

Key inspection report

Care homes for adults (18-65 years)

Name:	Franklyn Lodge 8 Forty Lane
Address:	8 Forty Lane Wembley HA9 9EB

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

Lead inspector:	Date:
Julie Schofield	1 6 0 4 2 0 1 0

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

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

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Franklyn Lodge 8 Forty Lane
Address:	8 Forty Lane Wembley HA9 9EB
Telephone number:	02089046821
Fax number:	TBC
Email address:	cathy@franklynlodge.com
Provider web address:	

Name of registered provider(s):	Residential Care Services Ltd
Name of registered manager (if applicable)	
Ms Milly Suyi	
Type of registration:	care home
Number of places registered:	9

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	9	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 9		
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		

Date of last inspection	2	4	1	1	2	0	0	9
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Brief description of the care home
8 Forty Lane was registered in June 2005 to provide accommodation and care support to 9 people with learning disabilities. The home is a detached property located near to Wembley Stadium and the town centre. The home is suitable for people who would benefit from a group living while still maintaining their individualism and identities.
Application to live at the home is normally made through relevant social services departments and completion of a multidisciplinary care needs assessment.

Brief description of the care home

The home has 9 ensuite bedrooms, a staff room, an office, a laundry area, a large open plan communal lounge, an activities room, a kitchen, a separate dining room, and a large garden with storage sheds. Service user accommodation is on the ground and first floors.

Information regarding the service provided and the fees charged may be obtained, on request, from the manager of the home.

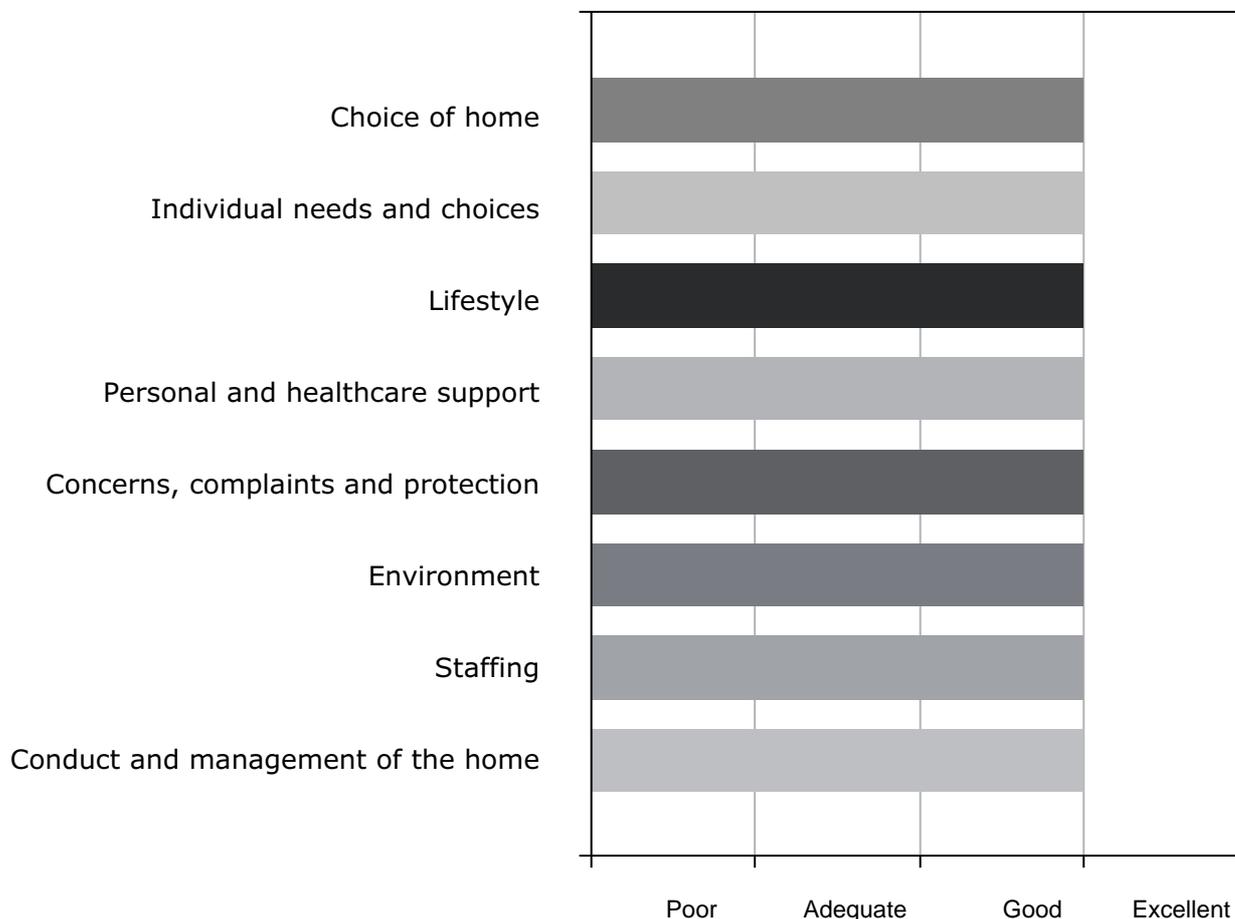
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

