

Key inspection report

CARE HOME ADULTS 18-65

Sherbourne Grange

**18-20 Sherbourne Road
Acocks Green
Birmingham
West Midlands
B27 6AE**

Lead Inspector
Kerry Coulter

Key Unannounced Inspection
4th November 2009 09:40

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 home adults 18-65 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.

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SERVICE INFORMATION

Name of service	Sherbourne Grange
Address	18-20 Sherbourne Road Acocks Green Birmingham West Midlands B27 6AE
Telephone number	0121 706 4411
Fax number	
Email address	ferndale.care@btconnect.com
Provider Web address	
Name of registered provider(s)/company (if applicable)	Ferndale Care Services Ltd
Name of registered manager (if applicable)	Vacant
Type of registration	Care Home
No. of places registered (if applicable)	16
Category(ies) of registration, with number of places	Learning disability (16)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:

Care Home Only (Code PC)

To service users of the following gender:

Either

Whose primary care needs on admission to the home are within the following categories:

Learning disability (LD) 16
2. The maximum number of service users who can be accommodated is: 16

Date of last inspection

20th January 2009

Brief Description of the Service:

The home is located in the Acocks Green area of Birmingham, in a residential area. It is within walking distance to Acocks Green shopping centre and there is a range of leisure facilities in the area. Off road parking is available to the front of the home.

The home consists of two Victorian three-storey houses. The home is split into two clusters; each can be accessed by their own front door and have their own lounges, dining areas and bathrooms. There is a shared laundry, kitchen and garden. All bedrooms have ensuite facilities and there is a large bathroom suitable for assisted bathing on the first floor of one of the houses. One of the houses also benefits from the facility of having a passenger lift so that people with mobility difficulties can access the first floor.

Inspection reports were available in the Home. The fees to live at the home start from £727 per week. For more detailed fee information it is advised to contact the home directly.

SUMMARY

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

The quality rating for this service is 2 stars. This means the people who use this service experience good quality outcomes.

This inspection was carried out by one inspector over one day. The home did not know we were going to visit. This was the homes key inspection for the inspection year 2009 to 2010.

An expert by experience visited as part of the inspection. This is a person who has experience of using services. They talked to the people living there and gave their views about the home. Their views are included in this report where they are referred to as the 'ex by ex.'

The focus of inspections we, the commission, undertake is upon outcomes for people who live in the home and their views of the service provided. This process considers the care homes capacity to meet regulatory requirements, minimum standards of practice and focuses on aspects of service provision that need further development.

Prior to the fieldwork visit taking place a range of information was gathered to include notifications received from the home. The home returned the Annual Quality Assurance Assessment (AQAA) when we asked for it. This provides information about the home and how they think it meets the needs of the people living there.

Surveys were sent to eight people who live at the home, six were returned to us. People were also provided with a survey they could give to their relative or representative if they wanted to. We did not receive any completed surveys. Four health professionals were sent surveys but none were returned. We also provided the home with surveys to distribute randomly to ten staff, five surveys were completed and returned.

We case tracked the care received by three people living there. This involved establishing individual's experience of living in the care home by meeting and talking with them, discussing their care with staff, looking at care files, and focusing on outcomes. Tracking people's care helps us understand the experiences of people who use the service.

We looked at parts of the home and a sample of care, staff and health and safety records. The people living there, the provider, acting manager and staff were spoken with.

What the service does well:

Information about the home includes pictures so it is easier for people to understand.

People are offered a range of activities that they enjoy and help them to lead the lifestyle they choose. The Ex by Ex said 'I was really pleased to hear that people are given the opportunity to do lots of varied activities, and more importantly that they have chosen them'.

People are supported to maintain and develop relationships with friends and family so that they have a good lifestyle.

People are offered an opportunity to go on holiday each year so they can see different places and experience new things.

People have the food they need to help them keep well. They are given a choice of food that they like.

