

Key inspection report

Care homes for older people

Name:	Four Winds
Address:	Four Winds Victoria Parade Ramsgate Kent CT11 8EB

The quality rating for this care home is:

one star adequate service

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:
Christine Grafton	0 7 1 2 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 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

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

Reader Information

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Information about the care home

Name of care home:	Four Winds
Address:	Four Winds Victoria Parade Ramsgate Kent CT11 8EB
Telephone number:	01843591015
Fax number:	01843853845
Email address:	
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:	35

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	35

Additional conditions:

The maximum number of service users who can be accommodated is: 35

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								
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Brief description of the care home

Four Winds is a large 2 storey building with uninterrupted sea views and within easy walking distance of the sea front and main amenities in the town centre. There is ample access for wheelchair users to the front and rear of the building. There are 30 single bedrooms and 2 doubles. All bedrooms have a washbasin and call bell system. 13 bedrooms have ensuite facilities. There is a lift to the first floor. There are three

Brief description of the care home

communal rooms on the ground floor.

The home is staffed by a team of care staff with additional ancillary workers to cover cleaning, laundry and cooking. There are two staff on waking duty at night.

The weekly fees range between £326.70 to £595.65. Additional charges are described in the statement of terms and conditions of residence. The service users' guide gives information about the service and a copy is kept in each of the bedrooms. The most recent inspection report will be available on request from the home.