We visited the care home on the 16th April and arrived at 8.35 am. We left at 5.10 pm. While we were in the home we case tracked the care of selected residents. We referred to policies and procedures and looked at records, including those belonging to residents and those associated with the running of the care home. We reviewed medication practices in the home. We carried out a site visit and we checked compliance with the statutory requirements identified during the previous key inspection in November 2009. We saw residents relaxing in the home and taking part in activities. We observed care practices. We spoke with the manager and members of staff. We saw the preparation for the evening meal. We returned on the 19th April to view staffing and training records. This visit began at 3.45pm and finished at 5.30pm. A manager from the company assisted.

Prior to the inspection we received a copy of the Annual Quality Assurance Assessment (AQAA). We would like to thank everyone for their assistance and for their comments

during the inspection.

What the care home does well:

When we were sitting with residents that were relaxing or taking part in activities we saw that residents had a good rapport with members of staff and responded to them. Relationships were friendly and residents were treated with respect. Residents were at ease in the company of members of staff, who were familiar with the likes and dislikes of individual residents.

When we spoke with members of staff they confirmed that the company had a good training programme in place and we saw that when there had been an error in recording the administration of medication a prompt investigation and an appropriate action plan was put in place, which included refresher training for the staff team. Members of staff confirmed that the staff on duty worked together as a team and gave each other, in particular new members of staff, support when needed.

There was respect for the rights of the resident and caring support was provided to meet the individual needs of the residents. We saw that staff continue to promote independence and noted that a resident had increased their domestic skills.

What has improved since the last inspection?

Fifteen statutory requirements were identified during the last key inspection that took place in November 2009. Compliance has now been achieved.

Since the last key inspection the maintenance programme has continued and some residents have had their bedrooms redecorated and new carpet fitted. Bed linens and duvet covers have been replaced in all of the residents' bedrooms. A new kitchen has been installed and the new layout makes a better use of space and provides more storage. We saw residents using this improved facility.

What they could do better:

Five statutory requirements have been identified. When recording the administration of medication the members of staff must take care that they initial in the correct box on the MAR sheet to minimise the risk of errors. Documents provided about the service that contain a summary of the complaints procedure need to be checked to ensure that complainants have access to the correct contact details for the regulatory authority. In order to maintain the quality of the environment some minor repairs or replacement are needed. Odour control systems in one of the rooms in the house must be reviewed and adapted to ensure that they are effective. Reviewing and updating the fire risk assessment and plan will ensure that the safety of all people in the building is promoted.

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

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

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

The completion of a comprehensive assessment of need by the care home assures the resident that a service able to meet the resident's needs can be provided. A programme of pre-admission visits to the care home assures the resident that the service to be provided is acceptable and is in accordance with their wishes and preferences.

Evidence:

There have been no new admissions to the care home since the previous key inspection in November 2009. However, when we examined 3 residents' case files we looked at the pre-admission information on file. The policy of the care home is that as much information as possible is received from the placing authority, prior to an assessment being made by the manager of the care home. If the assessment determines that the referral is accepted a transition plan is put in place, which includes a series of introductory visits to the care home by the prospective resident. The visits give the prospective resident the opportunity to view the accommodation, including the bedroom that they would occupy, meet the residents and the members of staff providing support, have a meal and see the activities taking place and the

Evidence:

routines in the care home. All of the documents that should accompany the procedure were present on the files inspected. Information from the placing authority included, depending on the resident, behavioural guidelines, an assessment and personal history of the person, information from the previous placement (including care plan) and a psychiatrist's and a social worker's report. Information about the introductory visits was recorded and showed a pattern of both day and overnight visits. Observations from members of staff on duty, the prospective resident and the views of the current residents were noted. The manager's assessment was used as a basis to develop the initial care plan. Prospective residents are supported by family members and their social worker throughout the pre-admission procedure and a copy of the service user guide is kept on each of their case files.

