

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:	one star adequate 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	2 4 1 1 2 0 0 9

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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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
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	7	1	1	2	0	0	8
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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. The home is not suitable for people who are wheelchair users.

Application to live at the home is normally made through relevant social services departments and completion of a multidisciplinary care needs assessment.

The home has 9 ensuite bedrooms, a staff room, an office, a dining room, a laundry area, a large open plan communal lounge, an activities room, a kitchen, a separate

Brief description of the care home

dining room, and a large garden with storage sheds. Service user accommodation is on the ground and first floors.

The fees charged range from £950 per week to £1274.98 per week.

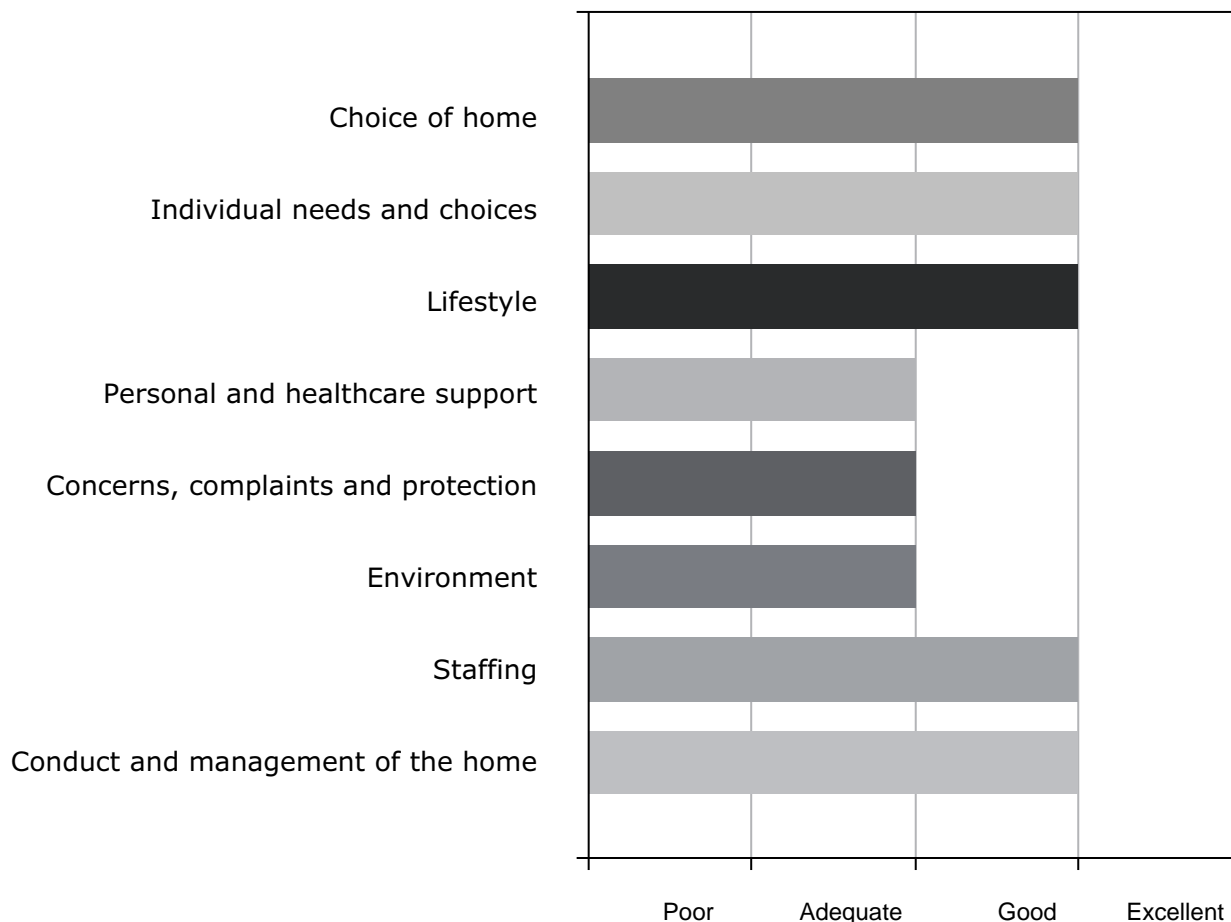
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

We visited the home on the 24th November 2009. We arrived at the home at 8.10 am and left the home at 5.40 pm. During the inspection we spoke with the manager, deputy manager, members of staff and with residents. We also spent some time with residents and observed the interaction between members of staff and residents. We carried out a tour of the building and saw the preparation of the lunch time and evening meals. We referred to the policies and procedures manual and we looked at records belonging to members of staff and those associated with the running of the home. We case tracked the care of individual residents. We inspected the storage, administration and recording of medication and inspected the handling of residents' finances. We checked compliance with the statutory requirements identified during the last key inspection.

