passenger lift. There are 34 single bedrooms and three shared bedrooms; ensuite facilities are provided in 23 bedrooms. There are communal lounge and dining areas on both the ground and first floor.

Written information about the current scale of charges was not available on the day of this inspection visit.

# SUMMARY

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

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

This service was purchased by new owners in February 2009. This is the first inspection of this service since it was registered.

Before the inspection, we looked at all the information we have about this service, such as information about concerns, complaints or allegations, incidents and previous inspection reports.

We visited the home on Friday 4<sup>th</sup> September 2009 between 11.00am and 6.30pm. We did not tell the home we were coming on that day.

There were 32 people using the service on the day of our visit.

We used a range of methods to gather evidence about how well the service meets the needs of people who use it. We talked to people who use the service and observed their interaction with staff. We looked at the environment and facilities provided. We checked records such as people's care plans and risk assessments and other records relating to the management of the home such as staff files and duty rotas.

We sent questionnaires to people using the service. Two were returned to us. Their comments are included in the report.

We identified three people using the service for case tracking. This is a way of inspecting that helps us to look at services from the point of view some of the people who use them. We track people's care to see whether the service meets their individual needs. We talked to the relative of one person and chatted informally with other people living in the home.

The home's manager was on leave on the day of our inspection but the care co-ordinator was deputising in her absence. We talked to two nurses, two care staff, the cook, a housekeeper and the administrator.

At the end of the visit we discussed our preliminary findings with the care manager.

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

People are provided with information to help them make a decision about whether the home is suitable for them.

People's personal care needs are met, which promotes their dignity. People told us, 'They do everything I need.'

People are protected from harm by the safe management of medicines.

People are treated respectfully.

Visitors are made welcome, which supports people to maintain their important relationships.

People benefit from a nutritious and varied diet and are given sensitive assistance to eat. People told us, 'Good choice of food – always good quality meals.'

People living in the home can be confident that their concerns will be listened to and acted upon.

The ongoing maintenance and refurbishment programme means people can be confident the standard of the environment will be improved and maintained.

There are enough staff on duty to meet the needs of people using the service.

Checks are made before staff start working in the home to make sure they are safe to work with vulnerable adults.

Staff have access to training to make sure they have the skills required to meet people's needs.

People's comments about the staff included,

'Staff are always friendly'

'They are always willing to assist'

'They do everything that is required of them'

The service is managed effectively. People can be confident the service is run in their best interests. People told us, 'The home is very well run and has all the residents' interests at heart.'

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

This is the first inspection since this service was registered with new owners in February 2009.

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

Action must be taken when staff identify that a person has lost weight. This is to make sure the risk to people's health managed.

Safeguarding plans must be developed and recorded when a person is identified as being at risk of abuse. This is to make sure staff have the information they need to safeguard people from abuse.

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

## 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)

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 and 4

People using the service experience **adequate** quality outcomes in this area.

People are provided with information to help them make a decision about whether the home is suitable for them. There are procedures in place for an assessment of people's needs before they move into the home, but these are not always followed which could mean people's needs are not met.

We have made this judgement using a range of evidence, including a visit to this service.

### EVIDENCE:

The new owners have developed a service user guide that provides people with sufficient information about whether the home is suitable for them.

People told us their relatives visited and were shown round the home, which helped them make a decision about whether to move in.

We spoke to one relative who told us staff were very helpful and answered any questions about the service provided before their mother moved in.

The care co-ordinator described the pre admission assessment process. The service receives a referral from either a social worker, family member or the person themselves.

The manager visits the person at home or in hospital and undertakes an assessment of their needs and abilities. Information is also provided by other health and social care professionals. This should mean that the manager has sufficient information to confirm whether people's needs can be met.

We looked at the care files of two people who were admitted to the home in the last six months to assess the pre admission process.

