Key inspection report

Care homes for older people

Name:	The Mellows
Address:	38 Station Road Loughton Essex IG10 4NX

The quality rating for this care home is:	zero star poor service

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

Lead inspector:	**Date:**							
Diane Roberts	0	3	0	6	2	0	1	0

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

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

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

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	The Mellows
Address:	38 Station Road Loughton Essex IG10 4NX
Telephone number:	02085086017
Fax number:	02085084649
Email address:	
Provider web address:	

Name of registered provider(s):	The Mellows Limited
Name of registered manager (if applicable)	
Mrs Bhavi Patel	
Type of registration:	care home
Number of places registered:	23

Conditions of registration:		
Category(ies) :	Number of places (if applicable): Under 65	Over 65
dementia	0	15
old age, not falling within any other category	0	23
Additional conditions:		
Persons of either sex, aged 65 years and over, who require care by reason of dementia (not to exceed 15 persons)		
Persons of either sex, aged 65 years and over, who require care by reason of old age only (not to exceed 23 persons)		
The total number of service users accommodated in the home must not exceed 23 persons		

Date of last inspection								

Brief description of the care home

The Mellows Care Home provides residential care for up to 23 older people (over 65 years), in twenty-one single and one shared room. The home is situated in the centre of Loughton within easy walking distance of local shops and amenities. Accommodation is provided on two floors, with three levels overall. Access to all levels is provided by a

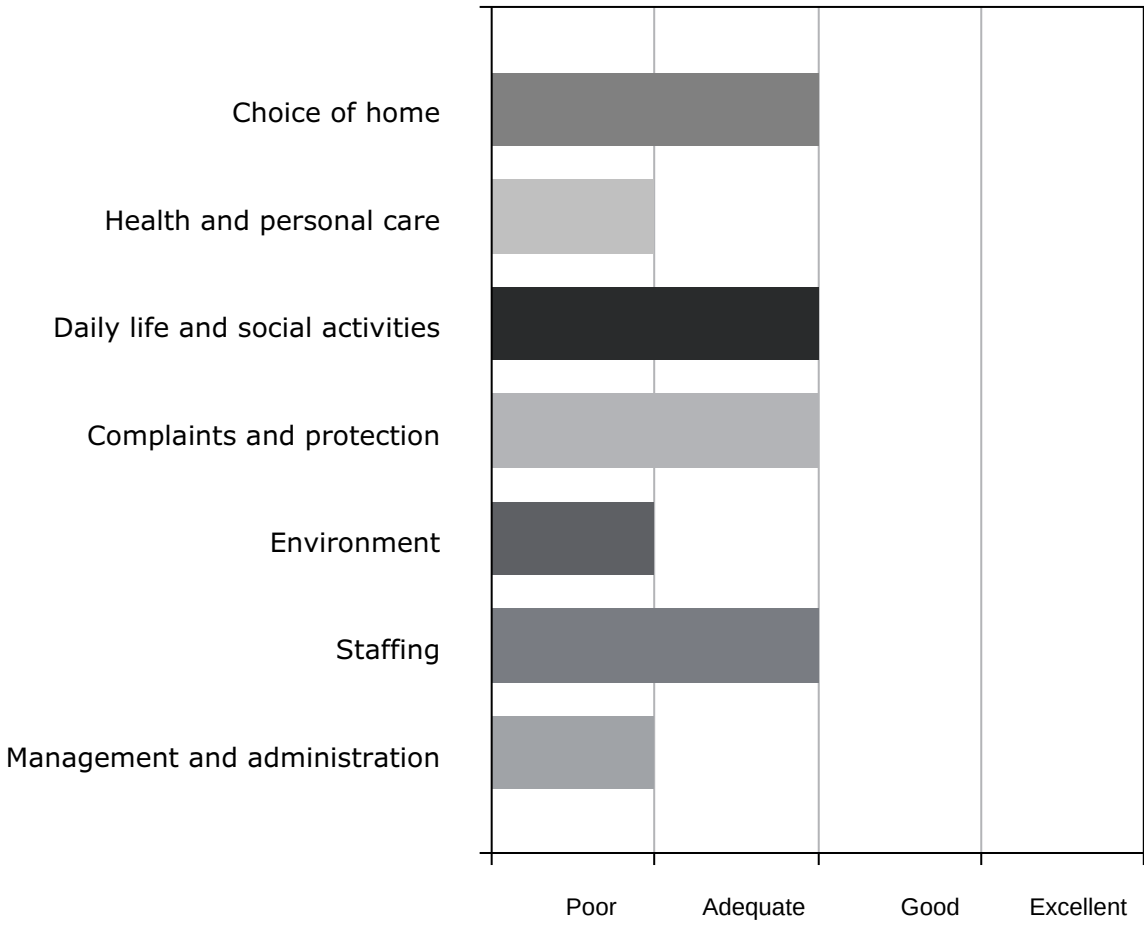
Brief description of the care home
passenger shaft lift. The home is accessible by road, bus and underground, with the nearest station and bus stops a short walk away. Parking is available for several cars in the private car park at the front of the building. The fees charged for care and accommodation at The Mellows ranged from £472.00 to £500.00 per week, based upon the size of the bedroom and excluding personal items such as toiletries, chiropody services and hairdressing.