Staff support people well with their personal care to help them to feel comfortable and good about themselves.

Staff make sure that each person gets the medicines they need so they can keep well.

Different healthcare professionals support the people living there and staff make sure they follow the advice given so that people can be well.

Each person has their own bedroom and they all contain things that are important to them.

The home has in place a quality monitoring system based on seeking the views of the people living there so they decide how improvements are made.

Equipment in the home is regularly checked so that it is safe to use.

People told us:

'I love it here, there's lots to do'.

' I like the dinners'.

'If I'm not happy about something I can tell the manager'.

'My bedroom is just as I like it, has lots of things in it'.

'I like the staff here'.

What has improved since the last inspection?

Information about the range of fees for the home has been added to the service user guide so that people know how much it costs to live there.

Arrangements for assessing risks to people have improved to help keep people safe from harm.

The home has recruited a Chef and meals have improved and care staff have more time to provide support to people.

Storage of medication has been reviewed and a new medication trolley has been purchased to make sure medication is secure.

The home has introduced a 'grumbles book' to record comments from people who do not want to make a formal complaint.

A new level access shower has been fitted and this helps people with mobility difficulties to have a shower if they want to.

Criminal Record Bureau checks are obtained for new staff to help ensure 'unsuitable' staff are not employed by the home.

Staff have had training in managing challenging behaviour to help make sure staff know how to manage people's behaviour safely.

The frequency of testing temperatures of the hot water at baths and showers has been improved to make sure it is not too hot and people are not put at risk of scalding.

What they could do better:

Information obtained about the needs of people thinking of moving to the home should be brought together. This will help to make a more formal assessment, so that people can be confident their needs can be met by the home.

Staff should have more detailed information in care plans so they know how to support people to meet their individual needs.

Further develop the systems in place to help staff know when people who have communication difficulties are unhappy about something.

Further improve recruitment procedures to make sure they are robust and people are protected from having unsuitable staff working with them.

Staff should receive more training so they know how to support the people living there to meet their needs.

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

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

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

1, 2 and 4

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

People are assessed before moving in to make sure the home is able to meet their needs. People have the information they need so they can make a choice as to whether or not they want to live there.

EVIDENCE:

A service user guide is available to people, this tells people thinking of moving to the home most of the information they need to make a decision about moving there. The guide is in an easy read format that includes pictures, making it easier for people to understand. The home's Annual Quality Assurance Assessment told us that they intend to improve the guide further and include more photographs.

Since our last visit to the home information about the fees to live at the home have been included. This gives people information about how much it costs to live there. Records show that any new person admitted to the home is provided with a copy of the guide. Surveys from people at the home indicated that they all felt they had received enough information.

We looked at the assessment process for one new person admitted to the home. As part of the process the person had visited the home on several occasions to see if they would like to live there. Records and discussions with staff showed that lots of information had been obtained by the home about the person's needs. It is recommended that all the information obtained is brought together to make a more formal assessment so that people can be confident their needs can be met by the home.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 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):

6, 7, 8 and 9

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

Staff do not have all the information they need to support people to meet their individual needs and keep them safe.

EVIDENCE:

We looked at the care files for three people. These included an individual care plan that stated how staff are to support the person to meet their needs and help them achieve their goals. Where needed a plan was in place to guide staff on how to manage behaviours that may put the person or others at risk of harm. Care plans had been regularly reviewed and records showed that people had been involved in their care plan.

Some plans were very detailed in content but some were vague. For example, for one person who can sometimes be incontinent their plan made no reference to continence aids in use. Another person's plan did not specify the support needed to avoid and monitor constipation. There were also some gaps in

information, for example with regard to the support people need at night time and their preferences regarding the gender of staff who support them with their personal care. Following our visit the home have told us that a review of the documentation used within the care plans has been conducted and a new format has been agreed.