What the care home does well:

When we spoke with residents they told us that they enjoyed the meals served in the home and the residents confirmed that they had chosen what they had eaten. We saw that residents were encouraged to be independent and to make drinks, snacks or meals with the support of the members of staff on duty. One of the residents said that they liked the company in the home and the accommodation. Residents are able to relax in their rooms, if they wish, and we saw that they were able to do so without unnecessary interruptions. Support is given so that residents can take part in activities outside the home and a resident told us that they went to church on a regular basis. We saw that the rapport between residents and members of staff was relaxed and friendly. Another resident told us that "it's nice here, nice people".

What has improved since the last inspection?

We reviewed the 6 statutory requirements made during the last key inspection and noted that none of these remained outstanding. Changes have been made to the home's safeguarding policy so that it now includes reporting to the local authority details. Redecoration in communal areas and private areas has taken place and some items of equipment have been replaced. The patio stone has been secured to make this area safe. The programme of Makaton training for staff is ongoing. The fire doors were checked and adjustments made after the last key inspection. The provision of specialist equipment for a resident did not take place because the resident was admitted into hospital and then to a nursing home.

What they could do better:

A number of statutory requirements were identified during this key inspection. Several requirements were in respect of residents' finances and the need to record all transactions and take care when selecting which petty cash tin to use. More balance checks are needed to ensure that if mistakes occur they can be readily identified. Care is also needed when recording the administration of medication. The home's own procedures must be followed so that accurate records are maintained and so that a second person observes and confirms that the procedure has been correctly followed.

Statutory requirements in respect of the physical environment of the home identified the need for items of minor (in a resident's bedroom) and major (in the kitchen) refurbishment. There was an odour in one of the bedrooms that needs attention and not all members of staff had undertaken infection control training. The home has an NVQ training programme but is not meeting the target of 50% of carers achieving an NVQ level 2 qualification, although there are members of staff currently studying.

The complaints procedure needs updating so that the reader can see the correct contact details for the CQC. Although the responsible individual carries out Regulation 26 visits the most recent report for one of these was dated 2 months prior to this inspection.

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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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 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 home assures the resident that the service to be provided is acceptable and is in accordance with their wishes and preferences.

Evidence:

We examined 3 residents' case files. Two files belonged to permanent residents and we noted that the files contained information that had been supplied by the funding authority, prior to the admission of the resident. Documents included a referral form, assessment summary and health assessment form. There was also a care plan drawn up by the funding authority. Both files contained an assessment for the care plan, which had drawn on information gathered by the home, prior to the admission of the resident. Although the third resident was admitted on an emergency basis there was evidence again that the funding authority had provided information to the home.

Prior to the admission of a resident it is the policy of the home for the manager, or for a representative of the company, to visit the prospective resident to assess their

Evidence:

individual needs so that a decision can be taken about whether the home can provide a service to meet the identified needs. Visits are made to where the prospective resident is living and the resident is supported by their social worker and family members throughout the pre-admission process. We saw that where the admission had been a planned procedure there was a transition plan on file and this included opportunities for the resident to visit the home, prior to admission. The resident was able to view the home and the immediate locality, view the accommodation, meet the other residents and members of the staff team and see activities taking place. They were also able to stay in the home overnight. We noted that records were kept of the content of these visits and of observations or comments made from all those involved. On the basis of this experience the prospective resident and the manager were able to make an informed decision about a placement.

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.

Evaluating 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. Failing to take care when handling residents' finances does not assure residents that their interests are being upheld. Responsible risk taking contributes towards the resident leading an independent lifestyle.