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:

We visited the home for most of the day and met with one of the administrators in charge that day and some of the care team.
On the day of the inspection we interacted with 3 residents and spoke to 3 staff at the home. Due to the level of dependency of some the residents, it was difficult for them to give us full feedback. Whilst at the home we also reviewed records and undertook a tour of the premises. On the day of the inspection we left an immediate requirement notice in relation to the 'nurse call' system not working in some bedrooms and being tied up out of reach of residents in toilets. The proprietor subsequently confirmed that this matter had been attended to and that all units were working and available.

What the care home does well:

Residents living at the home are happy with the care they receive and feel that the staff are 'kind and good'.
The staff are recruited properly to the home and generally well trained. The staff team is quite stable and turnover is low.

What has improved since the last inspection?

No chemicals in relation to COSSH were noted to be left about the home. Some headboards have been replaced in residents' bedrooms.

What they could do better:

Since we last visited the home, standards have dropped. The management of the home is insufficient, with the registered manager being off site a great deal and unqualified staff leading the home on a day to day basis. There is a clear lack of effective leadership.
Work is needed in many areas including, care planning an management, medicines management, social care and activities, the mealtime experience for residents, resident choice and a resident led routine. There is also a need for an effective process for the management of complaints and the monitoring of the premises, with emphasis on risks, fire safety and cleanliness. Staffing levels should be reviewed to ensure sufficient staff are available to meet the needs of the residents and staff induction should be in place to support new members of staff. Whilst there is evidence of staff training, there needs to be a process to ensure that staff are putting training into practice. Staff supervision must be carried out by an appropriate person and there needs to be an effective quality assurance system in place.

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

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

Residents cannot be fully assured that their needs would be assessed prior to admission or that they would have the information that they needed on which to base a decision about the home.

Evidence:

The manager has a service users guide in place. This requires a review in order to bring it up to date and so that thought can be given to the format of the document, which is not user friendly for the current resident group. We did not see the guide available around the home or in residents' rooms.

Residents had assessments completed and these were quite detailed in terms of physical and medical needs. They were not person centred and contained no social information on the individual that would help to aid a smooth admission to the home or to develop a plan of care that would help ensure that the residents got the care they needed, delivered in the they they would want, or that optomised them as an

Evidence:

individual. A dependency score is completed as part of this assessment. The assessments were not dated or signed and it is therefore not possible to tell when they were completed or if they were a pre-admission assessment to determine suitability of the home for that person. One file we reviewed did not have an assessment of need completed or a dependency tool. One file did contain additional information from the referring authority.

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.

Residents cannot be assured that the staff team would be aware of all their care needs and that these would be met in a proactive and person centred way.

