

# **Key inspection report**

**CARE HOME ADULTS 18-65**

**Gaywood Street, 24**

**London  
SE1 6HG**

*Lead Inspector*  
**Lynne Field**

*Key Unannounced Inspection*  
**3rd July 2009 09:00**

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

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

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

Copies of the National Minimum Standards – Care home adults 18-65 can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop).

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

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# SERVICE INFORMATION

<b>Name of service</b>	Gaywood Street, 24
<b>Address</b>	London SE1 6HG
<b>Telephone number</b>	020 7261 9210
<b>Fax number</b>	020 7261 9210
<b>Email address</b>	esterj@plus-services.org
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	PLUS (Providence & Linc United Services)
<b>Name of registered manager (if applicable)</b>	Ester Janko
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	5
<b>Category(ies) of registration, with number of places</b>	Learning disability (5)

# 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 - Code LD
2. The maximum number of service users who can be accommodated is:  
5

**Date of last inspection**                      16th July 2008

## Brief Description of the Service:

Gaywood Street is care home providing personal care and accommodation for up to 5 people with a learning disability some of whom may be over 65 years of age.

Hyde Housing Association Limited owns the building but Choice Support manages this. The service is staffed and managed by PLUS support (Provident and Linc United Services), a voluntary organisation.

The home is located in Elephant and Castle, close to shops, pubs, the post Office, underground and buses.

The home consists of a two-storey building, and is designed to be wheelchair accessible, with passenger lift, and access to a patio area. All the home's bedrooms are single. They are decorated to individual resident's tastes and needs.

The range of fees is charged from £1179-92 per week. Additional charges are made for things such as hairdressing and toiletries.

# SUMMARY

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

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

The inspection was unannounced and was carried out over two days in July 2009. The first day of the inspection was spent at the organisations head office checking staff files. We were able to view four staff files relating to the home and found they had all the information relating to good recruitment practices and spoke to the human resources manager.

The registered manager facilitated the second day of the inspection at the home. We checked records on care plans, medication records and the complaints book and were able to access confidential documents. We checked three of the staff files that are kept in the home and saw copies of training records. There was evidence of regular supervision taking place and we were told staff meetings are held every two months.

The registered manager completed and a copy of the Annual Quality Assurance Audit document which provided us with information about the service. We were able to speak to three staff during the course of the inspection including two new members of staff who confirmed they had induction training and had been supported during their induction period. We spoke to one member of staff who had been with the service for about ten years and were happy working in the home. We were given a tour of the premises and were able to check records relating to the health and safety aspects of the service.

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

Prospective residents are given the information they need to enable them to decide whether the home is suitable.

The home strives to achieve its aims by providing a service tailored to meet individual needs. It gives good individualised care to all residents and supports residents to make choices for themselves by having key worker meetings, residents meetings and service reviews.

There are always adequate amount of staff on duty to ensure the residents always receive adequate support with all their needs.

There are systems are in place to monitor the quality and safety of the service being provided and the home environment.

Documentation is in easy read format and residents are assisted in being kept informed if letters come to them that they are unable to read by the staff

reading the letter to them and explaining in terms they can understand what is in the letter.

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

The decoration of the home has improved and the kitchen has been replaced and redecorated. There is a new kitchen table that was chosen by the residents. Resident's bedrooms have been redecorated and personalized to their individual taste. Staff have supported residents decide what new sensory equipment they would like for sensory room.

Recruitment practices have been developed and improved.

Support plans are being reviewed and include more information about the resident so staff are able to support the residents the way they like and want to be supported.

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

The signature list for the medication records needs to be reviewed and updated to include all new staff that is able to dispense medication to the residents.

It would be good practice to keep a running total of these medications on the MAR charts.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line – 0870 240 7535.

# **DETAILS OF INSPECTOR FINDINGS**

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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):**

1,2,3,4,5

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 home provides important information to prospective residents, families and health professional so that they are informed on services available.

No resident is admitted to the home unless they have had their needs fully assessed first and the home is confident that they can meet their needs.

Prospective residents and their relatives can come and look around the home and meet staff before they decide to move there.

### **EVIDENCE:**

The home has an up dated the statement of purpose and service user guide to include all the information relating to the home. The information in the Statement of Purpose and Service User Guide is given to prospective residents and their families and this explains what the service offers. This is written in easy to read format. The manager had hoped to improve this again by the use of video and audio tapes that prospective residents can view rather than read.

There is one vacancy at the present time and one resident is in hospital at the present time.

