



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Roxburgh House
Address:	29 Roxburgh Road Westgate-On-Sea Kent CT8 8RX

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, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Eamonn Kelly	2 7 0 1 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. 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.

Copies of the National Minimum Standards – Care Homes for Older People 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 Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.csci.org.uk

Information about the care home

Name of care home:	Roxburgh House
Address:	29 Roxburgh Road Westgate-On-Sea Kent CT8 8RX
Telephone number:	01843832022
Fax number:	
Email address:	roxburgh_house@yahoo.co.uk
Provider web address:	

Name of registered provider(s):	Discovery Care Ltd
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	22

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	22
Additional conditions:		
The maximum number of service users who can be accommodated is: 22		
The registered person may provide the following category/ies of service only: Care home only - PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - OP		

Date of last inspection								
Brief description of the care home								
Roxburgh House provides support for up to 22 people. Currently, residents have a range of needs including, for example, learning disabilities, Huntington's Chorea, dementia and significant physical and sensory disabilities. The service's statement of purpose (written guide: available to existing and prospective residents and their advocates) includes a declaration that there are sufficient support services in place to address these diverse needs effectively.								

Brief description of the care home

Resident's bedrooms are located over four floors (lower ground, ground, first and second floors). A passenger lift serves the lower ground, ground and first floors. A stair lift is being fitted to assist residents with access to the second floor. There are seventeen bedrooms, twelve of which are singles and five doubles.

The premises are close to public transport services and local shops and within walking distance of the sea front. Residents have access to a garden that is suitable for use by frail people. Car parking is available at the front of the premises.

Information about weekly fees and other charges may be obtained from either the manager or owners. These fees are contained in the written guide (statement of purpose) for the service, a copy of which is provided to prospective residents and their advocates and to current residents. Following admission, all new residents receive a personal contract that contains full information about fees, other charges and conditions relating to the rights and responsibilities of both parties.