Evidence:

The manager has a care planning system in place. We reviewed two care plans and used other care plans to cross reference our findings. The care planning format was generally seen to be up to date in some plans whilst in others reviewing was inconsistent. The format of the care plan does not allow, in the majority of areas, for detailed care plans to be completed. The plans are primarily pre-printed and staff then fill in where appropriate. This means that the majority of the care plan is not individualised and they do not allow or contain sufficient detail to both guide staff and promote residents independence and choice. For example, hair care often stated regular or twice a year and dressing often stated needs assistance. The care plans are rewritten fully every month and looking back, where staff have identified ongoing care needs etc., these are not brought forward and essentially are lost and not evaluated. Some residents had care plans in place that covered nutrition and fluids but these were not all up to date. Care plans in relation to sleeping were slightly more detailed

Evidence:

and in some cases had some person centred information such as 'likes two pillows' but overall the care plans did not contain person centred information or residents' preferences and choices. A care plan checklist system is in use and in some cases staff had recorded that care plans were in place, which on checking, were not. The care plans were not orientated towards the care, where needed, of people living with dementia and there was no evidence as to how a persons' dementia affected their day to day lives. The team at the home are primarily caring for people with dementia and have attended training on the subject. One resident was Muslim and did not eat pork however, the monthly care assessment plan did not state this for staff reference. The chef was aware, but there are concerns that other staff could be poorly informed as there was no formal system for recording residents' cultural and individual likes and dislikes. Staff kept daily notes on the care provided and these were seen to be basic and did not always reflect the residents' care and/or their wellbeing

Staff spoken to were not fully aware of all the residents' needs, as identified in the care needs assessment or subsequent care planning records. This also included some significant medical conditions linked to the need for pain management and the risk of falls. We also noticed that staff could give more attention to ensuring that the gentlemen in the home were shaved properly.

The three residents we spoke to were very positive regarding the care provision given by the day and night staff. Relatives who commented on surveys said that they were satisfied or very satisfied with the care provided but comments included 'staff need to meet with us more often to explain what has been going on with my relative' and others were unhappy about finding out about the health care status of their relative by accident and staff not feeding back to them on queries that they had raised.

Residents had a range of risk assessments in place and on the whole these gave more information than the care plans did about residents' needs, but they were not linked to any plan of care and in some cases the management of the risk was unclear. Residents had falls risk assessments in place but these were often not up to date, having not been reviewed for two or three months.

The manager has a basic nutritional risk assessment in place for residents and in some cases these were not kept under review. One resident had one completed in September 2009 and then again in January 2010 and March 2010. This is not a consistent review that would allow for an accurate evaluation. Records showed that all residents are weighed weekly.

Records show that residents are having access to visiting doctors and, for example,

Evidence:

opticians. Residents have limited care plans in place for the management of any ongoing health care needs that they may have, such as pain control. Some residents had their preferred priorities for end of life care completed, which is good, and families had had input into these.

Medication practices regarding storage require addressing. There was a unsecured old wardrobe being used to store medications on the first floor with loose tablets in the unlocked drawers which could easily be accessed by residents. These items were given to the administrator to deal with on the day of the inspection. Residents' labelled creams were observed in other residents' rooms or left uncovered in the bathroom. The medicine trolley was not locked to the wall in the lounge area and there were no medication audits to show that the manager monitors the safe handling and administration of medication. On reviewing the administration systems, we noted that items brought into the home, including blisters packs form the pharmacy, are not routinely checked in. This is not good practice. Signing on administration charts was inconsistent in some places, and one member of staff decided to not sign the charts for the morning round as the inspectors were in the building . This is not an appropriate course of action to take and the medications should have been signed for as they were given. We noted, the majority of residents are having creams applied to their skin, some of which belong to other residents and or had not been prescribed for them. We also noted that senior staff are signing on the medication sheets that they have applied such creams when this is actually completed by care staff. A review of the use of creams in the home and the signing system needs to be undertaken to ensure that residents are receiving the care that they need. Staff meeting minutes show that staff are told to apply sudocrem after changing residents incontinence pads. This is a blanket approach and does not allow for assessed need and individual care. The administrator confirmed that no residents are using controlled medications at the current time and that is why they do not have a storage cupboard for the safe storage of controlled medication. This needs addressing as at any time a resident may require such medication and the management of the home would not have the correct storage system in place. We highlighted this as a regulatory requirement in 2008.

Privacy and dignity could be compromised during the current building project. No net curtains were in the bedrooms and some of the windows faced onto the work areas which would make the bedrooms fully visible to the building staff. This was pointed out to the administrator to address.
Residents were noted to have their own clothes in their wardrobes and on the whole these were kept tidy by staff.

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

Residents are offered limited choices in their day to day lives and outcomes are therefore compromised.