The people living there said and it was observed that they could make decisions about what they do during the day, how they spend their time and what they eat and drink. Sometimes meetings are held with all the people living there. The minutes of these showed that people talked about menus, the environment, staffing, management arrangements and activities. Examples where people have been consulted include the décor of their bedrooms, who their key worker is and the chiropodist used by the home.

Most people at the home are able to verbally tell staff what their choices and preferences are. However some people do not have the communication skills to do this. The Ex by Ex said 'there are some residents that have limited verbal communication and therefore use a combination of both verbal communication and Makaton signs (sign language). It's good that the manager has identified the ways that each of the individuals communicates and that staff are trained to do this. It shows people are valued and that their voice is respected'.

Records included individual risk assessments that stated how staff are to support individuals to take risks in their day -to-day lives. Assessments included manual handling, community activities, money handling, behaviour and seizures. Assessments had been regularly reviewed so that the control factors in place are still appropriate.

At the last inspection it was identified that some improvements were needed as the use of bed rails and risks of pressure sores had not been fully assessed. These have now been completed.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

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

This is what people staying in this care home experience:

12, 13, 14, 15, 16 and 17

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

Arrangements ensure that people living there experience a meaningful lifestyle that ensures their self-esteem and well being. People are offered a healthy diet and enjoy their meals.

EVIDENCE:

Care plans sampled stated the leisure and social activities that people enjoyed. Some people go to day centres and some attend local colleges. The home also support people to participate in a wide range of activities. This includes shopping, skittles, fashion shows, progressive mobility, going to the Irish Centre, coffee shops, the library and participating in domestic chores around the home. Records showed that they celebrate the cultural festivals relevant to the people living there.

Minutes of meetings with people show they are consulted about the activities available to include the planning of outings for Christmas. One person told us 'I love it here, there's lots to do' another person said 'it's a good home, I like it here, I don't get bored'.

The Ex by Ex said 'It was really encouraging to hear that people went out into the community by themselves, using public transport and accessing places of interest. Staff mentioned that one person loves animals and often travel independently to Dudley zoo. It is really important that people can pursue personal interests. The same person also has a volunteering job at the PDSA shop in town. People with a learning disability should have access to employment opportunities and I was impressed to hear that this was evident at Sherbourne Grange. I spoke to a young resident and asked them about their interests and they told me they like to go to pop concerts. A staff member said that they support the person to go to pop concerts, which I think is fantastic. I was really pleased to hear that people are given the opportunity to do lots of varied activities, and more importantly that they have chosen them'.

People told us they have the opportunity to go on holiday if they want to. The Ex by Ex said 'staff told me everyone is offered a holiday each year and people choose where they want to go. Some were off to Butlins, some to Disney Land in Paris and some to Blackpool. I thought this was great not only that people were going on holiday, but that they were all going to different places'.

Records sampled showed and people said they can keep in touch with their family and friends if they want to. This ensures that people can maintain relationships that are important to them. People were observed spending time talking to each other and to staff. Records showed that for one person a party was arranged for their 60th birthday, they were supported to send out invitations to family and friends.

Since our last visit the home has employed a chef, staff previously did the cooking. Staff spoken with said that the meals had improved since the chef started. The home has a four weekly menu that showed meals on offer are varied and nutritious. Observation of food stocks and discussion with the chef indicates that meals are freshly prepared. For example the evening meal of pizza was homemade and not the frozen type. People's food preferences are recorded in their care plan and discussion with the chef shows he is aware of people's specific dietary needs.

People at the home are involved in planning the menu and have opportunities to participate in shopping for food. Whilst meals are prepared by the chef one person told us they do get the chance to help out in the kitchen. People told us 'I like the dinners' and 'chef makes nice meals'.