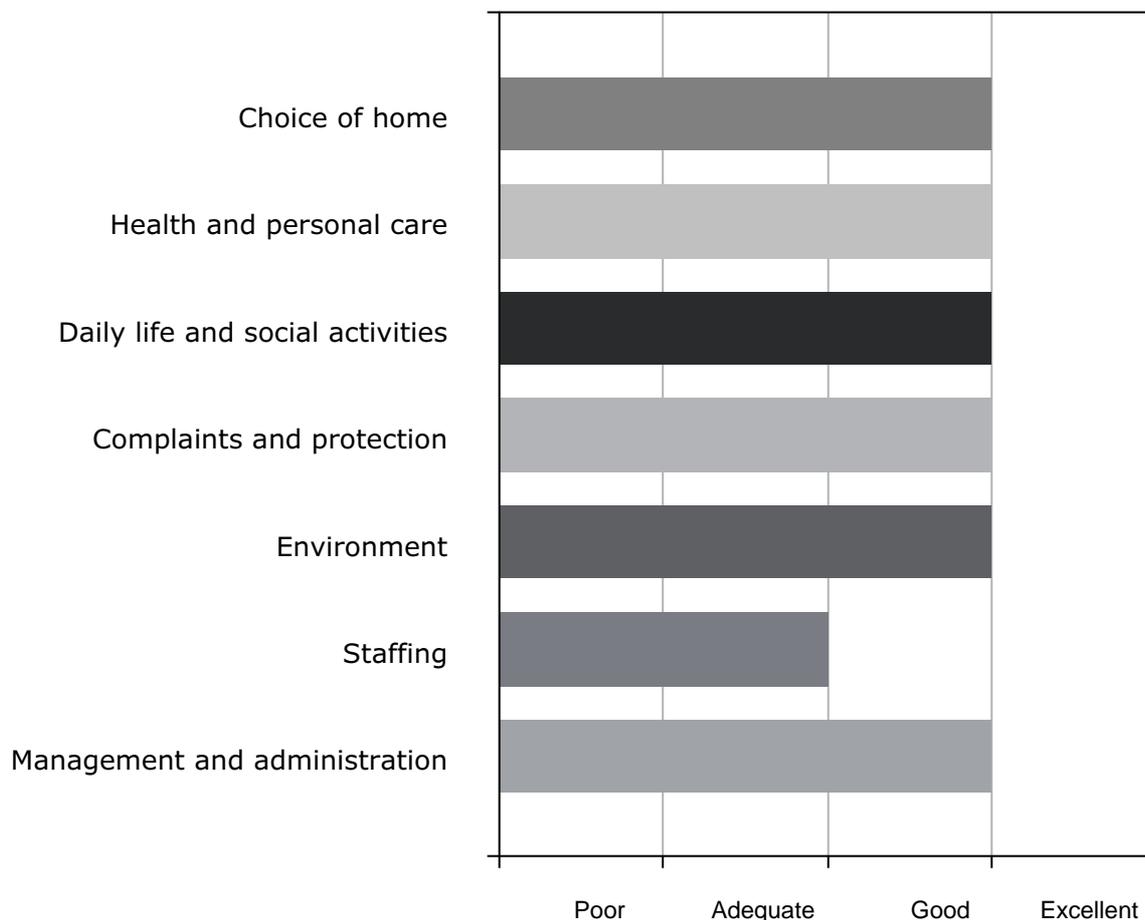
Summary

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:

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

The inspection took place on 27 January 2009. The methodology used to produce the report includes reference to the AQAA (annual quality assurance assessment) submitted by the owners (Mrs and Mr Isiakpere), meetings with the owners, manager and members of staff and meetings with most residents. The views of two sets of visitors were obtained and references to these are included in the report.

The AQAA outlined some of the areas that have been improved for the benefit of residents and areas of practice identified by the owners that need further refinement.

The profiles of three residents were assessed in some detail and the relevant care plans were seen. The inspection included a visit to most parts of the premises. Some records used for supporting residents were checked.

The outcomes of the previous inspection report were checked. Checks were also made of information known to the Commission about the service. In keeping with the Commission's policy of looking closely at specific regulations and standards from time to time some emphasis was placed on this occasion on how well the service meets Standards 18 and 29 (protection and recruitment).

The previous report contained one requirement and seven recommendations. The requirement was in respect of the need to recruit and retain a manager for the service. This requirement has been addressed. Recommendations related to the need for consideration to be given to a number of topics that, if implemented, would be of benefit to residents and staff. These related to improvements in care planning, better staff training in view of the high dependency needs of residents, training in diabetes awareness and administration of insulin, maintaining suitable temperatures throughout the premises for the comfort of residents, improvement of laundry facilities and better staff induction procedures. A recommendation was made in respect of the need for suitable staff numbers to be in place particularly because of the dispersed nature of the premises. This report contains a requirement in this respect. It also contains a requirement that, for the protection of vulnerable people, effective pre-employment procedures are in place and followed.

What the care home does well:

Residents are helped to remain mentally and physically active. These procedures are continuously evolving. Residents are encouraged to keep contact with their relatives and friends. Procedures are in place to help protect them from abuse. The premises are suitable for the care of frail older people. Bedrooms are personalised by each resident and each is involved in the rolling programme of refurbishment. Procedures for ensuring that standards of care are maintained and improved are in place. There are on-going initiatives in staff training and care plan records are suitable for the continuing support of residents.

What has improved since the last inspection?

Residents have benefitted from the continuing programme of refurbishment and from being involved in aspects of this. The premises are kept in reasonable condition. The manager is re-assessing the quality of policy and procedure guidelines available to staff and, for example, is preparing a policy outline in relation to parts of the Mental Capacity Act including DoL (Deprivation of Liberty). Members of staff are continuing to put emphasis on the needs of new residents and how these are best addressed. The programme of activities available to residents is also changing and improving with the involvement of residents considered central to the aims of the service. The services of a new manager is likely to contribute to meeting the owner's objectives as outlined in the written guide (statement of purpose) for the service and in the AQAA (annual quality assurance assessment). There have been significant improvements in medication administration and in staff development since the arrival of the manager.