Evidence:

We spoke to the staff team who outlined the routine of the day. Before 8 a.m, they confirmed that the majority of residents were got up and washed and dressed. Bearing in mind that only two care staff are on duty, this cannot allow sufficient time for a person centred approach to care and to allow residents choice and the opportunity for them to be, for example, independent with supervision. The Senior Carer on duty also confirmed that 9/10 of the residents required two people to help care for them. One member of staff spoken to said that when they were on nights, if residents were up at 4.45 a.m they started to get them up and washed and dressed. Staff also generally spoke of a task led routine rather than a resident led one. For example, 'we do toileting after breakfast and then we do the laundry'. Residents we spoke to said 'you have to get up for breakfast, its on the schedule' and 'they do let you go to bed when you want'. A review of the routines of the day is needed in order to promote a residents led routine that enables them to have choice and be optimised in their abilities.

Evidence:

Two residents interviewed were fully able to make choices and decisions about their care, however, the choice to lock their bedrooms was not an option, which was also the case for all residents in the home.

Three residents spoken to were not aware of activities being arranged or available. We spoke to the activities officer and concerns were raised regarding the outings book which indicated minimal excursions or external activities being actioned outside the home in 2010. It was reported that the outings log is not completed properly and that now the weather is improving excursions to the supermarket and coffee shops are being planned. However, there was no evidence on the day of inspection to support this statement. Residents who commented said 'more outings would be good', 'provide activities such as going to the shops with a carer' and 'I am looking forward to being able to enjoy the garden once the building work is finished as I am unable to go outside at the moment'.

Some residents had life histories completed by the families and these gave staff some good social history to enable them to relate to the resident as an individual. On speaking to staff, whilst they were aware of residents' immediate family links, they were not aware of information listed in the life histories even when available. Residents had social care plans in place that linked into needs around communication and emotion and in some cases there was some pertinent information recorded that staff would need to be aware of. However the plans did not give an assessment of the residents' social care needs or give staff any guidance as to what staff would do in relation to social care for the resident. Independence, the retention of skills and residents self worth were not given consideration or promoted. For example, plans said 'talk to x about her hobbies' and 'does join in group activities'. The plans were also not linked to any of the life history information that the team had available to them.

During the day, all the residents spend their time in the lounge. At several points during the morning and afternoon, we spent time in the lounge and no social activities were offered with residents either asleep or watching television. Staff were seen to be spending time in the lounge but their interaction with residents was minimal.

The chef works after lunch as the activities officer for the home. An activities programme is in place that includes, music and dance, looking at newspapers and magazines, reminiscence, quizzes and manicures and other games. Records as to whether residents have undertaken activities are recorded. These show that whilst residents' indoor group needs may be met, their individual needs are not assessed or planned for and this should be addressed in order to introduce a more person centred

Evidence:

approach and improve outcomes for residents. The programme is also not linked to any of the residents' identified preferences or past social histories. A holistic therapist is employed, who visits the home and undertakes hand massages.

There was a four weekly rotating menu which outlined three meals a day including a hot choice of meal. Residents and staff spoken too confirmed that snacks are available at any time. We spoke to the chef who demonstrated a good understanding of the individual residents likes and dislikes, although there was minimal visible written evidence of special needs. Food hygiene certificates were in place and the chef is currently training for level 2 food hygiene accreditation. Three residents we spoke to stated the food was satisfactory. They said they did not have a choice and that they ate what was given to them.

Care staff said that residents had a choice at breakfast time with toast, porridge and cereal being available, as well as tea and coffee. They said that occasionally they may have bacon but hot breakfasts of this nature were not a regular thing.

The dinner tables were laid although residents did not have access to condiments or serviettes. More could be done by staff to promote independence at such times, for example, allowing people to put their own gravy on their meals or pour their own drinks. Throughout the day residents were seen to have access to drinks, including juice and tea and coffee etc. For those residents on soft diets, staff were seen to mix the food together, meaning that residents could not experience individual tastes and textures. This is not good practice. All the residents were seen to have ham and boiled egg salad with boiled rice for lunch when the menu offered chicken nuggets and cottage pie.

Relatives who commented said 'the breakfast food needs improvement',

Complaints and protection

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

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.
People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

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

Residents and relatives cannot always be assured that their concerns would be looked into.