Individual needs and choices

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

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

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

Reviewing care plans and placements on a regular basis assures residents that changing needs are identified and can be addressed. Having the opportunity to exercise choice in their daily lives assures residents that their wishes and preferences are respected. Arrangements for handling residents' finances protect the financial interests of the residents. Responsible risk taking contributes towards the resident leading an independent lifestyle.

Evidence:

We selected 3 of the residents to case track their care. When we looked at their files we noted that the care plan section in the file contained a copy of the original assessment of need and then a developing care plan that had been reviewed on a 6 monthly basis. The placement had also been subject to regular reviews and the last internal review had taken place either in October 2009 or November 2009 or January 2010. We also saw that the funding authority had convened a review meeting in 2009 or that the care home had contacted the local authority for a meeting to be convened in 2010 and was waiting for a date to be allocated. Looking at the list of attendees at

Evidence:

review meetings we noted that relatives attended the reviews, where possible. We discussed the agreements made at external review meetings and where a referral for an advocate and a referral to Connexions had been identified we were satisfied that progress was being made.

We saw residents having opportunities to exercise choice on a day to day basis. Prior to the evening meal the laminated meal choice books were brought out and residents were shown a picture of the meal that was on the menu and then were able to look through the book to see if they wished to modify part of the meal e.g. one resident substituted rice for pasta or if they wanted to have a different meal. We noted that some residents chose to come to the communal areas after their return from day centre and take part in activities while other residents chose to stay in their room relaxing before the evening meal. The snack served to residents on their return home varied according to the likes and dislikes of the individual resident. A programme of changing residents' bed linens and duvet covers has recently taken place and we saw that residents had chosen the new items according to their favourite colours. We were told that residents choose when they go to bed in the evening and when they get up in the morning, although they are encouraged to leave themselves enough time in the morning to get ready to go to their day centres during the week.

We discussed residents' finances. We were informed that 2 of the residents still continued to receive assistance from the service in managing their finances. The other 3 residents are assisted by their family members. However, the families of the other 3 residents leave small amounts of money in the care home to be used by the resident, with support from members of staff. During the previous key inspection 4 statutory requirements were identified in respect of handling residents' finances. During this inspection we noted that compliance had been achieved. There was safe and secure storage of residents' petty cash tins. Balances in the tins were in accordance with balances recorded in the individual petty cash books. Records were up to date and complete and there was evidence of regular audits of the records by the manager. The most recent audit had taken place on the 14/4/10. The record of money transferred into the petty cash accounts matched the last withdrawal from the resident's savings accounts.

When looking at case files we also checked the risk assessment section of the file. We saw that case files contained risk assessments that were tailored to the individual needs of the resident and that the assessments were subject to review. Risk assessments included travelling on transport to the day centre, the risk of scalding, the lack of awareness when close to traffic, spitting and making inappropriate gestures. The format of the risk assessment included an identification of the risk and

Evidence:

the likelihood of occurrence, its impact on the resident or on those around them and risk management strategies. The previous key inspection had identified a need for a risk assessment to be in place when a wardrobe in a resident's room is kept locked and these were now present on the files.

Lifestyle

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

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

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

Attending day centres assures residents of opportunities to develop their social skills. Taking part in activities and using community resources gives residents the opportunity to enjoy an interesting and stimulating lifestyle. Supporting residents to maintain contact with their families enables them to enjoy fulfilling relationships. Encouraging residents to make decisions assures them that their wishes are respected. Offering residents a varied and wholesome diet assures residents that their nutritional needs are met.

Evidence:

We discussed each of the residents' day care programmes. Residents attend a day centre on a Monday to Friday basis. Day centres include Albert Road, Strathcona and the Franklyn Lodge Day Centre in Wembley. Activities taking place in the centres include swimming, art work, music sessions, literacy and numeracy skills and outings into the community. In the past residents have attended college courses and one of

Evidence:

the residents is currently on the list for an assessment to take part in a college course.