We were told as part of the assessment process, the manager would follow the organisations admissions process and go to assessed them. If the home felt they could meet the prospective resident's needs they would be invited to visit the home and be encouraged to make several visits to see if they liked it and meet the residents and staff. The manager said the home would make sure all adaptations were in place, such as extra handrails and or a profiling bed, before the resident came to live at the home and they would do this for all before the prospective resident before the resident arrived at the home to live.

We checked three resident's files and noted there are licence agreements and contracts in place.

## 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):

6,7,8,9

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.

Residents are consulted and supported to make decisions about their lives by staff and appropriate independent professionals.

Potential risks are identified and residents are supported to take risks within a risk management framework.

### EVIDENCE:

On the day of the inspection there were four residents living in the home but one had been in hospital for three to four weeks. We checked the three residents' files who we met at the inspection. The files are more organised and have been continued to be developed since the previous inspection. Each resident has four files. We were shown the new support plans the organisation is using. These are still in the process of being developed. On the front one we saw there was a photo of the resident. The support plans give a description of

residents' individual behaviours, reactions and preferences and how the resident likes to be treated. This included their strengths and needs and how these could be met. These are written in accessible format. The support plans seem to have more information about the residents in them. The home encourages residents make decisions for them selves by involving them in the development of their support plans. This is done with the help of their key worker and other staff support. Support plans and risk assessments are reviewed with residents and their families every six months or sooner if necessary. There are copies of risk assessments that have been carried out. Details of any changes to the risks are recorded in the support plans along with details of how to manage the risk. There were resident's wheelchair guidelines and wheelchair risk assessments on file. There are copies of the risk assessments for bedrails and wheel chair straps and there are now formal records of the relatives other professionals being informed these are being used for the resident's safety. These have been signed by relatives or / and professionals. The manager said they had discussed this with the family and professionals again and recorded this in each resident's file at the next review. This was done so there could be no misunderstanding about why they are being used.

We were told the home has internal reviews even if there is not a social worker involved and there were copies of best interest meetings on file. These are planning meetings for individual needs and then they review the plan after six months. Every resident has a facilitation meeting within Person Centred Planning. There have been a variety of approaches used and variety of communicational tools has been incorporated. Many of the documents are being done in "Picture Format". Objects of reference have been developed in relation to some residents in order to improve communication and support their needs and aspirations better. Family are involved in these and we were told one resident has a very good advocate. One resident has lots of family who have been "very hands". We were told by staff they were continuing to develop Person Centred Plans for each resident. The manager said this has helped identify a number of goals and plans for the future. We were told the social worker comes annually to review the residents care. There were copies of reviews on file.

# 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:

11,12,13,14,15,16,17

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.

Residents are encouraged to access the community with the support of staff and engage in appropriate, enjoyable and fulfilling activities.

Families and friends are encouraged to keep in touch with the residents and participate in social activities.

Mealtimes are relaxed and residents enjoy a healthy, varied diet.

### EVIDENCE:

There is a timetable of weekly activities for each resident kept in their file with the daily task sheets so that those activities do not get missed. This has been written easy read format. Residents go to different activities depending on their needs. One goes to the day centre two times a week. All residents have

aromatherapy once a week, which they enjoy. We were told residents are encouraged to go out as much as possible during the day and at weekends. They have regular access to the community and activities programmes are developed to meet each resident's individual needs. In this way residents are supported and encouraged to take part in activities that are enjoyable, beneficial to their mental and physical health.

One resident has a large family who we were told are "very hands on". Another resident visits their friends in Lewisham with staff support when he wishes to do this but has not done this for sometime. We were told that there are enough staff on any one shift to provide support to at least one resident to go out into the local community. We looked at the rota and this was generally the case. The manager said that extra staff will be rotated on if there was to be a special outing. We were told short falls in staff if a member of staff goes off sick are generally covered.

Two residents share a car that is adapted to take their wheelchair and only they are able use it. Staff said the other residents used public transport or Dial a Ride to access the community activities. The home records of all community based activities on sheets over a period of month. This gives the home an over view of what activities are happening and what is not happening and why is it not happening.

The organisation that runs the home, plan a number of outings for the residents of the homes they run. Details of these are published in a booklet that is distributed to the homes. Staff said they discuss with the residents which outings they would like to go on and book them up. Extra staff would be on duty to cover the outings because all residents do not always want to go on the same outing. The home plans other regular outings apart from visiting the local community.