Evidence:

The manager has a complaints procedure in place. This was not seen to be displayed around the home. The procedure requires a review to ensure that it is up to date with current complaint management and the format needs to be user friendly for the resident group. The manager has dealt with some complaints in the last year and whilst not formally logged, they were generally responded to and apologies given. These related to residents not having choice about bedtimes, residents being lonely, laundry and residents being given the wrong diet in relation to a medical condition. A more formal system for management of complaints is recommended. It was also noted that one family raised concerns in a quality feedback form about communication from the team regarding their relatives health care and that their concerns had not been responded to, despite assurances that it would be investigated. This matter had not been logged as a complaint when it should have been. Residents we spoke to said that 'I would be quite comfortable to raise anything with whoever was in charge'. On surveys some residents and relative said they knew who to raise concerns with whilst others did not.

Staff spoken to confirmed that they had attended training in adult protection and on discussion showed an understanding of procedures to be followed. Records show that

Evidence:

the majority of staff have attended training in adult protection and are up to date. Training records show that the manager does not have up to date training in this subject, despite recent training sessions provided to other staff.

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.

Residents do not live in a clean, safe and well maintained home.

Evidence:

We toured the home with the administrator. The proprietors are currently undertaking a new build, next door and attached to the current home in order to increase the existing 23 beds by 17. This has been ongoing for over one year and is due for completion July 2010. It was reported that the provider is looking at refurbishing the older part of home once the new build is completed, with current residents being moved to new rooms and refurbishment will then commence. We are concerned that the current home is now in a poor state of maintenance and repair. Whilst we acknowledge that a refurbishment is planned because of the state of the building and the time taken to complete the new build, we would require clear time scale for the refurbishment programme

Health and safety concerns regarding policies and risk management practices were raised with the administrator during the inspection. There were outside hazards due to the current building works. No evidence was provided to demonstrate that health and safety audits have been actioned regarding the building works and that risk assessments are in place to manage the current risks effectively. There were no ramps to facilitate residents with poor mobility going outside for fresh air and tripping hazards were noted. There was a lack of seats in shaded areas to provide protection

Evidence:

from the sun. In addition there was loose fencing around the smoking area and the inspector observed scaffolding pipes balanced on bricks where residents were sitting, which could pose a health and safety risk. There was limited access into the small area of garden left which would be inadequate for the number of residents currently in the home who may chose to use this area.

In three bedrooms, the nurse calls were tested and found not to be working, despite the administrator stating that they are checked every day. One nurse call in the toilet was tied up which could mean that if a resident fell they may not reach the cord to summon assistance. A immediate requirement notice was issued at the end of the inspection regarding the availability of working nurse calls. The provider subsequently confirmed that these units had been checked throughout the home and were now all working and available. There were no lockable facilities in the residents' bedrooms or the opportunity to lock their rooms should they so wish. There did not appear to be a programme of routine maintenance and renewal of the fabric and decoration of the premises. A book on daily maintenance tasks was observed but it was not clearly documented, in most cases, as to whether the tasks had been completed or not. The premises appeared worn, there were dusty areas on shelving and floors, curtains were falling down in two bedrooms, paintwork was chipped and stained, lighting in corridors is low and there were several stained areas on the carpets on the ground floor. One toilet upstairs is out of action and this is not evident on the door.

The smell of urine was noticeable on the ground floor both in the corridors and in specific bedrooms. Poor infection control practices were observed for example, stale urine was observed in a urinal and in a wash bowl left in a shower room and stale urine had also been left for some time in a toilet on the first floor. Commodes were noted to be dirty.

Hand washing facilities were poor as no paper towels or soap were available in some of the toilets and bathrooms. Soap and towels were not apparent in several residents bedrooms observed during the inspection. There are concerns that a regulatory requirement was made when we inspected in 2008 regarding the provision of liquid soap paper towels and foot operated pedal bins being available and this has not been actioned.

For a home, primarily for people living with dementia, signage and stimulation was minimal and inconstant and did not promote residents' independence and the retention of skills. The lounge was seen to be homely and comfortable although some residents were sitting in a sofa that they were unable to get up out of, without help from staff and this could limit their independence, as they were observed to be able to

Evidence:

walk independently. Vending machines for various sweets and drinks are in the lounge which do not add to a homely environment and consideration should be given to siting these elsewhere.

