

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	2	2	0	6	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	1	1	0	2	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:

We visited the home to assess its compliance with requirements made from the key inspection visit of February 2010. We had also had concerns raised with us prior to the visit about the number of staff available to meet the needs of people living in the home. We found the home had not met five of the six requirements made. This means the home is in breach of the Care Homes Regulations 2001. We have issued a warning letter for four of the unmet requirements and will continue to monitor the home's progress in meeting these. We have issued a Statutory Requirement Notice for a requirement made in relation to the safety of medication. A Statutory Requirement Notice is the first stage of the enforcement process we take to ensure the health and well being of people living in the home. We have also liaised with other agencies to protect the well being of people living in the home.

We looked at the arrangements in place for medication management. Medication is stored in a trolley in a locked medication room. Copies of the original prescriptions were not available to check the right medication had been received from the chemist. We were unable to audit the medications due to balances from the previous cycles not being included on the current Medication Administration Record (MAR) or the quantities of medication received into the home for that cycle being included on the MAR chart. A requirement was made at the last inspection to ensure that medication was stored at the temperature compliant with the drug manufacturers' instructions. Temperature recordings showed that the room was above this at times. This meant that medication stored within the room had had its stability compromised, which may affect the well being of people taking the medication. We were advised by the owner that they were in the process of ensuring the room had an effective air conditioning unit. The home should have sought an alternative location for the storage of medication whilst the temperatures in this room were resolved to be within the acceptable range.

The home was unable to produce a thorough examination certificate for the passenger lift which was in use in the home at the time of our visit. We advised the home we would be contacting the Health and Safety Executive about this matter. The Health and Safety Executive are now working with the home to resolve this matter.

We looked at the recruitment process for four new staff. We found that one member of staff had been employed and been working in the home prior to an Independent Safeguard Authority first (ISA) being obtained in April 2010. We also found that two members of staff had gaps on their employment histories and there was no evidence to suggest that these had been explored. We also found that staff have been employed in the home on an ISA first whilst awaiting a Criminal Records Bureau disclosure without a risk assessment being carried out. We will be making a new requirement in relation to this. We also found that one member of staff had supplied a reference for an employer not declared on their employment history. We are aware that despite the breach the most recent person recruited to the home had a robust recruitment procedure carried out.

Staff working in the home told us they thought there were enough staff to meet people's needs. We did observe for short periods though out the day the lounge to have no staff present to offer support to people living in the home. On the day of our visit the Care Manager was also working in the kitchen as there was no cook available to serve

breakfast. Staffing levels should be kept under review in light of the number and changing needs of people living in the home.

We looked at staff training records in relation to safeguarding. We found no written documentation to demonstrate that staff had received training in safeguarding procedures. We spoke to two members of staff and they confirmed that they had not received training in safeguarding. Staff spoken to however did tell us that they would either let the most senior person on shift know of any concerns or report to the manager

What the care home does well:

We have found no improvement in the service in relation to medication storage, safeguarding training and the ability to demonstrate the lift was safe for use. There has been some improvement in the recruitment process recently.

What they could do better:

The home must address the poor management of medicines for people's safety. We are very concerned by our findings during this inspection, people are being placed at risk.

Robust recruitment procedures must continue and risk assessments must be in place for people commencing work in the home on an ISA first whilst awaiting a full Criminal Record Bureau check.

Records must be available to demonstrate staff have received safeguarding training so that they are aware of how to protect people living in the home.

The home must provide us with an improvement plan that details how they intend to meet our concerns in relation to that which is listed above.

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	9	13	<p>The home must purchase a room thermometer and record daily the temperature of the medication and take appropriate action if the room temperature does not comply with the medication product licence.</p> <p>All medication must be stored in accordance with their product licence.</p>	16/04/2010
2	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
3	29	19	<p>The recruitment process must look at the previous employment history and any queries or gaps must be explored.</p> <p>To demonstrate a robust recruitment procedure has taken place and that people living in the home have their health and well being protected.</p>	30/04/2010
4	29	19	<p>The home must ensure that it has obtained two</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
			references for staff prior to commencing work in the home. To ensure the safety of people living in the home is promoted and protected	
5	38	23	The passenger lift should have a thorough examination carried out every six months and records must be available to demonstrate this. To ensure the lift is working correctly and does not place anyone at risk.	30/04/2010

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
1	9	13	<p>The quantity of all medicines received and any balances carried over from the previous cycle must be recorded to enable audits to take place.</p> <p>This will demonstrate that medication is being administered as prescribed.</p>	16/07/2010
2	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
3	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</p>	16/07/2010

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No.	Standard	Regulation	Requirement	Timescale for action
			at the home are protected.	
4	33	24	<p>The home must submit an improvement plan that clearly details the action the home will take to address the shortfall identified in the report.</p> <p>This will show the action the home will take in order to improve the service for people living there.</p>	31/07/2010

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	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	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)
3	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)
4	8	Risk assessments should be drawn up in a timely manner and should include falls, nutrition and continence, they should be reviewed regularly and when changes have

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No	Refer to Standard	Good Practice Recommendations
		occured to ensure any risk to people living at the home are appropriately managed. (Recommendation made February 2010, not looked at during this visit)
5	9	Handwritten Medication Administration Charts should contain the signature of the staff receiving and recording the medication in the home, to ensure an accurate record.
6	9	It the hme should consider implementing a Homely Remedies policy and procedure so that minor ailments can be treated swifty. This must be a reflection of good practice and staff must be trained to adhere to it. (Recommendation made February 2010, not looked at during this visit)
7	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)
8	12	Activities must be reviewed and base on individual needs. (Recommendation made February 2010, not looked at during this visit)
9	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 responsiblites and people rights are protected. (Recommendation made February 2010, not looked at during this visit)
10	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)
11	18	It is recommended that the home obtain a copy of the Department of Health Guidance " Mental Capacity Act 2005 residential accomodation " published 2007. (Recommendation made February 2010, not looked at during this visit)
12	21	The assisted bath on the first floor prior to use should have a lifting certificate to demonstrate it is safe for use.
13	26	A risk assessment should be drawn up for the use of the laundry and any risks identified should be reduced. (

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No	Refer to Standard	Good Practice Recommendations
		Recommendation made February 2010, not looked at during this visit)
14	26	The home should contact the Infection Prevention and Control Team at Sandwell PCT, they will assist the hme to carry out an infection control audit. This will help identify any concerns and wasy in which they can be reduced. They are based at Kingston House, 438 High Street, West Bromwich, B70 9LD. Telephone number: 0121 612 1627
15	26	A handwashing sink for staff should be available for use in the laundry. (Recommendation made February 2010, not looked at during this visit)
16	28	A minimum of fifty percent of staff should be trained to NVQ2 or above and records/copies of certificates should be available to demonstrate this. (Recommendation made February 2010, not looked at during this visit)
17	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)
18	33	The quality assurance system must look at a number of areas within the home such as medication, views of people living there and maintenance issues any matter arising from these must be swiftly addressed and monitored on a regular basis to ensure and develop positive outcomes for people.

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

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