Evidence:

We examined 3 of the residents' case files. Two files belonged to permanent residents and we noted that the files contained an assessment for a care plan and a care plan that had been developed by the home. Care plans identify the level of assistance required to meet the needs of the resident and short term and long term goals are specified. The care plan was subject to review. We were told that the format of the care plan is in the process of being changed so that care plans become support plans. There was evidence of internal and external placement review meetings being held but the minutes of these meetings were not initially present on the case file but were

Evidence:

produced, on request. Relatives were invited to attend placement review meetings. The third case file belonged to a resident that had been recently admitted to the home for respite care, after an emergency admission. There was a care plan that had been completed by the home, shortly after the admission and we spoke with this resident about their needs and the support they were receiving. The resident had a good rapport with the members of staff on duty and they were knowledgeable regarding the support to be given.

During the inspection we saw and heard instances of residents making decisions about things affecting their day to day lives. They were deciding what they wanted to eat, what they wanted to wear, what they wanted to do and what purchases they wanted to make. Members of staff were giving them information so that they could make an informed choice. One resident likes to listen to music in their room and they are able to do this without any unnecessary interruption.

We discussed residents' finances and two residents are supported by the home to manage their finances while other residents are supported by their families, with a family member being their appointee. We noted that the members of staff handling residents' finances did not always do so with care. (See Concerns, Complaints and Protection section of report for information about the home's management of residents' finances).

When we examined case files we looked at risk taking and noted that risk assessments, tailored to the individual needs of the resident had been developed and were subject to review. The format of the risk assessment included an identification of risk management strategies. We noted that the local authority had provided a risk assessment for the resident placed in the home for respite care.

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 care services 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 residents that their wishes are respected. Offering residents a varied and wholesome diet assures residents that their nutritional needs are met.

Evidence:

We discussed the daily programmes of the permanent residents living in the home. Each of these 5 residents has a day care programme that includes attendance at a day centre, Mondays to Fridays. We were told that sessions at the day centres include cookery, exercises, arts and crafts, going swimming and college classes e.g. drama. Residents staying in the home on a respite care basis are being supported to continue

Evidence:

their day care programmes, which also include day centre attendance and college classes. One resident receiving respite care has an outreach worker for 1:1 support.

Residents make use of resources in the community and these include using pubs, restaurants, leisure centres, library, cinema, shops etc. One of the residents said that they borrowed books about Jamaica from the library and that this is where her family were born. A recent trip to the theatre took place where 2 residents went to see "Grease". Residents use a variety of means to travel including using taxis, a freedom pass on public transport and using the company's own 15 seater vehicle. Residents are encouraged to practice their religion and one resident regularly attends a Catholic church and another resident attends church, when they choose. A resident told me that they went to church each weekend. There was evidence that the names of residents accommodated in the home on a permanent basis are entered on the electoral roll.

On the evening of the inspection some of the residents were preparing to go to a club that is held in the evening. Residents have access to a number of clubs that are held in the evening and at weekends. A resident said that they liked to go swimming each week. Outings that have taken place in the summer have included a trip to Brighton and a trip to Central London. We discussed annual holidays and although a holiday was arranged to Butlins only 2 of the permanent residents took part. (The holiday details were discussed with the residents' families and the resident and their family then made a decision). At the moment there are plans for 2 of the residents to take a day trip to Paris on Eurostar in December 2009 and if this is successful, for a weekend abroad to be planned for 2010.

Families are encouraged to remain in contact with residents and to visit them. A resident confirmed that members of her family visited her. Residents are able to choose to entertain their visitors in the communal areas or in the resident's bedroom, if the resident prefers to have privacy. Residents are also taken out by their relatives and make visits to the family home, sometimes staying overnight.

Residents are encouraged to take part in the daily routines of the home and the level of direct involvement or the level of support provided by a member of staff will depend on the abilities of the individual resident. We noted that some residents prepared their own breakfasts. Some residents prepare their own drinks and some will help with the cooking. Some residents will help to keep their rooms clean and will help with their laundry by sorting the clothes and loading the washing machine.

We discussed the meals provided in terms of residents' dietary, religious and cultural

Evidence:

needs. The home encourages residents to follow a healthy eating programme that includes fresh vegetables, fruits and salads. Some Asian dishes are prepared for an Asian resident and an African-Caribbean resident enjoys plantain and dumplings. On the day of the inspection she was having a meal of curried goat that a friend had given to her. We saw the lunch that was served in the home and the preparation of the evening meal. Residents were having a cooked lunch and 1 resident was having fish fingers with chips and spaghetti and another resident was having a toasted cheese sandwich with chips. The evening meal was a potato bake with salad although chicken, vegetables and fried rice was also being prepared for residents that wanted an alternative for all or for part of the meal. A resident said that they had enjoyed the meal on the previous day as they liked corned beef. Comments from all of the residents that took part in the inspection, about the meals prepared in the home, were positive.