The standard of bed linen throughout the home was variable with some pillows being very lumpy and some sheets in a poor state of repair. This requires review.

One fire exit on the first floor was noted to be blocked by scaffolding and building works and the administrator said that this exit was not longer in use. This was not evident on the fire safety risk assessment and there was no evidence to show that alternative arrangements had been made. We referred our concerns to the local fire authority for review, who subsequently felt that the fire escape was satisfactory. The fire safety risk assessment shown to us on the day was reviewed in January 2010 but again this did not reflect the current use of the fire escape or that portable heaters were being used in the upstairs bedrooms. This requires a review. Records show that the last fire drill held was in January 2010 and that the alarms are tested regularly.

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

Whilst residents benefit from a stable staff team, who are quite well trained, outcomes are limited as staff do not put training into practice and management support is poor.

Evidence:

The current staffing levels are in place. 1 senior carer and 3 care staff in the mornings. 1 senior and 1 carer in the afternoons, rising to 1 and 3 again in the evening and 1 senior and 1 carer on at night. Due to the shortfalls noted in relation to the care planning/management and residents social care it is a concern that the staffing levels drop to two during the afternoon, although the activities co-ordinator is available during this time. This does not allow for the care staff to have time to interact with residents and to help provide social stimulation. This also limits the staff time spent on care management and review. This needs to be reviewed to ensure that the staff team have the time and resources to meet the residents needs in full. The rota shows that the levels stated are adhered to but staff are working long hours to achieve this and this should be reviewed to ensure that they are able to provide quality care. Staff are also noted to be working a night shift and then working again later the same day. From staff meeting minutes, we noted that at weekends, care staff are expected to carry out cleaning duties, taking them away from the care of the residents.

Residents spoken to said 'the staff are kind and good'.

Evidence:

From the records submitted the team at the home have not reached the desired 50% of staff with an NVQ qualification. We did not that some staff are currently studying for NVQ level 2.

We reviewed staff files in order to check how robust the staff recruitment process are in the home. Two files were checked and these were found to contain all the required checks and documentation. However evidence of the new staff's induction to the home was poor and in house induction records, including such areas as fire safety, were not completed. Staff at the home are also not completing Common Induction Standards linked to Skills for Care.

Training is provided through an external company and overall the staff are quite well trained with the majority attending all the required sessions and being up to date. The management of the home now need to work with staff on putting knowledge into practice in relation to care planning/management and the care of people with dementia.

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.

The management of the home is not sufficiently robust in order to fully protect residents and ensure their wellbeing.

Evidence:

On the day of the inspection, we were informed by the administrator, who was presented to us as the person in charge of the home, that the manager was on leave. The manager did ring later in the day to speak to us and brief feedback was given. However, it has come to our attention that other agencies who visit the home have concerns as to the time the manager is actually spending in the home, the difficulty in making appointments with her and with who she leaves in charge of the home, i.e people with no care experience or qualifications. One administrator is recorded on the staff rota as a Senior Carer but does not have any caring qualifications. This is a concern as from the rota, she is in day to day charge of the home. The amount of time spent by the registered manager in the home is reflected in the current state of the home and the shortfalls in care and services noted. This needs to improve in order to address the shortfalls, make sustained improvements and ensure that outcomes for

Evidence:

residents are positive.

Staff meetings are held but records show that the administrators in the home run the meetings, not the registered manager. The minutes show that staff are expected to report issues and respond to the administrators rather than the registered manager.

Residents meetings are held and the minutes show that the residents are happy with all aspects of life in the home. Surveys are also used and these reflect that residents are happy with all aspects of life in the home. Relatives who have used the form on the residents behalf do state that their relative is unable to complete the form and we would recommend that it is reviewed to ensure that, as far as possible, it is user friendly. Residents should also be helped to complete such forms with their relatives or an independent advocate, rather than care staff.

The administrator confirmed that there are no other quality assurance systems in place. The manager does not hold meetings with relatives.

A staff supervision system is in place and records show that staff are receiving supervision. However the supervising records of the care staff we saw, show that these were carried out by the two administration staff working at the home and not the manager or other qualified care staff. This needs to be addressed.