There was no pre admission assessment available in one of the files. Staff explained the person had been admitted to the home as an emergency, so there was no time available to visit to undertake their own assessment. A social worker's assessment was available in the file, which was received on the day of the person's admission to the home. The social worker's assessment made a reference to a safeguarding issue concerning the person, there was no details of this recorded in the care file. We asked staff who told us the person was admitted to the home as part of a safeguarding strategy. Staff failed to record details of this when the person was admitted to the home, and no care plans for safeguarding were developed. This does not promote the safety of this person. There was evidence that care plans had been developed for all other needs.

Staff were unable to locate the pre admission assessment for the second person we case tracked. We agreed that the service could send this to us when the manager returned from leave. We received the assessment on 8<sup>th</sup> September. The assessment contained details of the person's needs and abilities. We recommend that the baseline assessment of needs is kept in people's care files so that staff can review the effectiveness of the care they deliver.

## 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 and 10

People using the service experience **adequate** quality outcomes in this area.

People living in the home are treated respectfully and are protected from harm by the safe management of medicines. People's personal care needs are met, which promotes their dignity. Risks to people's health are not consistently managed.

We have made this judgement using a range of evidence, including a visit to this service.

### **EVIDENCE:**

The new owners have reviewed the care planning process and have begun to implement their own organisational paperwork. It was evident from our examination of people's care files that this is in progress, but has not yet been completed.

We looked at the care files for three people identified for case tracking. Care files were standardised, well organised and easy to follow. This should mean that staff have good access to information about people using the service.

Care plans and daily records were available for most of people's needs. For example, For example, the care plans for all three people described in detail the equipment to be used to support people to move. This should mean people are moved safely.

We looked at the wound care plan for one person who developed a pressure sore. There was evidence of detailed wound assessment with photographs to 'map' the progress of the wound. A referral was made to the tissue viability nurse specialist and her advice was documented and transferred to the wound care plan. This should promote this person's health and well being.

The service uses a range of assessment tools to measure people's risk of developing pressure sores, falls and poor nutrition.

People's mobility care plans included actions to minimise any identified risk of falls.

The nutritional assessment tool in use does not effectively identify people's risk. The nutritional assessment for two of the people we case tracked gave a numerical outcome, but there was no 'key' available to guide staff as to the level of risk this indicated, which means the information is meaningless. One person's records documented a weight loss, but there was no evidence of action taken to investigate or increase the frequency of monitoring their weight. A care plan was not developed to reduce the risk of further weight loss. This does not promote the health and well being of this person.

Weight monitoring records for two other people demonstrated they sustained their weight.

There was evidence that action is not consistently taken to minimise the risk of developing pressure sores. We saw evidence in to care files of an identified increased risk where a care plan had been developed to minimise this, and appropriate pressure relieving equipment was in use. The third person was identified as having a high risk of developing pressure sores, but a care plan was not developed to minimise the risk. Records documented the person's skin was intact, and they were provided with a 'standard mattress' although the pre admission assessment identified the need for a 'foam mattress'.

People's records show they are supported to access other health and social care professionals such as GP, tissue viability nurse and optician.

We looked at the way the service manages people's medication.

A monitored dosage ('blister packed') system is used.

Medication is safely stored in locked trolleys which are kept in locked rooms (one upstairs and one downstairs). A medicines fridge is available with daily recordings of the temperature which was within recommended limits.

The arrangements for storing controlled drugs is satisfactory. A controlled drug register is accurately maintained. The contents of the controlled drug cabinet was audited and was correct.

Prescriptions are ordered for the medication required each month and are returned to the home before they are sent to the pharmacy for dispensing. The home retains photocopies of each prescription, which means they can be compared to the Medicine Administration Records produced by the pharmacy.

Arrangements are in place for the safe disposal of medicines. Staff maintain accurate records of receipt, administration and disposal of medicines so an audit trail can be made.

We observed safe practice when nursing staff administered medicines to residents.

People living in the home were observed to be treated with respect and their dignity maintained. For example, personal care was provided in private and residents were spoken to respectfully. During observation of working practice it was evident that staff are knowledgeable about the likes and dislikes of people living in the home and were kind, caring and attentive towards them.