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 **adequate** 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. Access to health care services in the community assures residents that their general health is promoted. Accurate recording of the administration of medication and members of staff correctly following the home's procedures would enable the home to demonstrate that the well being of residents is promoted.

Evidence:

When we carried out the site visit we noted that personal items of a sentimental value and providing comfort had been brought with the resident who was staying in the care home on a temporary basis so that she would feel "more at home" in her bedroom by having familiar items around her. When we met residents we met a resident that we had seen before when she had previously lived in another care home. We noted that her physical appearance had improved over time and that she had put on some weight. The manager explained that she was being encouraged to eat a healthy diet and that she was doing this rather than "picking" at items and putting them in her mouth. She has also started to use special cutlery to enable her to feed herself rather than her previous way of using her hands to transfer food to her mouth. This new independence and improvement to her dignity has been welcomed by her family.

Evidence:

Generally the level of support given to residents varies according to the levels of dependency. In respect of personal care the support given by members of staff varies from prompting to direct assistance. The majority of residents currently living in the care home are female and the composition of the staff team reflects this. Assistance with personal care is provided by a person of the same gender as the resident. The staff team is multi cultural and includes African and African-Caribbean members of staff. One of the African-Caribbean residents confirmed that members of staff are able to style her hair in a manner that she chooses. Routines in the home are more relaxed at the weekend because during the week residents have to be ready to attend their appointments. Although they have the choice of a bath or a shower and a choice of time of day for this they are encouraged to attend to their personal hygiene before attending college or day centre. A system of key working is in place in the home.

A statutory requirement had been identified during the previous key inspection that the manager and staff team must follow the advice of health care professionals to provide equipment to assist in meeting residents' needs. We discussed this during the inspection and we were told that before an agreement had been reached about who was responsible in meeting the costs of the equipment needed the resident concerned was admitted into hospital and subsequently moved into a nursing home.

When we examined case files we saw evidence that residents had access to health care services in the community. Residents have attended out patient appointments at the hospital including attendance at oral maxillor-facial clinic and psychiatric clinic. Appointments have taken place with the dentist and optician. Residents have been able to have a flu jab, if they wished. There was an acknowledge in correspondence with health care services that members of staff carry out escort duties when needed and during the inspection a member of staff was accompanying a resident to the hospital as the resident needed to have a blood test.

We looked at the arrangements for storing medication and they provided safe and secure storage. We looked at the medication and noted that 1 resident is not prescribed medication. There were 3 dosette boxes and the empty compartments were in accordance with the day of the week and the time of day that they were examined. Other residents had medication that was dispensed in packets or in jars. Medication for these residents was placed in individual containers that had a label recording the name of the resident. We noted that when we looked at the records of administration the boxes had been initialed for the whole of the inspection day (breakfast, lunchtime, teatime and evening time) despite the fact that these records were being examined before lunch time. The policy of the home is that 2 members of

Evidence:

staff carry out the task of administration and both initial the records after each dose is given. This was brought to the attention of the manager during the inspection and she gave an undertaking to carry out an immediate investigation. The report of the investigation was received within 7 days of the inspection. It appears that 1 member of staff initialed the boxes using their own initials and then again using the initials of their colleague. The action plan notes that both members of staff have received medication training in 2009 but are to be closely monitored until they have demonstrated their competence in carrying out the task and their ability to adhere to the company's policies and procedures. A memo has been sent to the manager of each of the company's care homes giving guidance regarding good practice in safe handling and administration of medication.

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

Although a complaints procedure is in place having the correct contact details for other agencies would assure residents that their concerns are listened to and action taken to resolve them. An adult protection procedure and training in protection of vulnerable adults procedures help to promote and protect the welfare and safety of residents. However, the way in which residents' finances have been managed does not assure residents that their interests are being upheld.

Evidence:

We noted that a copy of the complaints procedure was on display in the entrance hall. The procedure informed the reader of the different stages in the procedure and timescales were set for each stage. However, the contact details for the regulatory body were incorrect. The manager informed us that no complaints have been recorded since the last key inspection. No complaints have been made about the home directly to the CQC. When we asked residents what they would do if there was something they were not happy with residents gave a name of someone they could talk to.