The Ex by Ex said 'During residents meetings, which are every month, everyone contributes to the planning of the meals, and those with profound

and complex disabilities, are given a picture menu to support their choice. This is really important, as people should be involved in the planning of their meals and the home were clearly supporting everyone to be involved. Some people had written their own menus, as they did not like the group's choice, again this is great as people should be able to eat what they like. One person said everything is home made which she likes as it is fresh. It is very encouraging to see people are being offered meals prepared with fresh and healthy ingredients. All people could choose their lunch and breakfast, and there was no pressure for people to eat at a certain time, or eat with the rest of the group. This is great, as people should eat when they choose and who they choose to eat with'.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 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):

18, 19 and 20

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

The health and personal care needs of the people living there are usually met so ensuring their well being.

EVIDENCE:

The people living there were well dressed in appropriate styles to their age, gender, cultural background and the activities they were doing. Attention had been paid to individual's personal care indicating that people had the support they needed so ensuring they felt good about themselves.

We part sampled the health records for two people and looked in more detail at the health care records for two other people. Health Action plans had been implemented. This is a personal plan about what a person needs to stay healthy and what healthcare services they need to access.

Records sampled showed that other health professionals are involved in people's care where needed. People attend health check ups with the dentist, optician and chiropodist to ensure their health needs are met.

Where people had specific health conditions, for example epilepsy, there was guidance in place so that staff knew what support the person needed to stay healthy. Records sampled for one person showed that they were supported to attend health checks regarding their epilepsy with the hospital consultant. We spoke with two staff, both were aware of the people at the home who had epilepsy and the action that needed to be taken should they have a seizure.

One person at the home has a pressure sore and the District nurses are involved in the persons care and have completed risk assessments and care plans. We spoke with two staff about the pressure care that the person needed, both staff were aware of the persons care plan.

One person at the home needs to have their blood taken to monitor levels of medication. Unfortunately this person has a needle phobia. A best interests meeting was held to discuss this issue with other care professionals. Currently the home is working with the person help them overcome their phobia, this involves doing some role play type work.

Following a medication error that happened earlier in the year the home have reviewed their medication administration procedures. Storage of medication has also been reviewed and a new medication trolley has been purchased.

Staff receive training on how to safely administer medication, staff who are not trained do not administer medication. At the front of each person's Medication Administration Record (MAR) there is a photo of the person so that unfamiliar staff would know who to give the medication to. MAR's sampled had been signed when medication had been given indicating that medication had been given as prescribed. Where people are prescribed medication to have as required, there were guidelines in place for this so that staff should know when to give this medication.

Where people are assessed as being safe to do so the home supports people to administer their own medication. This helps people to be as independent as possible. One person at the home had recently been prescribed antibiotics. It was good that staff quickly sought medical advice when the person was seen to have a rash, as staff were concerned this could have been a reaction to the medication. Copies of each person's prescriptions are kept so that staff can ensure that what is provided by the pharmacist is what has been prescribed by the doctor.

Medication reviews take place with the person's consultant or the G.P to ensure that medication is still required.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 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):

22 and 23

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

Arrangements help to ensure that the views of the people living there are listened to and acted on and they are protected from abuse so ensuring their well being.

EVIDENCE:

The complaints procedure stated how people could make a complaint if they are not happy with the service provided at the home. The procedure is in an easy read format that includes pictures making it easier for people to understand. The procedure is on display in the home and has also been explained to people at a meeting with them. Information from the surveys we received from people at the home indicates they are aware of the complaints procedure and know who to speak to if they are unhappy. People told us 'if I'm not happy about something I can tell the manager' and 'if not happy about something you can always talk to the staff'.

There have been no formal complaints about the home since our last visit. However the home has introduced a 'grumbles book' to record comments from people who do not want to make a formal complaint. The Ex by Ex said 'It is evident that complaints are dealt with as I was shown the 'grumble' book, which logged resident's complaints, what actions had been taken, and what outcomes were achieved. This is great as it clearly shows people's complaints are respected because everyone's complaints should be heard'.