The staff said they encouraged the resident's to eat a healthy diet. The resident's are asked about what food they would like on the menu. Meals have been devised from those preferences. The staff said most of the residents had lived at the home for a number of years and they are able to tell by their reaction whether they like the food they are given. There was a good range of different food with healthy options, such as low fat food and fresh fruit recorded on the menu. A record of what resident's have eaten is kept in the daily records.

The home has a large sensory room which was refurbished to include different sensory experiences. Staff said in the past residents enjoyed going in there and it could be a calming or stimulating experience depending on how the resident was feeling. And we were told this continues to be the case. One resident who dose not like the sensory room for some reason has a one to one sensory session in their room.

## 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):

18,19,20,21

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.

Residents receive personal support, in the way they prefer and their physical and emotional needs are met during the day. Staffing levels at night mean residents dignity and comfort is compromised and staff health and safety is put at risk.

Residents are not able to take control of their medication and need assistance to take it.

### EVIDENCE:

Staff said as the residents have aged they are needing more help with personal care. Profiles have been reviewed. We were told all support plans and risk assessments are in the process of being redone. Staff spoke to residents with respect and addressed residents by the name they preferred to be called by. The three resident's files contained all the information staff need to support the residents in their preferred personal care routines. There were being updated

with details of how much help an individual requires with different personal care tasks.

Each resident has health file. This records all the residents health needs. It includes a health action plan and their medical profile. There are records of health appointments attended. Staff take the organisations medical form with them to the resident's appointment, record the outcome of the appointment and have it signed before they leave by the professional dealing with the resident. This indicates each resident is supported by care staff to attend an appropriate range of healthcare appointments in line with their individual healthcare needs. One resident has had a number of assessments by the Speech and Language Therapist, for example there was an "Eating and Drinking" assessment. The out come of these are kept in the residents file. Another resident has a Health Action Plan and these have been up dated

The home has waking night staff to ensure that residents receive adequate support during the night. All residents are checked on hourly basis through the night to try to ensure no one is left with their needs not being met. We were told three of residents have risk assessments in place requiring them to have 2:1 support to move and change them when they are in bed. At the last inspection we were told "none are receiving this due to lack of funding to have two waking staff on duty during the night". This has now been resolved and there are adequate staff on duty during the night to carry out the tasks safely.

None of the residents are able to take control of their medication and well as needing assistance to take it. Medication is kept in locked cabinet in the kitchen area and key is kept by staff at all times. The resident's medication comes in the blister pack system and liquid medication is dispensed into medicine pots by the staff. We checked the MAR charts and the medication of three residents and found it all correct. Each chart had a photo of the resident and a list of the medications prescribed for the resident. Homely remedies list was signed by the GP. There were a number of medications that could not be put in the blister packs. It would be good practice to keep a running total of these medications on the MAR charts. The manager said the home receives regular pharmacy inspection visit, which provides them with further recommendations if necessary. Staff team had also received a feedback and training from the last visit done by pharmacy. The signature list needs to be reviewed and up dated to include all new staff who are able to dispense medication to the residents.

We saw that all the residents had purchased a funeral plan. This was discussed and agreed with family, appropriate professionals and advocates.

## 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):**

22,23

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.

Practices and training at the home ensure that residents are protected from abuse.

Resident's views are listened to and acted upon.

### **EVIDENCE:**

The home has a complaints policy, a copy of which is in the residents' guide. This is now in easy read format. The house has a complain book in place. Any comment by a resident, family visitor or advocate is recorded in the book. Residents have a safe in their rooms for keeping valuables. We were shown the complaints book. We checked the complaints book and spoke to the manager who said there had been no complaints made.

We spoke to care staff during the inspection and said there were different types of abuse, not just physical abuse, such as verbal abuse and financial abuse. They said if they suspected abuse was happening they would reassure the resident and report what they suspected to the manager or the deputy manager.

The manager said all complaints are taken seriously and appropriate action would be taken to ensure a residents' or a family member's complaint was

addressed immediately. There have been two adult protection issues. These have been handled appropriately and all relevant professionals informed.

Each resident has their own petty cash book, which shows all transaction being done from their account into their own money tins. Receipts are kept for all transactions and they are checked by a deputy manager each week. We checked the all resident's money tins with a member of staff who went through the homes procedure with us and explained the money was checked at each handover. All money checked was correct. One resident is able to access their own account and all transaction details are kept in the book. All staff have had a basic training in Safeguarding Adults which enables them to recognize and act on suspected case of abuse.