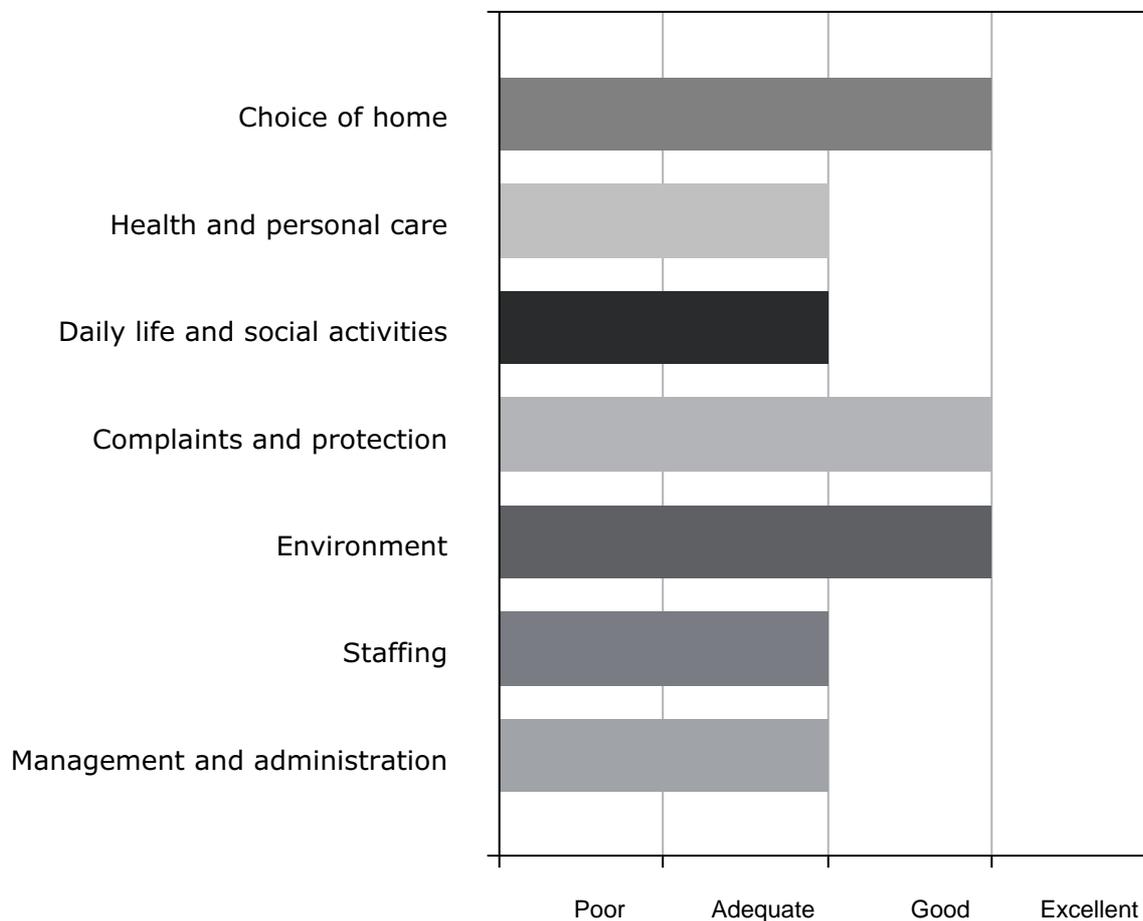
Summary

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:

This was the first inspection since the new owners, Discovery Care Limited, were registered on 7th July 2009. The report takes account of all the information we have received since that time, including a visit to the home.

We visited the home on 7th December 2009 without telling anyone we were coming so that we could see what it is like for people living there on a usual day. We arrived at 09.35 hours and left the home at 17.20 hours.

The responsible individual (RI) is Emma Isiakpere, who was fully involved in the inspection and assisted throughout our visit. A responsible individual is the representative of the company who is responsible to us for the running of the home. The RI keeps an overall eye on the home and has to carry out regular formal monthly visits to the home to check on how it is running and to make sure that things are as they should be. They write a monthly report to show how they have done this and we

look at these reports as part of our analysis of their management practices to see how effective they are. For simplicity, throughout this report we will refer to the responsible individual as the RI.

The RI showed us around parts of the home, including communal areas and a sample of bedrooms, bathrooms and toilets. We observed what was going on, the home routines, staff practices, and if any activities were taking place. We looked at some of the home's records and saw the lunchtime meal being served. Other people involved in the inspection visit included the director, six staff members, six residents and two visitors.

We also used the home's annual quality assurance assessment known as an AQAA for short. This is a document that all homes have to send us once a year to tell us how they think they are meeting the national standards, how they have improved in the previous year, what they aim to do and lets us know when they have completed important environmental safety checks. Unfortunately this was submitted late and only provided very brief detail, so it did not help in the planning of our visit. We looked at relevant information we have received from other organizations, which is referred to in the report.

We sent some surveys out to a sample of residents and staff prior to our visit. Their responses have been used to inform our judgements and will be referred to in the report. At the time of our visit there were 24 residents living in the home. The people who live in the home are referred to as residents and this is the word used to describe them throughout the report.

When the owners took over the home, the existing manager initially stayed on and continued in her role. However, she left on 25th September and since that time, care staff have been working under the direction of the deputy manager, with support from Emma Isiakpere, the RI. The deputy manager was due to leave on 9th December. The RI informed us that a new manager has been appointed and a new deputy manager had recently started work at the home. The changes in management have had an unsettling effect on the staff team and a number of the care staff have left. The providers have been actively recruiting new care staff and they have also appointed a head of care to strengthen the management team. The new manager and head of care had not yet started work at the home at the time of our visit.

There has been a safeguarding alert raised on 3rd November 2009 which social services have investigated. The findings and outcome of a recent visit by the local authority contracts officers is referred to in this report.

What the care home does well:

People are given written information about the home so that they can read all about it and get an idea of what to expect upon moving in.

People have their care needs assessed before they move in so that staff have the right information to care for them properly.

Most people like the food provided, which is varied and offers choice.

Residents can be confident that the management wants to listen to their concerns and will try to sort things out.

The home is clean and comfortable. Staff follow safe hygiene procedures to prevent the spread of infection in the home.

What has improved since the last inspection?

As this is the first inspection under the new ownership, this section is not applicable. However, they have made some environmental improvements since taking over, including decorating the lounge and dining room and providing new laundry equipment.