Some people at the home have communication difficulties and may not be able to tell staff verbally if they are not happy about something. One staff told us that they know if people with limited communication are not happy about something by their body language or the sounds they make. This is something the Ex by Ex felt could be improved. They said 'I was concerned, as it would take some time to work out what was causing the distress, and I felt this could make people vulnerable. It would be my recommendation that staff try and develop a way to support those with complex needs. For example developing a tool that indicates to staff the different areas that might be causing distress'.

The home has clear information available to staff regarding safeguarding people from abuse, this includes the homes own procedures and whistle blowing policy as well as Birmingham's multi agency abuse guidelines.

Records sampled and discussions with staff show that staff receive basic training in safeguarding people from abuse as part of their induction to the home. We spoke with two staff about what they would do to keep people safe if an allegation of abuse was made. Staff were able to describe actions that should keep people safe, however further training in this area would make staff more confident about what to do. This was discussed with the manager of the home during our visit and we have since been informed that this training has been booked.

There has been one safeguarding incident at the home where an allegation was made about a member of staff. The home followed the appropriate procedures and ensured that the Local Authority were informed of this. Following investigation the member of staff was dismissed and the home acted appropriately in referring the staff for consideration to be included on the Protection of Vulnerable Adults list.

Since our last visit to the home the manager and deputy manager have attended training on the Mental Capacity Act. Staff spoken with during the inspection said they had heard of the Act but had not yet had any training. The manager told us that as she had now had the training she would be cascading this to staff along with training about the Deprivation of Liberty Safeguarding Legislation. These safeguards are part of the Mental Capacity Act legislation and ensure that the care and treatment that people who live in care homes receive does not deprive them of their liberty.

The finance records of two of the people living there were looked at to ensure that their money was being looked after appropriately and was safe. Money is kept in a secure location and receipts were kept of all purchases. Where able people are encouraged to look after their own money.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 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):

24, 26 and 30

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

People live in a homely, comfortable, safe and clean environment that meets their assessed needs.

EVIDENCE:

The home consists of two houses next door to each other. Some areas are shared such as the kitchen and laundry but otherwise they are run separately with each house having its own lounge, dining area and bathrooms. One of the houses has a passenger lift so that people with mobility difficulties can access the upper floors of the home safely. The home has recently provided an extra bedroom and have been successful in applying to us to increase the number of people who can live there by one.

We looked at all communal areas during our visit and some bedrooms. The home was a comfortable temperature and generally homely in style. The home

was clean and free from offensive odours throughout making it a pleasant place for people to live in. Some areas of décor needed attention but it was evident that a redecoration programme was underway as the decorator was at the home when we visited. We noticed that some of the seating in the lounge areas looked a little worn and was grubby on the arms of some of the chairs. Consideration should be given to providing new seating so that the lounges remain a comfortable place for people to spend time in.

In the last twelve months new carpets have been fitted to the stairs and hallway in one of the houses. A new level access shower has been fitted and this helps people with mobility difficulties to have a shower if they want to. The home told us in the next twelve months they intend to remove the raised bedding area at the front of the house, thereby opening up the car park to improve parking facilities.

People's bedrooms were individual in style and had been personalised. People told us they were happy with their bedrooms, one person said 'my bedroom is just as I like it, has lots of things in it'. Another person said they were happy with their room and had chosen the décor. People told us they had their own keys to their bedroom.

The Ex by Ex said 'Two people gave me consent to look at their bedrooms. One resident took me in herself and was really proud of her bedroom, which was very personal, nicely decorated, clean and fresh. The lady obviously loved teddy bears and stuffed toys and took great pleasure in showing me. I was really happy to see that people's rooms are personal and that they like them, as its there own personal space. There was an ensuite bathroom, which was clean and well maintained. The second bedroom I saw was also well decorated, very personal, accessible to their personal needs, i.e. an electric bed as they had mobility issues. The room was warm, and inviting. It was clear to me that the person clearly liked a particular colour (purple) and a particular theme (Disney). I was also pleased to see staff asking people's permission for me to see their rooms. This indicates that people's privacy is respected'.