People's personal care needs appeared to be well supported by staff. People were evidently supported to choose clothing appropriate for the time of year which reflected individual cultural, gender and personal preferences.

People's comments about the care they receive included,

'Good control of medication'

'They do everything I need.'

'I think I've improved since I moved in.'

## 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 and 15

People using the service experience **adequate** quality outcomes in this area.

There are limited opportunities for people to participate in recreational activities. Visitors are made welcome, which supports people to maintain their important relationships. People benefit from a nutritious and varied diet and are given sensitive assistance to eat.

We have made this judgement using a range of evidence, including a visit to this service.

### EVIDENCE:

The new owners have reviewed the arrangements for supporting activities in the home and have created a new activities co-ordinator's post. Recruitment has been successful and awaiting pre employment checks.

Staff have been developing 'social and leisure' profiles with people, recording their life history, significant events and interests. This should support the development of an activity schedule that matches people's preferences.

An activities plan is on display in the home, but staff told us it is not always followed. Staff support individual activities such as manicures; one person showed us her painted nails, which staff had assisted with.

Some activities are provided by 'outside' entertainers such as singers and 'music and movement'.

We talked with some people and asked how they spent their day; people told us,

'I spend a lot of time in the smoking shelter'

'I don't really do much'

'I watch TV'

'Sometimes we have a singsong'

'I talk to my friend'

The new owners have recently implemented a catering system which provides a wide choice of nutritionally balanced frozen meals which are 'regenerated' in the home's kitchen.

The home has an open visiting policy. People are encouraged to maintain links with their family, friends and local community. People told us their visitors are made welcome. Staff supported one person to get ready to go out and spend the day with a relative.

In the ground floor lounge at 1pm, staff invited people to the dining area for their meal. Tables were set with linen tablecloths and condiments.

People were offered a starter of oxtail soup, followed by a choice from fish pie or Vienna steaks accompanied by a choice of seasonal vegetables. Staff offered each person a choice of meal at the table; those people who found it difficult to choose were assisted by staff that brought the meal to them as a visual prompt.

We talked to the cook, who was knowledgeable about the dietary needs of people living in the home. Meals are provided in varying textures, such as soft or pureed, for people with an identified need.

We observed staff offering sensitive assistance to people who needed it. The meal was not rushed, so people could enjoy the social occasion of eating together.

People's comments about food provided in the home included,

'Good choice of food – always good quality meals.'

'The food's ok, but it's not like home made. I prefer my own cooking.'

'Dinner is always tasty'

The nutritional care plan for one Muslim person recorded 'doesn't eat pork for religious reasons', but it did not state that the person eats halal meat. We spoke to kitchen staff who were aware of this cultural preference and were able to demonstrate that halal meat was provided. This should be recorded in the person's care plan to make sure their cultural needs are fully met.

## 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 and 18

People using the service experience **adequate** quality outcomes in this area.

People living in the home can be confident that their concerns will be listened to and acted upon. There are systems in place to respond to suspicion or allegations of abuse to make sure people living in the home are protected from harm, but these are not consistently followed.

We have made this judgement using a range of evidence, including a visit to this service.

### **EVIDENCE:**

The home has a formal complaints policy which is accessible to people living in the home and their families. People are encouraged to raise their concerns with the manager.

People living in the home were observed to be familiar with the staff on duty and felt confident to make requests. This suggests people would be confident in raising concerns with staff. One person told us that they would initially raise concerns with their relatives who would speak to the manager on their behalf, another person told us, 'They always answer any questions on matters you are concerned about.'

We looked at the home's record of complaints and concerns received. The service has recorded one complaint since the service was registered with the new owners. This complaint, concerning an unpleasant odour was initially sent to us, we referred it to the manager to investigate. There was evidence of an investigation and a timely and objective response.

The home has an adult protection policy to give staff direction in how to respond to suspicion, allegations or incidences of abuse. Training records examined show that some staff have received training in recognising signs and symptoms of abuse. North Warwickshire's Lead Safeguarding Practitioner has undertaken abuse awareness training with staff in the home since February 2009.

