

Random inspection report

Care homes for older people

Name:	Princess Lodge Care Home
Address:	11 High Street Tipton West Midlands DY4 9HU

The quality rating for this care home is:	one star adequate service
The rating was made on:	11/02/2010

A quality rating is our assessment of how well a care home, agency or scheme 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 review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Karen Thompson	0	3	0	8	2	0	1	0

Information about the care home

Name of care home:	Princess Lodge Care Home
Address:	11 High Street Tipton West Midlands DY4 9HU
Telephone number:	01215571176
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Princess Lodge LTD
Name of registered manager (if applicable)	
Frank Thomas Josef Brown	
Type of registration:	care home
Number of places registered:	25

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	5	0
old age, not falling within any other category	0	25

Conditions of registration:									
The maximum number of service users who can be accommodated is: 25									
The registered person may provide the following category of service only: Care Home with Nursing - Code N To service users of the following gender: Either Whose primary care needs on admission to the Home are within the following categories: Old Age, not falling within any other category, Code OP 25 Dementia - Code DE 5									
Date of last inspection	2	2	0	6	2	0	1	0	
Brief description of the care home									
Princess Lodge comprises of a traditional property that has a large extension (exceeding the size of the original property) . It is located on a fairly busy main road									

Brief description of the care home

leading into Tipton. The home is in close proximity to local shops, public houses, a church and a main bus route.

Princess Lodge is registered to provide Nursing care to those within the category of old age. The home has recently undergone major renovation, refurbishment and redecoration. The home offers eighteen single bedrooms of which the majority have ensuite facilities.

The fees were not identified at the time of the visit as no Service User Guide was available. The Reader should contract the service directly for fees information.

What we found:

Two inspectors visit the home on 3 August 2010 to assess compliance with the outstanding requirements made from the key inspection visit of 11 February 2010 and those requirements made following our random inspection visit of 22 June 2010. A statutory requirement notice was issued following our visit of 22 June 2010 in relation to medication. We also looked at the five outstanding requirements made following our February 2010 visit and the four requirements made following our June 2010 visit. Following our June 2010 visit the home was sent a warning letter for those outstanding requirements made from our February 2010 visit. A warning letter listed the outstanding requirements and informed the home that they had been included in our improvement strategy and we would continue to monitor the service. We are aware that Walsall City Council is not currently placing people in this service.

The pharmacist inspector visited the home on 3rd August 2010 to check the management and control of medicines within the service. The purpose of this inspection was to check compliance with a Statutory Requirement Notice (SRN) relating to medicines. We looked at medication storage and medication administration records.

We looked at the storage of people's medicines. We saw that medicines were stored neatly and tidily, which made it easy to locate people's medicines. We saw that an air cooling system had been installed to ensure that medicines were stored below 25 degrees C. We were shown room and refrigerator temperature records for the storage of medicines. The temperatures were all recorded daily and were within the recommended safe storage temperatures for medicines. We checked that medication which requires special storage in a controlled drug cabinet was stored safely and recorded correctly. We found that the storage arrangements met the safe storage requirements following the Misuse of Drugs (Safe Custody) Regulations and all the available records were up to date and correct.

We found that there was good documentation and recording of medicine records. We looked at the majority of medication administration record (MAR) charts and overall found that they were documented with a signature for administration or a reason was recorded if medication was not given. We saw that the times of administering medicines were clearly highlighted on the MAR charts. We were shown records, which documented that regular weekly checks were made by the service on people's medicines to ensure they were being given safely and as prescribed. This means that there were arrangements in place to ensure that medication is administered as directed by the prescriber to the person it was prescribed, labelled and supplied for.

We looked at one person's medicine records and checked that the amount given matched the documented records. Overall, the records showed that the person had been given all of their medicines as prescribed.

We found that there had been improvements in the management of medicines. We saw that new systems had been put in place to ensure that medicines are given to people safely and as prescribed. We gave feedback to the Manager and explained that the service had complied with the SRN relating to medicines.

The key inspection of the home February 2010 required that all staff working in the home had received training in relation to safeguarding. We were shown nomination forms for staff to attend safeguarding training but this did not include all staff working at the home. Some staff had come to the home having received training from another organisation, we asked the care manager how they assessed the competence of these members of staff in relation to safeguarding knowledge and were told this was assessed at interview.

We were not able to check compliance with three requirements made in relation to recruitment as we were told by the Care Manager that no new staff had commenced working at the home since our June 2010 visit.

We have removed the requirement in relation to the home having a thorough examination carried out in relation to the lift. Following our June 2010 inspection we have liaised with the Health and Safety Executive and they will be following up this issue as this is their area of expertise.