Residents make full use of community resources and access these by using taxis, their freedom pass on public transport or the company's own 15 seater vehicle. Residents use restaurants, leisure centres, pubs, churches, parks, shops and the local library. When we discussed staffing levels in the care home the manager confirmed that at times an additional member of staff was on duty so that residents could have an escort when using community resources. There was evidence on the case files that the names of residents were registered on the electoral roll and that postal voting arrangements were in place, should a resident choose to vote.

Residents have the opportunity to attend clubs and discos, if they wish. These include the Apple and Gateway evening clubs and the Franklyn Lodge club that is held on a Saturday. We discussed annual holidays and the manager told us that these are subject to approval by the families, where the family manage the resident's finances. The service is trying to plan a holiday in 2010 for 3 of the residents and to arrange some day trips that all residents can take part in. In 2009 there were day trips to fun fairs and to Chessington World of Adventure. The care home also hosts BBQ's and the company holds an end of year party which is open to all residents living in one of the company's care homes, and their relatives. Within the care home there are activities for residents to take part in and there is a room on the ground floor that is used to store the equipment for these or which can be used as a place to carry out activities. During the inspection we saw 2 of the residents doing puzzles and using an alphabet game to spell out their names. We were told that at the weekends residents like to go out shopping or go for a drive in the vehicle or for a bus ride. Outings may not be on a group basis as residents have different interests and 1 of the residents likes to go to the cinema.

We discussed the spiritual needs of residents. Two of the residents receive assistance to attend a religious service at a nearby church. Attendance is on a weekly basis.

Visitors are welcome to come to the care home to see the resident or to take the resident out with them. If the visit takes place in the care home the relatives are able to sit with the resident in the resident's room, for privacy. Some residents enjoy overnight or weekend visits to their family. The manager said that families often support the residents with appointments taking place outside the care home and that the families keep in touch with the progress of the residents by telephoning the home or by emails. Families and friends of the residents are invited to social events taking place in the care home, if the residents wish.

Evidence:

Residents are encouraged to take part in the daily routines in the home and to develop their domestic skills. They are encouraged and supported to keep their rooms tidy and clean and to make their beds. Residents set and clear the dining table before and after meals. They help to sort their laundry and to load the washing machine. One of the residents mops the floor in the dining room after the evening meal. The level of direct involvement or the level of support provided by a member of staff will depend on the abilities and skills of the individual resident. We noted that some residents prepare their own drinks and snacks, with supervision, and saw that during this inspection a resident was being supported to prepare a cup of tea that previously had not been able to do this.

We noted during the inspection that the residents' right to privacy was respected and that when a member of staff wished to speak to a resident who was sitting in the bedroom the member of staff knocked on the bedroom door and waited for the resident to call out to invite them into the room. Those residents wishing to enjoy the privacy of their room were not interrupted or disturbed unnecessarily.

We discussed the meals served in the care home. There is a rolling 4 week menu cycle and copies of these were available in the kitchen. The menus provide a varied and balanced programme of eating and include dishes to meet the religious and cultural needs of residents. Meals include fresh salads and vegetables and there was a bowl of fruits in the kitchen. During the inspection fruit was served as a snack. There is choice on the menu and alternatives to the main meal are available. We discussed the individual likes and dislikes of residents and how these are met. We saw the "My Meals" books, vegetarian and non vegetarian, to help residents to make a choice and communicate this to the members of staff on duty. One of the residents who visits the home on a respite care basis has halal meat provided. When we looked at the records kept of meals consumed by residents they confirmed that alternatives are served and that variety is maintained even when residents choose "off menu". The record book was up to date.

During the inspection the evening meal was being prepared. The meal on the menu was spaghetti bolognese although 1 resident preferred the bolognese to be served as a sauce with rice instead of pasta. Another resident wanted the sauce with both rice and pasta. One resident preferred tuna in a sauce to the bolognese. The member of staff noted all the preferences and went to the kitchen to prepare these.

Personal and healthcare support

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

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

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

Residents receive assistance with personal care in a manner which respects their privacy and dignity. Access to health care services in the community assures residents that their general health is promoted. Receiving medication as prescribed by the GP assures residents that their general well being is promoted. However, to demonstrate that the care home is thorough in its recording of medication, more care is needed.