What they could do better:

This report contains two requirements. The improvements carried out over the past year are acknowledged as well as the references in the AQAA to ways that the service might be further developed.

The requirements are that there must be suitable numbers of qualified staff on duty to meet the diverse needs of residents as identified in their care plans and effective pre-employment checks must be carried out.

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

The report of this inspection is available from our website www.csci.org.uk. You can get printed copies from enquiries@csci.gsi.gov.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 and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. 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 them 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.

Prospective residents and their supporters receive initial advice and guidance to help them assess the facilities and suitability of the home.

Evidence:

Prospective residents and their representatives receive a written guide (statement of purpose for the service) that contains information about services and facilities. The current guide was last updated in 2005 and the information about services and facilities is not currently sufficient for optimum use by prospective residents and their advocates. The registered providers are updating it and it is their stated intention for all prospective residents to receive an updated copy. A copy will also be made available to current residents and their visitors. The revised guide will, for example, contain reference to the specific policy of the service in regard to the provision of a smoking area.

Evidence:

New residents receive a contract that contains information on the rights and responsibilities of both parties. This is provided to all residents. Plans are underway to customise it to the resident it relates to because of the wide variation of needs and the very high dependency levels that require specialist knowledge and support. The home's personal contract is in addition to any corporate local authority contracts.

The registered provider carries out an assessment of prospective resident's support needs with assistance where necessary from Social Service's care managers. Some residents have support needs associated with the on-set of dementia as well as substantial mobility problems and other disabilities including conditions that require specialist knowledge and treatment (for example, learning disabilities, Huntingtons Chorea). A review of three care plans for residents admitted over the past year provided useful insights into how residents are supported at this stage. The process of assessing people prior to admission and recording their needs and projected plan of support is part of the revised process.

A checklist and associated notes are taken at pre-admission stage which formed part of subsequent care plan records. In the case of three recently admitted residents, care plan records showed that their health requirements had been checked in detail and that their specific support needs were identified.

Potential residents may not always visit the home prior to taking up residence. However they (and their representatives) are invited to do so. It was found that careful monitoring is carried out and personal support customised during the weeks following admission to help the new resident settle in and to address any difficult issues arising during this period.

The home occasionally admits residents for respite care. The registered provider stated that care plan records, risk assessments and recorded outcomes of reviews would be maintained for such residents in exactly the same way as for permanent residents.

Health and personal care

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 health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they 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. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them 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 good healthcare support.

Evidence:

Care plan records seen for three residents contained information about their support needs and how these are being met. The personal profiles of residents are being updated following on-going reviews of care. This is part of a new care planning and recording procedure. The procedure is that, for all residents, an outline profile is initially obtained followed by a more detailed profile with the participation of the resident, advocates and family members. According to the registered providers, the new care planning system is an increasingly effective operational tool for staff. It was found from discussions with staff that they are using care plans to identify the changing needs of residents and record how support should be (and is being) provided. Risk assessments in each resident's personal file identify the relevant issues associated with his/her continuing support and, in the examples seen, have recently been updated.

Evidence:

Senior carers complete daily records in respect of important aspects of resident's health and changes in health or disposition. During a shift changeover, issues that staff needed to be aware of were discussed. During the inspection visit, members of staff treated residents with understanding and respect although staff were under significant pressure due to staff shortages (one carer and a domestic worker short of that shown on the rota). Discussions about the profiles of three residents and how they are supported also indicated a high level of understanding of and respect for clients. Where difficulties occur in the continuing support for some residents, there was evidence that care managers and family members are involved in reviews and any necessary changes in the levels of support.