We visited the laundry whilst at the home and observed that our recommendation of a separate handwashing sink has not been actioned. We had been informed via the improvement plan submitted to us by the home that this would be occurring very soon. The Care Manager was not aware this was due to happen. Facilities for handwashing are fundamental to good infection control measures. We are aware that some of the staff from the home will be attending a training course in relation to this being provided by the Primary Care Trust (PCT). The home however has not asked this department to assist them with an infection control audit of the environment. This facility is provided by the PCT to help and promote good systems of infection control with a care setting.

What the care home does well:

Medication management has improved ensuring that people living at the home have their medication administered safely.

What they could do better:

Recruitment procedures will be checked at a future date to ensure they meet the standard.

Safeguarding training is needed for all staff working at the home as this is fundamental to the health and well being of people living there.

Care record documentation is problematic, we were told and shown that typed information placed on computer records would not print off in some instances.

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 set out on page 2.

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, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	18	13	<p>The home must ensure that staff are trained and knowledgeable about the safeguarding procedure.</p> <p>To promote and protect the wellbeing and safety of people living in the home.</p>	30/04/2010
2	29	19	<p>The Recruitment process must include all documents required by Schedule 2 of the Care Homes Regulations 2001.</p> <p>To ensure that a robust recruitment process is completed and people living at the home are protected.</p>	16/07/2010
3	29	19	<p>The home must ensure that it has obtained two references for staff prior to commencing work in the home.</p> <p>To ensure the safety of people living in the home is promoted and protected</p>	30/04/2010
4	29	19	<p>The recruitment process must look at the previous employment history and any queries or gaps must be explored.</p>	30/04/2010

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, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
			To demonstrate a robust recruitment procedure has taken place and that people living in the home have their health and well being protected.	
5	29	19	<p>If staff commence work in the home on an Independent Safeguarding Authority first a written risk assessment must be completed.</p> <p>To demonstrate any risks have been considered and the appropriate action has been taken to reduce them.</p>	16/07/2010

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, 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

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	A Statement of Purpose and Service User Guide must be available to people living in the home and prospective persons wishing to live in the home. They must contain all the relevant information and be in a format that is accessible to them, so they can make an informed choice. (Recommendation made February 2010 not looked at during this visit)
2	7	Care plans should be in place within twenty four hours of arrival to the home so that staff have clear instructions as to what is required to meet someones needs and monitoring and evaluation of the condition can be documented. (Recommendation made February 2010 not looked at during this visit)
3	7	Trained staff working at the home should re-familiarise themselves with the Nursing and Midwifery Council document "Record keeping:Guidance for nurses and midwives 2009" (Recommendation made February 2010 not looked at during this visit)
4	8	Risk assessments should be drawn up in a timely manner and should include falls, nutrition and continence, they

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No	Refer to Standard	Good Practice Recommendations
		should be reviewed regularly and when changes have occurred to ensure any risk to people living at the home are appropriately managed. (Recommendation made February 2010 not looked at during this visit)
5	10	People living at the home should be consulted about the use of the dining/lounge area for training purposes or an alternative space for training sought. (Recommendation made February 2010 not looked at during this visit)
6	12	Activities must be reviewed and based on individual needs. (Recommendation made February 2010 not looked at during this visit)
7	14	It is recommended that the home obtain a copy of the Department of Health guidance "Mental Capacity Act 2005 core training set" published July 2007 and staff are provided with training, so that staff are aware of their responsibilities and peoples rights are protected. (Recommendation made February 2010 not looked at during this visit)
8	16	The complaints procedure must be amended to contain the correct details on how to contact the Care Quality Commission. (Recommendation made February 2010 not looked at during this visit)
9	18	It is recommended that the home obtain a copy of the Department of Health Guidance "Mental Capacity Act 2005 residential accomodation" published July 2007.
10	21	The assisted bath on the first floor prior to use should have a lifting certificate to demonstrate it is safe for use. (Recommendation made February 2010 not looked at during this visit)
11	26	A risk assessment should be drawn up for the use of laundry and any risk identified should be reduced. (Recommendation made February 2010 not looked at during this visit)
12	26	A handwashing sink for staff should be available for use in the laundry. (Recommendation first made February 2010)
13	26	The home should contact the Infection Prevention and Control team at Sandwell PCT, they will assist the home to carry out an infection control audit. This will help identify any concerns and assist in the ways they can be reduced.

Recommendations

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No	Refer to Standard	Good Practice Recommendations
		They are based at Kingston House, 438 High Street, West Bromwich, B70 9LD. Telephone number 0121 612 1500
14	28	A minimum of fifty percent staff should be trained to NVQ2 or above and records/copies of certificate should be available to demonstrate this. (Recommendation made February 2010 not looked at during this visit)
15	30	The home should introduce an induction programme that meets the Common Induction Standards for staff working in the home. (Recommendation made February 2010 not looked at during this visit)
16	33	The quality assurance system must look at a number of areas within the home such as views of people living in the home and any matters arising that must be swiftly addressed and monitored on a regular basis to ensure and develop positive outcomes for people. (Recommendation made February 2010 not looked at during this visit)

Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got 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

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

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