What they could do better:

The providers have only been running the home for five months and during that time they have tried to establish their new leadership, which has proved difficult due to the resignation of the registered manager. Since September the management structure has been weakened and the deputy manager has struggled to address staffing shortages due to sickness and absence.

The RI has taken on the role of overseeing the management and has acted to address this. They now have a new manager appointed, together with a new deputy manager and they have created a new post of head of care to lead staff and bring about the changes that they have identified as necessary to provide residents with a good quality of life. Because of this and their commitment to make sure that things are put right, not all things identified where they could do better have resulted in requirements being made in this report.

These are the things they need to do to make sure that residents receive the right care.

They must make sure that care plans contain all the details that staff need to know to give them the right care and keep them safe. This means making sure that care plans are accurate, up to date and regularly reviewed, so that as needs change, staff know about this, for example if a person falls, the plan will show what to do to reduce the risk of further falls happening. A requirement has been made regarding this.

They must make sure that they properly record in the care plan actions taken following a resident's falls. This is so that staff have a clear picture of what has happened, the reasons why and what they should do in future to reduce the risk of further accidents occurring. Accident records must provide adequate detail of what happened. A

requirement has been made regarding this.

The management need to monitor the occurrence of falls each month and make sure that they put strategies in place to address risks. The RI has already started to do this and this needs to be taken forward now by the new manager.

Communication between staff and management has been poor. The RI has started to address this by having regular staff meetings. She has also started some supervision sessions, which need to be formalized and recorded so that things identified are not lost and properly followed through.

They need to make sure that residents are offered a range of stimulating activities to occupy their time throughout the week. This might mean adjusting staffing levels to allow enough staff time available to organize activities so that all residents can lead fulfilling lives.

There has been an unstable staff team recently due to some staff leaving and new staff starting. At the time of our visit, several more staff had given notice to leave. They must make sure that there are enough staff on duty at all times so that the needs of all the residents living in the home are properly met. They are currently recruiting more staff and have also recently put into place a contingency plan to cover for staff absences. A requirement has been made regarding this.

Staff should be enabled to develop their knowledge and skills and update their practice in all the mandatory areas. They need to make sure that they have a training programme in place so that staff have the necessary training to do their jobs effectively and safely. This should then result in residents receiving the care that they need as safely as possible.

They need to make sure that the new manager has the necessary qualifications, skills, knowledge and experience to run the home in a way that promotes and protects residents' best interests.

In order to comply with the law, once in post, the new manager will need to make an application to register with the commission. This is to ensure that she is fit to run the home in the residents' best interests.

They need to develop their quality assurance systems to ensure they meet their aims and objectives and improve the service that they provide

Fire safety checks have not been done at the necessary intervals so people may not be living in a safe environment. We found that there were shortfalls in the monitoring and recording of fire testing and fire safety procedures. A requirement has been made regarding this.

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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Outstanding statutory requirements

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.

People considering moving into the home are given enough information to decide if it is right for them. They have an assessment that tells staff about them and the support they will want, so that their needs can be met upon moving in.

It is not the general policy of the home to admit residents for specialist intermediate care, so standard 6 was judged as not applicable at this inspection visit.

Evidence:

Residents are provided with written information about the home in the statement of purpose and service users' guide. Each resident has their own copies of these documents in their bedroom. These tell people about the home and the services provided. The information was drawn up by the providers at the time they purchased the home and became registered with us. Some things now need updating to take account of the change of manager and change of our office address and telephone number that is the Care Quality Commission (CQC).

Evidence:

The statement of purpose sets out the age range and categories of people that they can admit. They state, "Four Winds caters for 35 residential service users, 10 of these may be between the ages of 35 to 65 with physical disability". The providers indicated that they would be reviewing whether the home could cater in practice for the needs of such a varied age range.

Before a person moves into the home, the deputy manager goes out and does an assessment to see if the home can meet their needs. A copy of the care management assessment is also obtained. We saw an assessment completed for a new resident. This contained details about the person's individual needs and showed that the activities of daily living had been covered.