Evidence:

We noted during the inspection that assistance with personal care was offered discreetly and that members of staff were vigilant in reminding residents to keep themselves covered, to preserve their modesty. However we noted on both visits that due to gaining a little weight the trousers of one of the residents kept slipping down at the back. We discussed with members of staff the manner in which assistance with personal care is given and they confirmed the importance of closing doors to ensure privacy and reassuring the resident and telling them what the member of staff needs to do so that the dignity of the resident is maintained. At the time of the inspection the residents were female and the staffing team at the care home reflects this so that assistance is provided by a member of staff of the same sex as the resident. The level of assistance with personal care varies according to the individual needs of the

Evidence:

resident. When we spoke with the manager she informed us about how the care home ensured that residents had a manageable and attractive hair style that was in accordance with the resident's wishes. There are Asian and African Caribbean residents living in the care home and the staff team includes Asian, African and African Caribbean members of staff. There is a system of key working in the care home.

During the site visit we noticed that one of the residents has a problem with incontinence and although a regular programme of toileting is in place, including a prompt during the night this does not always meet the needs of the resident and the advice of the continence adviser should be sought.

When we looked at staff files we noted that there was evidence of support being provided so that residents could attend their health care appointments. We saw that residents attended out patient appointments at local hospitals including appointments with their psychiatrist. There were also regular appointments with the optician, dentist and chiropodist. When required, appointments were made with the GP and we noted that medication reviews were carried out. Residents had access to the flu jab, if they wished.

Two statutory requirements had been made in relation to the administration of medication during the previous key inspection in November 2009 and compliance had been achieved. We noted that the storage of medication was safe and secure. The home uses a dosette system for the administration of medication, although certain items of medication are not suitable for administration from a dosette box and are kept in their original packaging. We looked at the records and noted that although records were up to date and complete for 4 of the 5 residents the MAR sheet had not been initialed for an item of medication that is to be given each morning for the remaining resident. The item of medication to be administered was one that is taken from its original box and it was not possible to establish whether the tablet had been given, although the member of staff on duty on the morning of the inspection said that it had. Before a second visit was made to the care home to complete the inspection the provider took all of the medication and the records to the pharmacist for an audit to be carried out. A copy of the report was made available on our second visit. The medication had been given but the recording had been made, in error, against another item of medication that appeared at the start of the MAR sheet. The pharmacist supplied another MAR sheet so that recording could be resumed but in the correct place. Although the staff team received medication training in 2009 we were informed that refresher training is being arranged.

Concerns, complaints and protection

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

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this 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 complaints procedure in place in the home assures the resident, or some one acting on their behalf, that concerns are listened to and action is taken to resolve them. An adult protection procedure and training for the staff team helps to promote and protect the welfare and safety of residents.

Evidence:

When we arrived in the care home we saw that a copy of the complaints procedure was on display, in the entrance hall. The name and contact details of the regulatory authority were incorrect and when this was brought to the attention of the manager the procedure was removed, corrected and then replaced on display. The procedure outlined the stages in the procedure and timescales were attached to each stage. The manager informed us that no complaints have been recorded since the previous key inspection in November 2009. No complaints have been made directly to the CQC. When we spoke with members of staff they were aware that all complaints must be reported to the manager of the home.

We discussed safeguarding and the manager confirmed that no alerts have been made to or received by the local authority regarding the care home. A policy and procedure is in place. The care home has a copy of the local authority inter agency guidelines in the event of abuse and a copy of the summary is placed on each resident's case file. In July 2009 Mental Capacity Act and Deprivation of Liberty Safeguards training was arranged for the staff team. The staff team received refresher training in the

Evidence:

protection of vulnerable adults procedures in 2010. When we spoke with members of staff and asked a "what if" question they were able to demonstrate an understanding of the adult protection procedure and were clear about reporting incidents to the manager. They were aware of the whistle blowing procedure.

Environment

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

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this 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 have comfortable and "homely" surroundings in which to live and to relax. The cleanliness of the home assures residents that hygienic practices are maintained.

Evidence:

During the inspection we carried out a site visit. We noted that there was level access into the home and from the home into the garden by entering and exiting at the side of the property. The kitchen has been transformed following the installation of new worktops and cupboards etc. It is bright and modern and by its design now provides more storage space. Some re-tiling and re-grouting is needed in the ground floor bathroom.

During the inspection we looked at the bedrooms in the home. The programme of routine maintenance is on going and repainting and re-carpeting has taken place in some of the bedrooms. Since the last key inspection the bed linens and duvet covers have been replaced and this has smartened the appearance of the bedrooms. We discussed the appearance of one of the bedrooms. This belonged to a resident that damages property. We were satisfied that the care home was providing the best accommodation for this resident, under difficult circumstances. A chair in another resident's bedroom needed replacing. A lamp shade needs to be provided in one of the first floor bedrooms.