Care plans showed that GPs visit as necessary. The services of district nurses are routinely obtained. Residents have good access, according to profiles of residents discussed during the inspection and records checked, to local NHS community services. There is close contact with local PCT nurses who, for example, provide and change dressings. The support given to residents where skin integrity issues arise is, from the evidence of staff and owners, suitable for the continuing comfort and health of the residents concerned. The families of two residents described how their relatives received good healthcare support; they also said that carers had a good understanding of the difficulties faced by residents and were skilful in providing the personal support needed. Residents had good access to dentists, chiropodists and opticians according to current care plans and the testimony of residents and two sets of visitors.

The manager explained how medications are administered and how unwanted medicines are recorded and disposed of. The evidence was that MAR sheets are completed at the time of administration. A photograph of each resident accompanies their MAR sheet. In the case of residents receiving respite care, a MAR sheet is completed manually to control and supervise their medication administration. The manager said that only those members of staff who have received specific training are allowed to administer medication and update MAR sheets. The providers had identified problems with the storage and administration of medicines and, following a review of procedure and equipment, had contracted a new supplier to provide new storage and administration facilities. This included installation of a controlled drugs cupboard.

Based on the evidence of information in the selection of records seen, members of staff have access to good information about resident's support needs and how these are being addressed. There was also evidence of reviews of resident's health with outcomes of formal reviews recorded.

An important declared aim of support is to help residents remain as independent as possible. This involved encouraging them to move around on their own with any

Evidence:

necessary staff observation. Residents are encouraged to not use wheelchairs within the premises but they have access to wheelchairs when they go out.

Members of staff help residents who have hearing aids to keep them in working order and they encourage them to continue using the aids. Records indicated that resident's weights were recorded monthly or more often if necessary. GP or dietician involvement is sought where there are concerns.

Care plans seen and discussion of profiles of residents indicated that good end-of-life planning was being carried out. However, this aspect of support was not, according to care plans seen, sufficiently described. The intention is to include end-of-life care planning more fully in the revised care plan recording procedure.

Daily life and social activities

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 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. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

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.

Residents receive support on a day-to-day basis to remain mentally and physically active and alert.

Evidence:

The AQAA refers to the efforts made by staff to provide activities such as bingo, arts and craft, sing along, reminiscence sessions and weekly passive exercise. It states that monthly music therapy is provided by a fitness consultant and music therapist. The AQAA refers to the encouragement given to relatives and friends of residents to visit as often as they can. Encouragement is also given to residents to bring items of furniture and personal possessions with them when they take up residence.

Residents may receive visitors at any reasonable time and the service encourages this continuing contact. The AQAA states that efforts are continuing to be made to involve resident's family and friends in helping with day-to-day activities.

Members of staff spoken with had a good understanding of each resident's personality and disabilities. Where residents have disabilities, members of staff communicated well with them which was evidenced from the care plans seen and observation of residents

Evidence:

to whom they referred.

The AQAA states that residents and family members are encouraged to say what they feel and to give their views about any issue they feel affects them. Residents gave examples of particular activities promoted by the service. There were a number of examples seen during the inspection that suggested they are helped in a number of ways to remain mentally and physically active. This included staff assisting residents on a one to one basis, helping them to walk about the premises including using the stairs and passenger lift, provision of books and newspapers, talking to them, providing music and helping residents visit the garden.

A notice board outlines planned activities and proposed outings later in 2009. Residents referred to the range of activities (for example, bingo, board games, music sessions) within the premises. During the inspection, there was a positive atmosphere and carers were working actively with residents when they were not engaged in household activities.

There are several communal areas throughout the premises and residents may choose which area they wish to use.

Two residents interviewed referred to how well staff did in helping them remain mobile, to spend time in lounge areas meeting staff and other residents and to have meals in the dining area. They gave examples of how they are involved in life at the home and how they are helped and encouraged to make decisions about how they use their time. Residents are helped to attend church if they express a wish for this. Some residents spoke of the importance of this help and understanding.

Nutritional assessments are carried out and recorded in two of the care plans seen on this occasion. The cook keeps written information about resident's food intake. Weights are recorded at least once a month. In two instances discussed with the manager, residents made good recoveries after they took up residence when their health was failing at that stage.