A care plan is then drawn up following admission. This person's care plan had not been completed, even though they had already been living at the home for five weeks. The RI is changing the care plan format to make them more person centred and has started to compile some useful information.

We spoke to several residents, including one person staying for a period of respite care. They told us that staff had helped them to settle in and that they were being helped to regain their mobility. They said, "We are looked after."

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

Residents benefit from having a plan of care that provides staff with some of the information needed for their health and personal care needs to be met. The current instability in the staff team and the lack of regular formal care plan reviews means that residents cannot be sure that all their needs will be identified and met and that all risks are minimised.

They are protected by the home's policies and procedures for dealing with medicines.

Evidence:

We had a thorough look at three care plans and also briefly looked at one other. We discussed those people's needs with staff, the RI and those residents. Two of the care plans we looked at had been completed before the providers took over and were written by the manager before she left. They cover a range of needs including, mobility, communication, elimination, personal hygiene, sleeping, nutrition, medications, mental health and social care. They also include risk assessments. These provide a reasonable indication of the person and their needs.

Evidence:

Observations and conversations with two residents confirmed what had been written in the care plans. Discussion with two staff members indicated their knowledge of the care plans and showed that they understand the needs of the two residents. Both residents felt that their needs were being met. However the care plans had not been regularly reviewed and had not been updated to reflect changing needs since the manager had left. Also the daily record entries were mainly brief and did not provide a complete picture of the person's day.

There have been a number of recent staff changes, which means that it is important the written information in the care plans is accurate, up to date and contains all the right information for staff to refer to, so that they know how to provide the right care. A recent visit by the local authority's contracts officers was made as a result of information they had received from families, care managers and staff members. This identified poor communication between management and staff, poor standard of care plans and poor accident management. They found that a resident's care plan had not been updated following two falls and a period of illness. There was no evidence of action taken and not all accidents had been recorded within the daily records. Therefore the home could not show if staff had taken the right action following the accidents, or if they had been properly followed up.

We looked at accident records and found that a number did not provide an adequate picture of what had happened. This had already been identified by the RI who had introduced a new accident form and more recent forms contained better information. We were able to follow up accident records in the third care plan we looked at and these cross referenced appropriately with the accident forms to show that things had been done properly.

However, in the fourth care plan we looked at to follow up another resident's accidents seen in the accident forms, the daily record had nothing recorded about the falls and on the date of the second fall, five lines had been left blank in the daily record, which the RI could not account for it. This is not good practice and the RI needs to follow this up. The RI did indicate that following another resident's fall they had carried out a falls analysis and taken action to reduce future risk.

We saw evidence that other health care professionals are accessed. We saw records of contacts with general practitioners (GP's), hospital consultants, speech and language specialist and a chiropodist. A care plan contained good communication guidelines following a visit by the speech and language specialist.

We looked at the way medications are managed and saw that things are in order.

Evidence:

Medication storage is safe and they have good procedures in place. We observed the lunch time medications being given out and saw that this was done in a safe and competent way. The medication administration records (MAR sheets) were properly completed apart from a couple of issues discussed.

The new care plans that the RI is currently introducing are written in a person centred way and emphasise about respecting privacy and dignity. We observed the staff on duty treating residents with respect, but one observation was made which we discussed with the RI did not comply with this. Two service user surveys were returned. One indicated that they always get the medical care they need and the second indicated that they usually do. One commented,

"Looks after my care most of the time."

The other commented,

"The home does well in all aspects of care and attention."

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

Residents benefit from having some opportunities to take part in activities, from being able to keep in contact with families and friends and from having relaxed mealtimes, with choices available to them.

Evidence:

In their service user surveys, one resident indicated that the home sometimes arranges activities that they can take part in if they want and another answered usually. One commented under what they could do better, "You could increase the activities for people who are more active."