It was reported that there were problems with the heating system on the first floor There were portable heaters in some residents' rooms including two residents living with dementia. In one room a cable was trapped in the draw to keep it in place creating a potential risk of fire in damage to the cable. The heaters are not covered in any way and the administrator confirmed that they do get hot to the touch when on.

The door in the hallway to the downstairs laundry was unlocked at the time of our visit The door opens directly onto four old and sloping steps and this is a potential hazard to residents. There is no sign on the door to say that this must be kept locked. This was highlighted to the administrator in charge of the home.
Accident records were reviewed and these are completed fully. We did not note any areas of concern. The manager does not audit these in any way and the team do not have any links with local falls prevention teams.

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	9	13(2)	To ensure the safe storage and administration of medicines: A CD storage cupboard and CD register must be provided.	31/08/2008
2	26	13(3)	To ensure the risk of infection is minimised: 1. Liquid soap, paper towels and foot operated pedal bins must be provided in all areas where personal care is provided. 2. The malodorous smell must be removed from the areas identified during the site visit.	30/07/2008

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	3	14	Prospective residents must have their needs fully assessed prior to admission to the home by a suitably qualified or trained person. So that the resident can be assured that their needs would be met.	31/07/2010
2	7	15	Residents must have care plans in place for their assessed needs. These must be kept up to date and be sufficently detailed to guide staff. So that residents can be assured that all their care needs can be met in a way that they would wish.	31/08/2010
3	8	12	Residents must have the appropriate risk assessments in place that are up to date and that detail the management of the risk.	31/08/2010

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
			So that risks to residents are reduced as far as possible.	
4	8	12	Residents must have care plans in place that detail the ongoing management of any health care needs that they may have. So that their needs are met and their health is monitored and dealt with proactively.	31/08/2010
5	9	13	The storage and managment of medicines in the home must improve. In order to ensure residents' safety.	16/08/2010
6	12	16	Residents must have their social care needs assessed and planned for and a social programme put in place that meets their needs and expressed preferences. So that residents have the social care that they need and want.	31/08/2010
7	15	12	The mealtime experience for residents needs to improve. So that residents experience more choice and their independence and self worth is promoted.	31/08/2010

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	16	22	All complaints must be investigated and the complainant responded to. So that residents and relatives can be assured that their concerns and complaints are listened to and acted upon.	16/08/2010
9	19	23	Arrangements in relation to fire safety risk assessing must improve. To ensure the safety of residents and staff.	31/07/2010
10	19	23	The home must be maintained to an acceptable standard. So that it is a pleasant place in which to live.	31/08/2010
11	23	23	All parts of the home must be kept clean and reasonable decorated. So that the home is pleasant to live in.	31/08/2010
12	27	18	A review of staffing levels in needed based upon the dependency and needs of residents. To ensure that residents needs are met in full.	16/08/2010

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
13	30	18	New staff must be properly inducted to the home and to the work they are expected to undertake. So that residents are cared for by competent staff.	31/08/2010
14	31	10	The managemnet of the home must be robust. So that residents are safe and thier best interests are served.	16/08/2010
15	33	24	Quality assurance systems in the home need to be developed further and be user friendly. So that residents and/or their advocate have a voice.	31/08/2010
16	38	13	Management must take a more proactive approach to the health and safety of residents and staff, through the use of a risk assessing system and action planning. To help ensure the health and safety of residents and staff.	16/08/2010

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	1	The service users guide needs to be updated and the

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
		format reviewed to ensure it is user friendly. The servicce user guide needs to be made freely available to residents.
2	7	The care team at the home should develop a person centred approach to care planning to ensure that residents' preferences and choices are evident.
3	16	The complaints procedure requires a review and must be displayed around the home. We would recommend a more formal logging system for complaints is used.
4	18	The manager should ensure that she is up to date with regard to adult protection training.
5	19	The environment needs to be more stimulating for residents and it needs to promote their independence.
6	19	The standard of bed linen in the home requires review and replacement where necessary.
7	28	Continue to encourage staff to undertake NVQ qualifications.
8	30	The manager needs to work with the staff on putting training into practice.
9	36	Staff supervision should be carried out by some-one appropriately qualified and experienced to undertake this role.
10	38	Consideration should be given to auditing accident records and linking in with the local falls prevention team.

Helpline:

Telephone: 03000 616161
Email: enquiries@cqc.org.uk
Web: www.cqc.org.uk

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