The manager has made appropriate safeguarding referrals to social services, when a high incidence of pressure sores was identified, which demonstrates that she is aware of her responsibilities. The investigation by social services is currently ongoing. The manager made a further safeguarding referral concerning an allegation of bullying against a staff member.

The care file of one person recently admitted to the home contained a social worker's assessment, which made a reference to a safeguarding issue concerning the person. There was no details of this recorded in the care file. We asked staff who told us the person was admitted to the home as part of a safeguarding strategy. Staff failed to record details of this when the person was admitted to the home, and no care plans for safeguarding were developed. This does not promote the safety of this person.

## 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 and 26

People using the service experience **adequate** quality outcomes in this area.

The ongoing maintenance and refurbishment programme means people can be confident the standard of the environment will be improved and maintained.

We have made this judgement using a range of evidence, including a visit to this service.

### EVIDENCE:

Accommodation is provided over two floors connected by a passenger lift. There are 34 single bedrooms and three shared bedrooms. Ensuite facilities are provided in 23 bedrooms. There are communal lounge and dining areas on both the ground and first floor.

The new owners undertook a review of the environment when they took over the service in February 2009 and developed an action plan for improvement. We saw evidence that the plan is being implemented. For example,

- a robust cleaning schedule has been implemented
- a rolling plan of refurbishment has been developed
- all carpets in the communal areas of the ground floor have been replaced and all other carpets were professionally deep cleaned
- the grounds have been cleared of piles of accumulated rubbish
- several electric profiling beds have been purchased
- the ground floor corridors were being redecorated on the day of our visit

We looked at several bedrooms including those belonging to people involved in case tracking. Some rooms offer a good standard of accommodation with good quality furniture and coordinating soft furnishings. Other rooms appeared sparse in comparison and in need of updating, but are decorated to a satisfactory standard. These have been included in the home's refurbishment plan. A chair in one person's room was stained and soiled, which may cause infection and was not welcoming for visitors to use.

People are encouraged to personalise their rooms with their own belongings.

A range of adaptations and equipment are available to meet the assessed needs of residents and include handrails fitted along corridors, grab rails, raised seats in the toilets and access ramps leading into the garden. There is a hoist, a passenger lift and a staff call system. Pressure relieving equipment such as mattresses and cushions were available.

The home was clean and smelt fresh throughout.

We talked to a member of housekeeping staff who confirmed the new owners have been enthusiastic about improving the environment.

Systems are in place for the management of dirty laundry, one person commented, 'they always take good care of my woollens.' Protective clothing such as plastic gloves and aprons were available and arrangements are in place for the disposal of waste.

People told us they were happy with the environment provided, their comments included,

'Secure – the front door is always locked.'

'Just lately they always seem to be doing something round the place to make it nicer'

'They keep my room nice and clean'

## 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 and 30

People using the service experience **good** quality outcomes in this area.

There are enough staff on duty to meet the needs of people using the service. Recruitment procedures safeguard people from harm. Staff have access to training to make sure they have the skills required to meet people's needs.

We have made this judgement using a range of evidence, including a visit to this service.

### **EVIDENCE:**

The care co-ordinator told us that the staff complement for the home currently providing a service for 32 people is:

- Two registered nurses and 6 care staff on duty between 8am and 2pm
- Two registered nurses and 5 care staff on duty between 2pm and 8pm
- One registered nurse and 3 care staff on duty between 8pm and 8am

We looked at the last three weeks duty rota, which demonstrated that the staffing levels set by the home (above) are consistently achieved.

There are sufficient laundry, catering, cleaning, maintenance and administrative staff so care staff do not spend undue lengths of time undertaking non-caring tasks.

It was evident from the appearance of residents and information recorded that their personal care needs are met.

People's comments about the staff included,

'Staff are always friendly'

'They are always willing to assist'

'They do everything that is required of them'

Training records show that 14 out of the 24 care staff employed in the home have achieved a National Vocational Qualification (NVQ) in Care at level 2 or above which, at 58%, exceeds the National Minimum Standard for 50% of staff to be qualified. All other care staff are currently working towards the award. This should mean that people living in the home are cared for by competent staff.