This was reiterated in two staff surveys, one commented, "I think a few more outings for the service users would be beneficial to their mental and physical well being." Another stated under what the service could do better, "Activities."

The RI is planning to arrange monthly outings and is also trying to encourage care staff to do daily activities with the residents. A list of activities has been established and includes, quizzes, bingo, board games, reminiscence, singing and listening to music and 'reality orientation' looking at different seasons, discussing the weather, date and time. We saw an attractive wintertime collage on the dining room wall that

Evidence:

had been made with the residents. There was not much happening during our visit, but we did see a staff member sitting and talking with a group of residents in the lounge at one time and a visitor put on some music and tried to get a sing along going.

During the morning of our visit, we met a couple of visitors who were being made welcome. Residents spoke about receiving their visitors at various times. Residents' religious needs are recorded in their care plans and a resident stated that they receive visits from someone from their church.

Residents each have their own copy of the four week menu plan in their bedrooms. Two choices are offered at dinner and tea times and there is a wide choice of cereals, toast and marmalade for breakfast. The lunch time meal was observed and consisted of sausage casserole or jacket potatoes, salad and cheese or ham, followed by fruit salad. The meal looked and smelled appetizing. The two residents that returned their surveys both answered that they always like their meals. Several residents commented that they like the food and had enjoyed their meal.

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 can be confident that any complaints will be listened to and acted upon.

The home has policies and procedures in place to safeguard residents from harm. Recent input from the responsible individual has been making sure that the home's policies and procedures are being adhered to. This is beginning to benefit residents.

Evidence:

Each resident has their own copy of the complaints procedure in the service users' guide which is kept in their room. A copy is also displayed in the entrance hall. Any complaints are recorded and investigated. The RI described a recent complaint that she has investigated. Detailed records have been kept that show that the complaint was taken seriously. The RI has taken action to address issues raised.

We spoke to three residents who all said that they would speak to the RI if they had any complaints. One said, "I would speak to the lady at the top." Another said that the RI listens to them and takes action to address things they say. A staff member reiterated this and also indicated a good understanding of the home's whistle blowing procedure, saying that they would not be frightened to speak up if they suspected something might be wrong.

We looked at the staff training matrix which includes staff that have left or are leaving. This does not show how many staff have been trained in adult protection,

Evidence:

although the AQAA states that more staff have been trained in the last twelve months. They also state in their AQAA that they intend to ensure that more staff are trained in the Mental Capacity Act. The discussion with the RI about the training matrix indicates that there are currently six care staff still working at the home who have completed this training.

The RI has dealt with some staff issues recently (see staffing and management sections) which demonstrate her commitment to ensuring that residents are properly protected.

A safeguarding alert was raised on 3rd November and has been looked into by social services.

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.

Residents benefit from living in a clean and comfortable home. Recent investment to improve the decor, soft furnishings and provide some new equipment is creating a more pleasing environment to live and work in. Residents can be confident that practices in place to maintain hygiene and prevent the spread of infection within the home will protect them.

Evidence:

We looked at the communal areas and a sample of bedrooms. All the areas we saw were clean and fresh smelling. The dining room has recently been redecorated and has new curtains. They have introduced three different colour coded tablecloths for breakfast, dinner and tea. As soon as each meal is finished the cloths are changed and taken straight to the laundry. Attractive rust coloured cloths were laid for dinner.

The lounge walls have been repainted in an attractive blue colour that residents have chosen. They had recently changed the layout in the lounge so that the majority of the armchairs are around the outside walls. A resident said this had been done last week and that groups had been split up as a result. This was discussed with the RI, who said that the new deputy manager had consulted residents about this, but agreed to check with them again to see if they are still happy with the new arrangements. Also there were no occasional tables for residents to put their drinks on. The RI stated that the old ones were unsuitable so she had removed them as she has ordered some new

Evidence:

ones. However in the meantime, until the new ones arrive that leaves nowhere for people to put their drinks down safely.