Staffing

The intended outcomes for Standards 31 – 36 are:

31. Service users benefit from clarity of staff roles and responsibilities.
32. Service users are supported by competent and qualified staff.
33. Service users are supported by an effective staff team.
34. Service users are supported and protected by the home's recruitment policy and practices.
35. Service users' individual and joint needs are met by appropriately trained staff.
36. Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 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):

32, 33, 34, 35 and 36

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

The arrangements for staffing, their support and development generally ensure that the needs of the people living there are met.

EVIDENCE:

The annual quality assurance assessment stated that 60% of staff have achieved a National Vocational Qualification (NVQ) level 2 or above in care. Some staff are now undertaking an NVQ at level 3 whilst there are some staff who have already achieved this. This means that staff should have the skills to meet the needs of the people living there. Surveys from people living at the home indicate that staff usually treat people well and listen to what they say. One person told us 'I get on with staff, I like the staff here'.

We saw that staff generally interacted positively with people at the home. However the Ex by Ex did observe some staff practice that could be improved. 'Towards the end of my visit I was talking to a staff member and a resident started talking to her. The staff member told her "it's rude to interrupt when

people are talking” It sounded like she was addressing a child rather than an adult and I found this quite intimidating. I am sure that she could have approached her in a more tactful way, whilst still re enforcing that it is rude to interrupt conversation’.

The rota indicated that between five and six staff are on duty across the working day. Discussions with staff and surveys from staff indicate that there are usually enough staff to meet people’s needs. There were enough staff on duty during our visit and we did not see people having to wait for staff support. We saw that staff spent time talking with people. The Ex by Ex said ‘The atmosphere was relaxed, and there were plenty of staff around to support people’s needs, which was good as people were being interacted with rather than left alone’.

Since our last visit an additional senior member of staff has been recruited. This means that there are now more senior staff on duty at evenings and weekends.

At the last inspection we found that some of the recruitment practice had been poor and made a requirement for this to be improved. At this visit we looked at the recruitment procedures followed for three new members of staff. Practice had improved and included the required recruitment records such as Criminal Bureau Records checks, application form, references and proof of identity. However some further improvements would make the procedures more robust. Improvements to the home’s reference forms are needed to make sure it is clear which organisation the reference is actually from. Another member of staff had been dismissed from their previous employment. Recruitment records did show that further checks had been conducted by the home to make sure the person was suitable to work with vulnerable people. However the written record of the additional checks undertaken by the home did not fully reflect the verbal account given by the manager of the recruitment procedures followed.

The annual quality assurance assessment stated and records sampled showed that staff complete an induction when they first start working there to help them know how to meet individual's needs.

At the last inspection records did not show that all staff had fire training in the last twelve months. At this visit we found that staff had still not had refresher fire training. However, we were told that the majority of staff had recently accompanied people at the home on their fire training and so would have learnt about fire safety. The manager told us that the home had obtained a training pack for staff and this was to be done soon. Following our visit to the home we were told that all staff had now completed their fire training but that 50% of staff were still awaiting their test papers to be marked.

Surveys received and staff spoken with indicate that staff are generally satisfied with the training on offer. At the time of our visit the home did not

have a training matrix in place and this made it time consuming to assess the training undertaken by staff.

Records sampled showed that staff have completed training in first aid, health and safety, abuse, medication, food hygiene and moving and handling. The home had a training plan in place for 2009 and this indicated that training in person centred care planning, challenging behaviour, makaton (a form of sign language) and epilepsy was arranged. Discussion with the manager indicated that unfortunately the epilepsy training did not take place and this was to be rearranged. The manager has attended autism training and plans to provide this training to staff. Few staff at the home have received training in infection control and this needs to be added to the homes training plan. As recorded earlier in this report one person at the home has a pressure sore. Staff spoken with had a basic knowledge of how to meet this person's pressure care needs. However training in pressure care management would help to ensure all staff know how to meet people's pressure care needs.