A statutory requirement had been identified during the previous key inspection that the home's safeguarding policy and procedure must be updated and that reporting details to the local authority must be included. During the inspection we were provided with a copy of their procedure, which now gives contact details for the safeguarding team in the local authority. Accompanying the policy is a copy of the brief summary of what to do, which is part of the multi-agency policy and procedures document issued

Evidence:

by the local authority.

The home has made 1 safe guarding referral to the local authority since the last key inspection. This was in respect of the possible misuse of an item of property belonging to the resident. The home was asked to investigate this matter and after reviewing the circumstances we are satisfied that appropriate action has been taken. There was evidence that protection of vulnerable adults training is provided on regular basis to members of staff and a member of staff on duty confirmed that she had received training. In July 2009 training in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards was arranged for the staff team. The manager told us that she has discussed the security systems for the home with both the Fire Brigade and the Adult Protection co-ordinator and that there are no concerns with the arrangements.

We looked at the records in respect of residents' finances and this included looking at the deposits and withdrawals recorded in savings account passbooks. We tracked withdrawals from savings accounts and looked for corresponding deposits into the residents' petty cash accounts held in the care home. We noted that for 1 of the 2 residents a withdrawal from their savings account of £100 had not been credited to their petty cash. Initially we were shown 1 tin where the petty cash for the resident was kept. When another tin for the same resident was produced the combined amount of cash was in excess of the money that would have been there if the £100 had been paid into the tin, even though not recorded. When we asked for the money in the tin of the second resident to be counted this was in deficit and the amount of the deficit matched the amount of the excess for the other resident. We looked at the tins and noted that they were alike in appearance and that the label which recorded the resident's name was small and the colour of ink was the same as the colour of the tin. Records were subject to a balance check but the last recorded check had taken place on the 8/10/09. We brought our concerns to the attention of the manager and deputy manager during the inspection and they confirmed, after checking records and monies that although the excess in 1 tin matched the deficit in the other tin, monies must have been taken from and returned to the wrong tin during transactions taking place after the last balance check. We were told that when money is taken from a petty cash tin and change returned the balance recorded is supposed to be checked.

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

To assure residents that all of their surroundings are comfortable and in a good state of repair some repairs and refurbishment are needed. To assure residents of a pleasant environment in which they can relax, odour control systems in all areas of the home need to be effective. Providing all members of staff with infection control training would assure residents that their health and general well being is promoted.

Evidence:

A statutory requirement had been identified during the previous key inspection that a timetabled plan for the redecoration of the home must be drawn up. The plan was to include the renewal of equipment where required. During the site visit we discussed this with the manager and we told that redecoration of communal and private areas had taken place earlier in the summer. However, although 1 of the bedrooms has been decorated several times since the last key inspection and when we entered the room there was an odour of fresh paint there were marks on the wall and gouges in the plasterwork. We were told that these had been caused by the resident. Some items of furniture were damaged and we were told that the damage had been caused by the resident. Some items of furniture had been replaced by those of a lighter weight so that the resident did not injure themselves when moving the furniture across the room. There were no heavy curtains, only net curtains, in this room because they have been pulled down by the resident. We noted that in several rooms

Evidence:

en suite facilities and/or wardrobes were locked. We were told that these facilities were locked because of misuse. In one of the first floor bedrooms there was flex running across the wall and the floor covering was rippled and needed smoothing out.

We toured the premises and overall the communal areas are spacious, comfortable and provide a "homely" environment for residents. However, we noted that on the ground floor the bath had marks that were caused by hard water deposits. The appearance of the kitchen cabinets and worktops were plainly showing signs of wear with some items in need of repair or replacement.

Each resident has their own single bedroom and some had en suite facilities. We noted that a room that is used for respite care placements had all different colours for items of soft furnishings and we spoke with the manager about the overall appearance of this room and the importance of providing accommodation which has an attractive appearance. Residents told us about the home and about their rooms. Residents that took part in the inspection agreed that they each had "a nice room". A second statutory requirement in respect of the physical environment of the home was identified during the previous key inspection that the loose patio stone must be secured. We were told that this had been dealt with and this was verified when we carried out the site inspection.