The lunchtime meal was observed during the inspection. Some residents were assisted. Residents referred to choices of meals, to the way meals are served and to how they enjoy the occasion. The provider's stated intention was to renovate the dining room during 2009. Individual meals are transported to residents who are unable to leave their bedrooms (or had expressed a real wish to remain in their room). The revised guide to the home (statement of purpose) will state that there is a hot/cooked component at most evening meals. The home provides 3 main meals, drinks at regular intervals and a suppertime drink/snack. Cold drinks are served to residents in lounge

Evidence:

areas and bedrooms at regular intervals.

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. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

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 are protected from abuse.

Evidence:

According to the owners, visitors are closely involved in all aspects of the service and a new copy of the complaint's procedure will be made available in the updated written guide to services and facilities (statement of purpose).

The AQAA states that members of staff, residents and visitors are aware of the complaints procedure and that all comments about the service were welcome. It states that residents and visitors are involved in saying how improvements would be of benefit to them.

Members of staff receive training in matters associated with POVA (protection of vulnerable people) and the owners said they were confident carers would understand if abuse was occurring and how they would report it. Mr Isiakpere has undertaken training in aspects associated with POVA and he has undertaken the responsibility of cascading this knowledge to each member of staff for their benefit and that of users of the service. Mrs Isiakpere said that she has a good knowledge of adult protection procedures followed by Social Services departments. The registered providers were advised to ensure that staff receive the correct levels of training in POVA.

Evidence:

The Commission received no complaints about the service during the past year and the manager confirmed that no safeguarding issues are currently in progress.

The annual quality assurance assessment (AQAA) states that members of staff are aware of all the necessary procedures relating to protection of residents. Specific training on the wider implications of POVA forms part of the improvements in staff training and development being put in place.

The procedures for carrying out pre-employment checks on prospective members of staff were found to have not been fully effective. The evidence was that all persons who have contact with residents have a current CRB (criminal records bureau) check but it was found that some members of staff were recruited without references being obtained correctly. Assessment of two staff files indicated that some checks were not carried out efficiently. In these instances, the references were not obtained directly from the individual's previous employers.

Residents are potentially at risk because of anomalies in the way references are obtained and checked. These were discussed with the registered providers who stated that the system would be fully reviewed and improved without delay. The report contains a requirement that all necessary checks are carried out on potential members of staff and that the outcomes of such checks are properly assessed.

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, 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.

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 premises are suitable for use by frail older people including those with physical disabilities.

Evidence:

Radiators are covered for the safety of residents. Hot water outlets accessible to residents are temperature controlled and are manually checked, the registered providers stated, each week for safety reasons. The AQAA contained declarations relating to safety checks and associated safety certificates being in place and up-to-date. However, the AQAA omitted to clarify whether portable appliance checks are carried out and, during the inspection, the owners were advised to ensure that these checks are carried out and associated records are maintained. The AQAA refers to how some residents are involved in aspects of bedroom refurbishment. A maintenance person has been employed who carries out smaller repairs and maintenance as required. New carpets have been fitted in four bedrooms and one bedroom has recently been redecorated. The providers stated that they intended to repaint the dining room during 2009.

Communal areas and all bedrooms were visited as part of the inspection. Lounge areas, dining room and bedrooms are decorated and furnished to a reasonable standard. All parts of the premises at the time of the visit were clean and odour free.

Evidence:

Residents met said they like their bedrooms which are all individual and personalised as residents are encouraged to bring their possessions with them following admission.

The premises are safe and comfortable. Indoor and outdoor facilities are suitable for residents. Single bedrooms are comfortable and well furnished. Shared bedrooms, according to residents who use them and their relatives, are suitable for the needs of residents. A passenger lift assists residents to the lower-ground floor, ground and first floors. Residents with bedrooms on the second floor gain access by stairs from the first floor but a stair lift will soon be installed for their benefit. Residents with bedrooms on that floor are currently able to access their rooms without difficulty.