Evidence:

We looked at communal space in the care home and noted that there is a large separate dining room and a large lounge area, where seating is arranged so that residents can sit as part of a group or on their own. There is also an activities room on the ground floor that is used by certain residents wishing to listen to music etc. Communal areas are attractively decorated and furnished and provide a comfortable place in which to relax. There is a large garden at the rear of the property with a patio area, lawn and borders with mature trees and shrubs.

We noted that throughout the home it was clean and tidy. All communal areas and all but one of the bedrooms was odour free. The bedroom in question was being aired and since the last inspection progress has been made in reducing the odour in the room. We saw that the room was clean and that the bedding was clean. The manager informed us that although they had tried to use air freshener units in the room they appeared to affect the resident and had been discontinued. We discussed the need to try alternative methods of maintaining an odour free condition in the room.

The staff team received training regarding infection control procedures in 2008. The laundry facilities in the care home are situated on the ground floor and access to these does not involve carrying laundry through any area where food is stored, prepared or consumed. The care home uses commercial appliances in the laundry room and the washing machine programmes include a sluicing cycle. There are facilities for members of staff to wash their hands in the laundry room.

Staffing

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

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

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

Receiving support from staff that are trained assures residents that care practices are based on an understanding of the needs of the residents. Staffing levels in the home assure residents that there are sufficient members of staff on duty each day to support the residents and to meet their needs. Recruitment practices assure residents that checks have been carried out to stop unsuitable people being employed to work in the home. A programme of staff supervision assures residents that care practice is monitored and kept under review.

Evidence:

During the inspection we observed that carers were approachable and had good communication skills. They appeared to be motivated and committed. We discussed NVQ training with a manager from the company. There are 5 permanent members of staff on the staff team and the remaining shifts are covered by agency staff. Two of the 5 permanent carers have an NVQ level 2 and 1 of the agency staff on duty during the inspection had an NVQ level 2 qualification. We noted when looking at the training matrix that another 2 of the permanent members of staff are due to commence their NVQ training in 2010.

When we arrived at the care home to begin the inspection the manager and 3 carers were on duty. There were 5 residents living in the care home. In the afternoon the

Evidence:

manager was on duty with 2 carers. A sixth resident (on a respite care placement) was also present in the home. We discussed staffing levels. The manager confirmed that if the number of residents present was 7 or more the staffing levels were increased by 1 carer per shift. She said that dependency levels or needing escorts to accompany residents to activities in the community etc also contribute towards a rise in staffing levels. At night there are 2 members of staff on duty, 1 on waking night duties and the other member of staff asleep but on call. When there are 7 residents or more in the home both of the 2 members of staff on duty at night are allocated waking night duties.

There are 5 permanent carers working in the home and there are members of staff supplied by either of 2 agencies. The agencies are asked to supply a person that is known to the home and to the residents, to ensure continuity. We looked at the information supplied by both of the agencies supplying carers to work in the home. We noted that both agencies supplied a copy of the application form, proof of identity, evidence of an enhanced CRB disclosure being obtained and training profiles etc. One of the agencies also provided evidence of 2 satisfactory references. We noted that when we looked at the staffing files for 2 of the permanent members of staff the files contained an application form, photograph, proof of identity (passport details), 2 references, evidence of an enhanced CRB disclosure being obtained, contract and where necessary, the right to live and to work in the UK had been established. A health questionnaire was present and we noted looking at the application form that a declaration regarding cautions and convictions was included.

We were provided with a copy of the training matrix for the staff team and noted that mandatory training, including training in respect of medication and safe working practice topics took place in 2009. There was also training in 2009 in respect of autism, challenging behaviour, loss and bereavement, sexuality awareness and epilepsy. On each staff file there were attendance certificates for training courses. Members of staff confirmed that they had received induction training when they had started working in the home.

We talked about the support given to staff with those members of staff on duty. One member of staff confirmed that since recently returning to work in the home, after a 3 year break, she had received a 1:1 supervision meeting with the manager although she had not attended a staff meeting yet. She said that the managers were supportive and approachable. The other member of staff also confirmed the supportive nature of the managers. We looked at the supervision records of each of the permanent members of staff and confirmed that each member of staff had received a 1:1 supervision meeting in March and that the practice of the home was that staff received

Evidence:

1:1 supervision on a monthly basis. This is in addition to the day to day support received.