All residents receive a financial statement of all transaction being made and this regularly checked by senior management on monthly visits. To access residents' account two signatures should be provided for such transaction and one of those is the senior manager of the company. An arrangement has been made with the bank, for the homes management to withdraw the money behalf of one resident. This require two signatures of the service manager and either the home manager or the deputy manager. We were told before this could be agreed they followed the organisations financial agreement procedure. This is to discuss the possible arrangement with the Head of Service and Service manager. Have written information about the process of withdraw the money, evidence of resident's capacity to consent makes them not able to have the capacity to withdraw the money from the bank themselves. There is a list of people involved in the decision and a copy of the risk assessment.

We saw copies of best interest meeting that have been held in residents files. We were told the home was planning for a Best Interest Meeting to be set up to address the possibility of other residents borrowing the another residents vehicle if necessary. We were told before this happens there needs to be with agreement from the residents who own the vechale, advocate, their family and social services representatives.

## 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):

24,25,26,27,28,29,30

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.

A pleasant, welcoming and comfortable home is provided for the residents.

Recent redecoration and adjustments have improved the facilities and further improvement work is planned. The home is bright, clean, comfortable and safe.

Residents' rooms are comfortable and are decorated to reflect their personalities.

The whole home is accessible to people with mobility needs.

### EVIDENCE:

We were shown around the home by the staff and found the home was clean, smelt fresh and homely. House is spacious and is fully wheelchair accessible.

We were told the living areas have been redecorated in colours of the resident's choice. The flooring in the kitchen was replaced about a year ago. The kitchen has been replaced and refurbished. It looks bright and clean. The kitchen units are situated in the kitchen to accommodate the needs of the residents and the worktops and the sink are able to move up and down to accommodate a resident in a wheelchair or who may have a disability and needs to use a chair. A new kitchen table was purchased as well as new specialist cutlery for some of the residents before the previous inspection in July 2008. The garden is sunny and secluded and is accessed from the kitchen. We saw the new garden furniture that was purchased and they have a new solar garden lights. They said they felt garden is now much nicer and easier to manage. The manager said they hoped to have volunteers come in to tidy the garden in the next week.

The staff room/small office was moved into a smaller room to enable residents to have a bigger room for their sensory use. All residents have their own bedroom that is wheelchair accessible. We saw four resident's bedrooms. The bedrooms have just been redecorated and recarpeted. This has been done with the residents and each bedroom is individual and reflects the resident's style and preferences. We were told residents were supported to choose the colour of the decoration and carpet of their bedrooms as well as items they want to keep.

The first floor bedrooms are accessed via a lift. The lift was replaced at the beginning of 2007. They had one episode since then where the lift would not work but have had none since. The carpets on the stairs and landing were replaced after the lift was replaced and are in good condition. The home has handrails in all the communal areas and the toilets and bathroom have grab rails and handrails fitted to give residents extra support should they feel unsteady. There are adequate bathrooms and toilets with specialist equipment for staff to use to assist the residents safely with their personal care.

# 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):**

32,33,34,35,36

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.

Recruitment arrangements are robust and residents are safeguarded by staff that are thoroughly vetted.

Residents individual and joint needs are met by appropriately trained staff.

There is a friendly, motivated and competent staff team.

Staff has regular supervision and are supported in their work.

## **EVIDENCE:**

We checked the staff rota and this reflected accurately the staff members that were on duty. It was evident through observations and from the rota that there were enough staff members working in the home. We were told by the manager they always tried to keep the staffing levels consistent and extra staff would be put on the rota if more than one resident wanted to go somewhere or

staff had organised an outing that needed more staff on duty. Staff we spoke to confirmed this was the case.

We saw the staff handover sheet. The staff go through the handover checks at each handover. This includes checking the money held on behalf of the residents. The oncoming member of staff signs a record of this. The home has a daily task sheet for each shift that is signed by the member of staff who completes the task. This is handed over during the change of shift as well as giving verbal feedback.

We met three staff during the course of the inspection. Two were new members of staff and one was a member of staff who has worked for the organisation for ten years and enjoys working in the home. Throughout the inspection we observed staff interacting with residents and the qualities seen included good listening skills, a calm and confident manner, and a good grasp of the basic areas of need they needed to meet, including communication.

As part of the inspection process we visited the organisation's head office human resource department where all the staff files are held. We were able to check the recruitment procedures and practices as well as the staff files. We selected twenty two files of support staff that have been recruited by the organization in the past twelve months. These were of staff who work in a variety of settings in the organization from outreach services to residential care units.

A human resource manager was appointed and has been in post for the past eleven months. The previous issues of concern were the competency of staff involved in verifying documentation. We found that there are notable improvements in the recruitment procedures at this inspection. The human resource manager has the experience and the skills in verifying applicants' identity and work permits and is very thorough in this aspect of recruitment. We saw the records on file of contact with external organisations that follow up on any concerns regarding employment and immigration status.