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 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 to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

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.

Residents do not have the benefit of being supported by adequate numbers of staff and they are potentially at risk due to an ineffective recruitment procedure.

Members of staff and residents benefit from the training programme in place.

Evidence:

The home's procedure is that new members of staff should complete an application form, two written references be taken up, and CRB checks completed followed by induction/supervision/training. Assessment of two staff files evidenced that some checks were not carried out efficiently. Residents are potentially at risk because of anomalies in the way references are checked. The evidence was that references were not obtained directly from the individual's former employers. These were discussed with the owners who have stated that the system would be fully reviewed and improved.

This inspection report contains a requirement that all necessary checks are carried out on potential members of staff and that the outcomes of such checks are properly assessed before the individuals take up their post.

CRB checks are taken up for every member of staff. The registered providers had an

Evidence:

up-to-date list of staff available showing names of staff, the CRB reference number, date of check and a reference to the outcome.

The copy of the induction procedure seen indicated that the revised procedure currently being implemented meets "Skills for Care" standards. Likewise, a new formal recorded supervision procedure is being implemented that, on the evidence of testimony of a member of staff, is likely to be of benefit to staff.

Two members of staff work on duty at night. Three care assistants, manager, cook, domestic worker and maintenance person were, according to the staff rota, at the home during the inspection visit. In fact, there were two care assistants on duty and the domestic worker had not reported for work. Carers were seen to have substantial domestic work to carry out in addition to their normal duties of support and personal care. It was noted also that, if specific activities were to be provided in the early afternoon, carers had this responsibility; a carer provided a bingo session for about ten residents after lunch.

The support needs of residents were being met by the efforts of a very small group of staff. Resident's bedrooms are situated over a dispersed area (four floors: basement, ground, first and second). Residents have very high support requirements. The statement of purpose states that specialist needs are addressed and examples of these (according to profiles of residents discussed during the inspection and associated "case tracking" of three residents) are people with learning disabilities, Huntingtons Chorea and significant physical disabilities some of whom need hoisting assistance with the participation of two carers.

According to the training records seen, most carers have achieved or are undertaking an NVQ certificate (NVQ Levels 1 and 2 in Care). A new initiative is underway in providing training in all essential areas, for example, first aid, moving and handling, infection control, medication administration, food safety, fire safety and health and safety. A member of staff outlined how special attention is given, for example, to fire safety where staff are made aware of exactly what must be done if fire breaks out. The manager is due to attend a training course on staff supervision. All staff are due to receive training on the essential elements of COSHH during February 2009. Members of staff met during the inspection had a good knowledge of resident's support needs. With the use of hoists already a necessity for a number of residents and a new hoist (that needs two members of staff to operate it), the arrangements outlined in the training record are acknowledged.

The dispersed nature of the premises with bedrooms situated over four floors, the high needs of most residents, care staff numbers below that shown on the staff rota and

Evidence:

the absence of the domestic worker was seen to contribute to pressure in meeting resident's support needs. The registered provider was asked to ensure that, at all times, there are sufficient numbers of trained staff on each shift to meet the needs of residents.

This inspection report contains a requirement that the care of residents must be met by proper numbers of trained staff in place at all times.

Management and administration

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 led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate 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. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

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 the benefit of living in a service that is well conducted.

Evidence:

Mrs Isiakpere, the registered responsible person for the service, recruited a manager in early 2008 but this manager left soon afterwards. In the meantime, Mrs Isiakpere has run the service. In that time, the Commission received requested copies of Regulation 26 reports and the evidence was that that the service was being conducted well. The progress outlined in the previous inspection report in February 2008 was, according to the series of Regulation 26 reports from Mrs Isiakpere, being maintained while the search for a suitable manager was underway. In December 2008, a new manager was recruited and, on the evidence of initiatives observed during the inspection, the needs of residents are being addressed.