When we walked around the home we were concerned that there was a pronounced odour of urine in one of the bedrooms although other parts of the home were clean and tidy and free from offensive odours. We were told that this resident had occasional problems with continence. We saw laundry facilities in the home and the washing machine included a sluicing cycle. A member of staff on duty told us that she had not undertaken training in relation to infection control procedures.

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 members of staff that have undertaken training assures residents that care practices are based on an understanding of the residents needs and progress towards achieving an NVQ qualification needs to continue. 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.

Evidence:

A member of staff on duty told us that she had completed her NVQ level 2 training. We then discussed with the manager the percentage of staff working in the home that have achieved either an NVQ level 2 or level 3 qualification. We were told that 4 of the 10 members of staff on the rota have achieved this. This is below the expected minimum target of 50%. The manager said that the percentage had been higher until there had been changes in the staff team and qualified members of staff had left the service. However, there are 2 more members of staff that have started studying for their NVQ qualification.

At the time of the inspection there were 5 permanent residents and 3 respite care residents living in the home. A ninth resident was present and she was staying in the

Evidence:

home on a temporary basis after injuring her foot in an accident and needing ground floor accommodation. On her return to fitness she will be returning to another of the company's care homes where she lives and to her bedroom there which is on the first floor. We were provided with a copy of the staff rota for week ending the 29th November 2009. We noted that during the inspection there were sufficient members of staff on duty to support the resident with activities both inside and outside the home and to meet their needs.

Records relating to members of staff employed on a permanent basis are kept at the company's head office in Wembley. We requested information about an enhanced CRB disclosure for these members of staff was requested and we were provided with the reference number and date of disclosure for each person. Records of agency staff working in the care home were available. We noted that files contained copies of the application form, 2 satisfactory references, proof of identity and evidence of a satisfactory enhanced CRB disclosure.

A statutory requirement had been identified during the previous key inspection that all staff must be provided with makaton training and training in effective communication. We discussed this during the inspection and were told that 2 of the staff team have completed level 1 training and a further 2 members of staff will be starting their training in December. The manager said that none of the current residents uses Makaton to communicate. However, as there are vacancies in the care home and as Makaton can be used as a means of communication by persons with learning disabilities this knowledge and skill is one that members of staff may be called upon to use in the near future.

When we asked to see training records we noted that batches of certificates of attendance for courses held in 2009 and earlier were still in the envelopes that they had been used in posting and we discussed the need to file the certificates according to either subject matter or in staff members' individual training files. A matrix or grid is needed to assist monitoring and planning. We noted from the certificates that the training programme included training in safe working practice topics, medication, challenging behaviour, autism awareness and protection of vulnerable adults. We spoke with members of staff on duty. One person told us that they have received training in respect of fire safety, first aid, food hygiene and manual handling (each year).

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. However, having copies of the most recent reports of Regulation 26 visits would assure residents that the visits are taking place at the recommended intervals. Training in safe working practice topics enables members of staff to safeguard the health, safety and welfare of the 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 home since it opened approximately 4 years ago and prior to this she was the registered manager for another of the company's care homes for approximately 6 years. The manager holds an RMA qualification and since the last key inspection she had updated her skills and knowledge by attending training in regard to the Mental Capacity Act and Deprivation of Liberty Safeguards.

Evidence:

We discussed quality assurance systems in the home and we saw that an annual survey form was distributed to relatives or next of kin. Five forms had been completed and returned in 2009. We saw a copy of the survey forms that had been sent out and looked at the analysis of the information received. Relatives also have opportunities to provide feedback on the service provided during review meetings, when they are visiting the resident, when attending social events taking place in the home and by telephoning or by emailing the manager. Stakeholders usually give comments when they are on site. Residents have opportunities on a day to basis to give feedback and this could be during informal discussions with the manager or a member of staff, during a meeting with their key worker and during a review meeting or at a residents' meeting. There was evidence that the responsible individual carries out Regulation 26 visits although the last report for these visits was dated September 2009. We noted that the annual development plan is for the company rather than an individual one for each care home within the group of care homes operated by the company.

A statutory requirement had been identified during the previous key inspection that the fire safety arrangements must be reviewed with fire doors checked and repaired as required. The remedial work was completed after the previous key inspection. There were valid certificates for the inspection of/servicing of the fire extinguishers, the Landlords Gas Safety Record, the emergency lighting and smoke detectors, the electrical installation and the small portable electrical appliances. We saw that most members of staff had received training or a refresher in regard to safe working practice topics. During the site visit we noted that a copy of the employer's liability insurance cover certificate was on display in the entrance hall. It was valid until the 12th December 2009.