Conduct and management of the home

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

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this 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 day to day management of the home provides residents with an environment where their needs are recognised. Systems are in place to gather feedback on the quality of the service provided to enable the service to develop in ways that meet the changing needs of the residents. Training in safe working practice topics enables the members of staff to safeguard the health, safety and welfare of residents and regular servicing and checking of equipment used in the home assures residents that items are in working order and safe to use.

Evidence:

The registered manager has managed the care home since its registration and prior to this she was a registered manager for approximately 6 years at another of the company's services. She has approximately 10 years experience of managing services for this client group. She holds an RMA qualification and updates her skills and knowledge by attending short courses, the most recent being training in respect of the Mental Capacity Act and Deprivation of Liberty Safeguards.

There are quality assurance systems in place in the home. Feedback is sought from

Evidence:

residents on an ongoing basis although due to limited communication skills on the part of some residents the members of staff have to gauge body language and facial expressions to determine satisfaction. There are opportunities during review meetings for residents, relatives and members of the funding authority to give feedback. Comments are then used to develop the service.

We were supplied with a copy of the analysis of of the quality assurance questionnaire that was distributed to relatives and stakeholders in March 2010. We also saw a copy of the questionnaire that had been sent. We noted that the questionnaire was much simpler than the one used in 2009. A manager of the company explained that they had been concerned about the poor level of response in previous years so this year they had condensed the survey to 3 main questions focusing on satisfaction with the service, the need for any improvements and general comments. An SAE had been enclosed. All 9 forms distributed were returned. Satisfaction with the service was noted. One suggestion had been made regarding menus and this is currently being implemented.

We looked at the training records of staff and established that the home has a programme of mandatory training in safe working practice topics that is then refreshed at the recommended intervals. We also looked at the records of servicing and inspecting the systems and equipment in use in the home. We noted that there were valid certificates in respect of the Landlord's Gas Safety Record, the electrical installation, the fire alarms and smoke detectors, the fire extinguishers and the portable electrical appliances. We noted that the fire risk assessment and plan had last been reviewed in 2008. We were told that records of the testing of the fire alarms and conducting fire drills had been restarted in March 2010 after the original book was damaged by one of the residents.

A copy of the Employer's Liability insurance certificate was on display in the home and it was valid until the 12th December 2010. The environmental health department's Score on the Door, 4 stars very good, was also on display. This relates to food hygiene standards.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	20	13	<p>The registered person must ensure that when members of staff are recording the administration of medication their initials are entered in the correct box on the MAR sheet.</p> <p>This will assure residents that the possibility of errors occurring are minimised.</p>	01/05/2010
2	22	22	<p>The registered person must check all documents, which contain a summary of the complaints procedure, to ensure that the correct name and contact details for the regulatory authority is included.</p> <p>This will assure the resident and any person acting on their behalf that their interests are upheld.</p>	01/06/2010

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
3	24	23	<p>The registered person must ensure that the on going maintenance programme attends to the items identified in this report.</p> <p>This will assure residents that the upkeep of the building is kept in good order and that the physical environment in the home remains comfortable and attractive</p>	01/07/2010
4	30	16	<p>The registered person must review the odour control systems in use in one of the ground floor bedrooms to ensure effectiveness.</p> <p>This will assure the resident of a pleasant environment in which to relax.</p>	01/06/2010
5	42	23	<p>The registered person must review and update the fire risk assessment and plan on an annual basis.</p> <p>This will assure residents, members of staff and visitors to the home that their safety is promoted.</p>	01/06/2010

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	18	That where a resident gains weight their clothing is reviewed and new items purchased, if necessary, to replace those that no longer give a good fit.
2	19	That advice from the continence adviser is obtained in respect of a programme of toileting for a particular resident.
3	20	That an on going system of auditing the administration of medication is introduced that involves a check being carried out during handover meetings.
4	26	That the home installs self adhesive backing, that has the appearance of net curtains, on the windows in one of the first floor bedrooms
5	32	That the care home requests, where possible, that members of staff supplied by the agency have an NVQ qualification.
6	34	That the care home requests a letter from the agency to confirm that 2 satisfactory references have been obtained for members of staff supplied to work in the home.
7	42	That record books are kept securely so that they cannot be damaged or defaced by residents.

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