The guide to the services and facilities of the home is being updated to enable prospective residents and their advocates to obtain accurate information about

Evidence:

services and facilities. Since the previous inspection, pre-admission assessments have improved. The care planning procedure has been reviewed and is being updated (the evidence is that the support needs of each resident are being updated in sequence and the necessary associated records, for example, recorded risk assessments, are likewise being updated).

Improvements to the premises are continuing and a maintenance person has been employed.

Mr Isiakpere is taking the lead on POVA matters and says he is committed to cascading the required knowledge to all members of staff. Mrs Isiakpere is ensuring that all members of staff understand the implications of POVA policies and that the procedures of local authorities in this regard are implemented.

Residents and their advocates are asked for their views directly and via quality assurance questionnaires: the evidence is that their views are listened to and any expressions of concern are acted upon for their safety and benefit. Increased emphasis is being placed on outcomes of quality assurance measures.

The training programme has accelerated and the evidence is that most carers either now have an NVQ Level 2 or 3 in Care or are registered to start the course. The providers and manager, according to the records seen and the testimony of staff, have arranged for staff to obtain training in the essential topics to enable residents to receive the support they need as described in the pre-admission assessment and subsequent care plan and review record. This includes tuition in the use of hoists.

The manager has begun a series of formal staff supervision during which, a member of staff said, support was offered to enable the individual needs of residents to be met.

Procedures considered essential for the continuing safety of residents were not fully in place and the shortfalls were discussed in some detail with the registered providers. These include the necessity for the service to have an effective procedure for taking up references and checking the outcomes closely. The absence of a suitable staffing complement at all times is benefitting neither staff or residents. The registered providers said that they are committed to improving these essential aspects of their service: implementation of the necessary improvements will be monitored at the next inspection and the providers have been asked to provide the Commission with a written improvement plan in the meantime.

Where residents are judged to be no longer able to conduct their legal or financial matters, the home has strict procedures for assisting residents and relatives in

Evidence:

identifying independent representation. Where additional charges are levied, invoices are presented and receipts for all services are maintained.

The AQAA contained a declaration that relevant premises safety checks and associated records are maintained. As a result of new requirements under fire safety regulations in force from 2007, the owners commissioned a new fire safety assessment carried out by a person qualified to do so. The Commission advises the owners to ensure that PAT (portable appliance) tests should be carried out as a declaration in this respect was not contained in the AQAA.

In connection with equality and diversity, the AQAA states that resident's wishes and rights are valued. There is reference to aspects of the Mental Capacity Act. During the inspection, the manager was aware of the need to develop a policy on DoL (Deprivation of Liberty) by April 2009 as part of the more general development of policies available to residents and is due to attend a training course.

There is a useful assessment in the AQAA of current barriers to improvement. These included the need to recruit a manager and to the challenges in recruiting and retaining members of staff. The owners feel they are making good progress in overcoming these barriers.

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
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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
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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	27	18	<p>The registered person shall, having regard to the size of the the care home, the statement of purpose and the number and needs of service users ensure that at all times suitably qualified, competent and experienced persons are working at the care home in such numbers as are appropriate to the health and welfare of service users.</p> <p>Residents must be in the care of members of staff who are present in sufficient numbers as to meet their assessed and changing support needs. The dispersed nature of the premises and the recognised high support needs of residents, coupled to the declaration in the written guide (statement of purpose) for the service that there are suitable services</p>	01/04/2009

			and facilities at all times, requires that suitable staffing arrangements are in place.	
2	29	19	<p>The registered person shall not employ a person to work at a care home unless he has obtained in respect of that person the information and documents specified in paragraphs 1 to 6 of Schedule 2 (Care Home Regulations).</p> <p>Suitable pre-employment checks must be carried out on all members of staff before they take up their posts. There should be a minimum of two references taken up and care must be taken that the reference is sent to the correct address and the response must be checked for accuracy.</p> <p>Vulnerable people should be protected in a variety of ways including having the re-assurance that staff who support them have been subject to the required pre-employment checks.</p>	01/04/2009

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
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