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		23	<p>The registered person must ensure that there is a robust system in place for auditing residents' finances, including a regular checking of balances held in the petty cash tins.</p> <p>This will assure residents that any mistakes are identified quickly and rectified so that the financial interests of residents are protected.</p>	01/01/2010
2		23	<p>The registered person must ensure that when money is put into or removed from a resident's petty cash tin the correct tin is selected.</p> <p>This will ensure that the correct balance for each resident is maintained at all times and will protect their financial interests.</p>	01/01/2010
3		23	<p>The registered person must ensure that when money is</p>	01/01/2010

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
			<p>withdrawn from the resident's savings account a record is made of when it is paid into the resident's petty cash account.</p> <p>This will assure residents that accurate records of all transactions are maintained and will protect their financial interests.</p>	
4	7	17	<p>The registered person must ensure that when members of staff are handling residents' finances that they exercise care. This will assure residents that errors are minimised and that their financial interests are upheld.</p>	01/01/2010
5	20	13	<p>The registered person must ensure that when 2 members of staff are required to initial the medication record sheet after the medication has been administered they each complete the form.</p> <p>This will ensure that there is a second member of staff fulfilling the role of an independent verifier.</p>	01/01/2010

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
6	20	13	<p>The registered person must ensure that medication records are completed at the time of the administration and not in advance.</p> <p>This will ensure that medication record sheets are an accurate record of when medication has been administered.</p>	01/01/2010
7	22	22	<p>The registered person must ensure that the correct contact details for the CQC, including a telephone number, are contained in the copy of the complaints procedure on display in the home.</p> <p>This will assure residents, relatives and visitors to the home that their concerns and complaints are listened to.</p>	01/01/2010
8	24	16	<p>The registered person must ensure that the kitchen worktops and cupboards are replaced.</p> <p>This will ensure that the kitchen is furnished with units and worktops that are in good repair.</p>	01/04/2010
9	26	13	<p>The registered person must ensure that a risk assessment is discussed and</p>	01/02/2010

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
			<p>agreed with all relevant parties where facilities in a resident's bedroom are kept locked.</p> <p>This will ensure that decisions are taken that can be shown to be in the best interests of the resident.</p>	
10	26	16	<p>The registered person must ensure that curtains are provided in the bedroom.</p> <p>This will ensure that the resident is afforded privacy and that the room is dark enough to facilitate sleep.</p>	01/02/2010
11	26	16	<p>The registered person must ensure that the decor and furniture in bedrooms is in good repair.</p> <p>This will assure residents of comfortable and pleasant surroundings in which to relax.</p>	01/02/2010
12	30	13	<p>The registered person must ensure that members of staff have undertaken training in regard to infection control procedures.</p> <p>This will assure residents that the risk of cross infection is minimised.</p>	01/04/2010

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
13	30	16	<p>The registered person must ensure that all areas in the home are free from offensive odours.</p> <p>This will assure residents of fresh and pleasant surroundings.</p>	01/01/2010
14	32	18	<p>The registered person must ensure that members of staff complete their NVQ training and that other members of staff enroll on an NVQ training course.</p> <p>This will assure residents of support from staff that have demonstrated their competence and skills.</p>	01/04/2010
15	39	26	<p>The registered person must ensure that Regulation 26 visits are carried out on a monthly basis and that a copy of the report is kept in the home.</p> <p>This will ensure that internal auditing systems are in place and monitor the quality of care provided to residents.</p>	01/01/2010

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	6	That a copy of the minutes of review meetings is placed on the resident's case file within 4 weeks of the meeting taking place.
2	24	That the flex running across the bedroom wall is re-routed so that it is discreet.
3	24	That the decor and soft furnishings in bedrooms is reviewed and items chosen so that colour schemes are co-ordinated and provide the room with an attractive appearance.
4	24	That the system of hanging curtains in the bedroom where the resident pulls these down from the rail is reviewed and that a velcro system is considered.
5	24	That the floor covering that is rippled is relaid so that it is smooth.
6	32	That the home continues to support Makaton training for members of staff.
7	35	That training attendance certificates and training records are filed within an orderly system, which assists planning and monitoring by the manager.
8	39	That the annual development plan for the company includes an individual section for each of its care homes.

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