We looked at the personnel files of two recently recruited staff. Each file contained evidence that satisfactory pre-employment checks such as Criminal Record Bureau (CRB), Protection of Vulnerable Adult (PoVA), and references were received before staff start working in the home. These robust recruitment procedures should safeguard vulnerable people using the service.

Staff training records demonstrate that staff have access to mandatory training including food hygiene, fire safety, safeguarding adults, infection control and moving and handling.

The new owners are in the process of introducing dementia awareness training. This should assist in ensuring that the specialist needs of people living in the home are met.

## Management and Administration

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

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

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

This is what people staying in this care home experience:

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

31, 32, 33, 35 and 38

People using the service experience **good** quality outcomes in this area.

The service is managed effectively. People can be confident the service is run in their best interests.

We have made this judgement using a range of evidence, including a visit to this service.

### **EVIDENCE:**

An effective management structure is in place. An acting manager was in post when the new owners registered with us in February 2009. The acting manager left post in April 2009 and a new manager was appointed.

The current manager is a registered nurse and has completed the Registered Manager's Award (NVQ Level 4). She is experienced in the care of older people and dementia care. The manager's hours are supernumerary to allow her sufficient time to discharge her responsibilities effectively. She is supported by a care co-ordinator and a full time administrator, both posts have been created by the new owners.

The owners and manager provide effective leadership and direction. Staff told us they were approachable and supportive; one staff member commented, 'Everything seems much better organised now. Staff feel confident that things are done properly.'

The new owners provided us with an action plan for improvement when they registered with us and sent an updated plan in April 2009.

We saw evidence of a review of the environment, staffing and all practices in the home, along with a review of the original objectives set. The new owners have been proactive in supporting improved outcomes for people using the service since they registered with us in February 2009.

A system has been developed to safeguard people's personal monies. Each person's money is stored securely in separate wallets. Records are maintained of all transactions. We sampled the accounts of two residents and our audit found the balances to be correct, with receipts available for all expenditure.

Systems have been developed for the effective maintenance of equipment and services to the home to promote people's safety. A sample of service and maintenance records were examined and found to be up to date; for example, hoists (for lifting people) were serviced in July 2009, the fixed electrical installation in the home was checked in April 2009 and the fire alarm is tested weekly.

Incidents and accidents that happen in the home are recorded and were available for examination.

One person commented, 'The home is very well run and has all the residents' interests at heart.'

# SCORING OF OUTCOMES

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

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

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

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

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

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

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

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

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

STAFFING	
Standard No	Score
27	3
28	4
29	3
30	3

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

Are there any outstanding requirements from the last inspection?

Not applicable

**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.	OP8	13	Systems must be developed to make sure appropriate action is taken when people lose weight.  This is to promote the health and well being of people using the service.	31/10/09
2.	OP18	13	Action must be taken to safeguard individuals when there is an identified risk of abuse from parties outside the home. This must include a care plan to give staff details of any safeguarding strategies.  This is to safeguard people from abuse.	31/10/09

**RECOMMENDATIONS**

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

No.	Refer to Standard	Good Practice Recommendations

1.	OP3	A copy of the pre admission assessment of needs should be kept in people's care files so that staff can review the effectiveness of the care they deliver.
2.	OP7	Care plans should be available for the individual needs of each person. This should make sure people get the care they need.
3.	OP8	The assessment tool used for monitoring people's risk of poor nutrition should be reviewed to make sure it indicates the level of risk. This should make sure staff are alerted to increased risks so they can take appropriate action.
4.	OP8	Arrangements should be made to make sure people are consistently provided with appropriate pressure relieving equipment where they have an identified need. This should support the prevention of pressure sore development.
5.	OP12	The service should continue to develop the opportunities for people to engage in meaningful and stimulating activity to enhance the quality of their lives.
6.	OP12	People's cultural preferences should be documented in detail in their care plans. This should support people's religious observances.



## **Care Quality Commission**

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