We saw that there were face to face interviews were conducted by two senior officers and notes were kept of the results. The outcome of the interviews is used in the selection and appointment process.

The human resource manager has identified gaps in some of the older files and is continuing to address these. Staff recruited now are more thoroughly vetted with relevant documentation in place that provides evidence of this. Using the organization's information sheet correctly have helped improve the procedures. It is held at the front of the personnel file and is easily accessed to check that the applicant's information is received before proceeding with the appointment. All the files we viewed contained fully completed application forms with proof of identity. Relevant references present are supplied from previous employment and match up with employment history. Copies of identity and

CRB Enhanced Disclosures are held. We saw records that confirmed these are obtained before staff are appointed. Support staff are issued contracts and copies of these are retained on staff files.

We looked at four files of staff who work in the home. Of those files of staff who work in the home all had an employment contract, which includes details of their terms and conditions of employment that they had signed. The home protects residents by obtaining references, CRB Enhanced Disclosures with relevant POVA checks were present for each staff member. We were told by the manager that all staff employed receive a structured induction process that meets skills for care requirements.

The organisation provides a wide range of training for the staff team mandatory training including manual handling, food hygiene, infection control, first aid and other general health and safety training and this is updated as required. We contacted the organisations training department and they were able to confirm staff in the home had completed a wide range of training and that mandatory training takes place each year. We saw copies of the training file that is kept in the home. This is an up to date record of all the training undertaken by the staff in the home. Three staff members have undertaken NVQ 2 or above. The staff said they receive regular supervision once a month and said they felt they could talk to their manager whenever they are around. Copies of staff supervision notes, which are signed, by a manager and a staff at the end of the supervision to confirm the goals set in a meeting are kept locked in the staff office. We were shown copies of staff meeting minutes that are held every two months.

# 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):**

37,38,39,41,42

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 manager has brought continuity, leadership and good levels of communication to the work of the home and this benefits the people using the service.

The manager has clear the expectations of staff and ethos and approach the staff at the home should take.

Residents know the home is well managed and planned.

**EVIDENCE:**

The manager completed her registration since the previous inspection and is now the registered manager of the home. They hold a BSc Psychology (Hons), NVQ4 in Management, Diploma in First Line Management and have many years of experience working within the organisation. We have recently been informed the present manager plans to move to another service within the organisation and the deputy manager who was new in post at the last inspection has already moved on. We were told the organisation appointed a new manager and deputy manager for the service who will start at the beginning of August 2009.

Copies of the policies and procedures are kept in the staff office and are available for staff to refer to on a daily basis. They said "everyone has worked very hard to improve service at Gaywood and they feel the results are obvious in many areas, such as the homes appearance, staff confidence, and staff's future aspirations with a clear vision for the future.

Records indicated that all fire and electrical systems and equipment in the home are serviced and inspected appropriately and that all internal checks are conducted at appropriate intervals.

We were told the lift has an effective emergency maintenance contract in place to ensure the lifts are kept working at all times and on one of the days of the inspection the lift was serviced.

We saw copies of the Quarterly Monitoring Report that monitors, evaluates and sets goals in all aspects of the home and the service provided to the residents. The senior management of the organisation conducts unannounced management visits to the home every month. A record of these are kept in the home and we were able to see copies during the inspection. The home has a specially designed questionnaire, which it uses to ask the residents if they are happy with the service and living at the home. The outcome was positive.

# 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

<b>CHOICE OF HOME</b>	
<i>Standard No</i>	<i>Score</i>
<b>1</b>	3
<b>2</b>	3
<b>3</b>	3
<b>4</b>	3
<b>5</b>	3

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

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

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

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

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

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

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

No

Are there any outstanding requirements from the last inspection?

### **STATUTORY REQUIREMENTS**

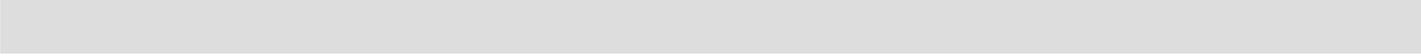
This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	YA20	13(2)	The signature list needs to be reviewed and up dated to include all new staff that are able to dispense medication to the residents.	03/08/09

### **RECOMMENDATIONS**

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

No.	Refer to Standard	Good Practice Recommendations
1	YA20	It would be good practice to keep a running total of these medications on the MAR charts.



## Care Quality Commission

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