Staff receive regular supervision from the manager. These are sessions when staff can sit and talk to the manager about their role and the work they do, any concerns they may have and training and development needs.

Staff meetings are held every few months and minutes of these were seen and indicated that relevant matters promoting the development of the home are discussed.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 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):

37,39 and 42

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

The management arrangements ensure that the home is safe and well run in the way that the people living there want.

EVIDENCE:

Since our last inspection the registered manager of the home has moved to her previous role of deputy manager. When we visited the home was being managed by the responsible individual with the support of a care consultant. The home have approached a recruitment agency regarding the managers position but it is likely that the responsible individual (RI) will change roles and become the permanent manager. The RI has previous experience in this role. Evidence at this inspection indicates that the home has continued to be well managed during these management changes. Previous requirements

have been met. The homes annual quality assurance assessment was returned to us when requested and completed to a good standard and shows that the home is identifying where future improvements can be made for the benefit of people living at the home.

The care consultant has undertaken monthly visits to the home and written a report of their findings. People who live at the home and staff are consulted with as part of the visit. As recorded earlier in this report peoples views are also sought at regular `residents' meetings. The views of people's relatives are also sought via questionnaires.

A number of health and safety records were looked at. The manager had also completed the annual quality assurance assessment to confirm dates of health and safety checks.

Fire safety records showed that the fire alarm system is tested and serviced as required so that it is kept in a safe working condition. Fire drills were being carried out every six months so that people and staff have the opportunity to practice safe evacuation in the event of an emergency. Staff spoken with were aware of the homes fire procedures. It is an area of good practice that the home had recently arranged for fire training for people who live at the home to be undertaken by the West Midlands Fire Service.

The home had a fire procedure on display that was in symbol format. However, this showed how to raise the alarm but not how to respond to the alarm. The Ex by Ex said `The fire procedure was in symbols but I felt that it was not clear to all residents and was concerned that not everyone could understand it.' The day after our visit we were sent a copy of a new procedure being worked on that was easier to understand and showed how to respond to the fire alarms.

Records sampled showed that equipment in the home is regularly serviced and well maintained so it is safe to use. At our last inspection we recommended that the frequency of water temperature testing for the baths and showers was increased. Records showed that these are now tested weekly to make sure it is not too hot and a risk of scalding to people.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 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	
<i>Standard No</i>	<i>Score</i>
1	3
2	3
3	X
4	3
5	X

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	2
7	3
8	3
9	3
10	X

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	X
12	4
13	4
14	3
15	3
16	3
17	4

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
<i>Standard No</i>	<i>Score</i>
22	3
23	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	3
25	X
26	3
27	X
28	X
29	X
30	3

STAFFING	
<i>Standard No</i>	<i>Score</i>
31	X
32	3
33	3
34	2
35	2
36	3

CONDUCT AND MANAGEMENT OF THE HOME	
<i>Standard No</i>	<i>Score</i>
37	3
38	X
39	3
40	X
41	X
42	3
43	X

NO

Are there any outstanding requirements from the last inspection?

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

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.	YA2	Information obtained about the needs of people thinking of moving to the home should be brought together to make a more formal assessment, so that people can be confident their needs can be met by the home.
2.	YA6	Care plans should include more detail about how staff are to support individual's to meet their needs and achieve their goals.
3.	YA22	Further develop the systems in place to help staff know when people who have communication difficulties are unhappy about something.
4.	YA24	Consideration should be given to providing new seating in the lounges so they remain a comfortable place for people to spend time in.
5.	YA34	Further improve recruitment procedures to make sure they are robust and people are protected from having unsuitable staff working with them.
6.	YA35	Staff should receive more training so they know how to

		support the people living there to meet their needs.

Care Quality Commission

West Midlands Region
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

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

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