Bedrooms that we saw on this occasion have been personalized and suitably furnished. A resident commented that she has a lovely bedroom and spoke of her pleasure in spending time in her room and of having a sea view.

The laundry has been refurbished with new washing machines and driers. It was clean and well ordered. We spoke to the laundry assistant, who also now has a housekeeping role. She expressed that the new machines help her to do her job better. A resident complimented the laundry assistant on how well they look after their clothing.

We saw that there are adequate numbers of cleaning staff employed to cover the week. We observed staff following safe hygiene procedures to control the spread of infection. There are plentiful supplies of liquid soap, paper towels and hand gels throughout the building, which are available in all appropriate areas. The RI spoke of her plans to provide a dedicated sluice facility.

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.

Due to the recent instability of the staff team, residents could not be confident that there would be enough staff on duty at all times with the right skills to meet their needs. Recent management action taken should ensure that staffing difficulties do not have a detrimental affect on residents well being.

Residents are adequately protected by the recruitment practices in place. The staff training programme now needs to be developed to make sure that staff have the knowledge and skills they need to fulfill their roles.

Evidence:

They told us in their AQAA that they employ seventeen permanent care workers, ten of whom have their National Vocational Qualification (NVQ) in care level 2 or above. However, this is no longer correct as a number of staff have recently left. The current rota shows only twelve care staff members, three of whom the RI informed us have given notice to leave and three are new staff. Due to the high numbers of staff absences, they are currently using agency staff to cover shifts, while they recruit more staff.

The rota for the week of our visit shows four carers on duty in the mornings and three in the afternoons to care for twenty four residents. However, at the time of our visit, two staff had phoned in sick, so this included two agency staff. This means that there

Evidence:

were only two care staff on duty that had any ongoing knowledge of the residents. This was commented on in staff surveys and in conversations with residents during our visit. Staff commented in their surveys that there has not always been enough staff on duty to meet residents' needs. One states,

"There really isn't enough staff on some shifts. More staff on duty needed to help support each other and help when people go off sick."

Residents commented about having to wait longer now when they need assistance from staff. One resident spoke of having to wait three quarters of an hour for a response when they rang their bell early one morning. One stated that they sometimes have to ask two or three times when they want assistance. Three residents said that quite a few staff have left recently. One resident said,

"All the staff are lovely to me, but I have to ring the bell a bit more now and have to wait longer. They need more staff."

Another said,

"If she can get some decent staff that would improve it."

The lack of a manager has also impacted upon staff morale and communication between staff and management, which has been poor on occasions. The deputy manager was due to leave two days following our visit and a new deputy manager had started work the previous week. A new manager has been appointed and was due to take up their post the following week, subject to receipt of the second reference and police check. They have also appointed a person to the new role of head of care, which will make up a third senior post and strengthen the management structure. This will not happen until all the recruitment checks have been completed. In the meantime, the RI has been working hard to develop team working and a more positive staff culture.

We discussed recruitment procedures with the RI to see if the right number of security checks are carried out on new staff before they start work at the home. We looked at two staff files, plus applications and some other information for three more prospective employees. Information collected included past employment checks, written references and police checks. This is important to make sure that staff are trustworthy and safe to be around the residents living in the home. We discussed that copies of the letter of appointment should be kept on each staff file to show the start date. Also for one new staff member the induction record had not been started,

Evidence:

although the RI said she had gone through it with the staff member.

The RI said that she had enrolled three staff on their NVQ3, but two had left. She stated that she plans to ensure that all new staff work through their Skills for Care Induction Workbook. The staff training matrix was not up to date. The RI stated that moving and handling training has been done for most staff, arrangements have been made for health and safety training to be given in January to all new staff and medication training has been booked for February.

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

Changes in the way the home has been run during the last three months since the manager left have resulted in poor communication between management and staff and low staff morale, which has affected the residents.

The providers are trying to develop an atmosphere of openness and respect in which residents, relatives and staff will feel their opinions really matter and where residents' best interests are promoted.

They are aware of the areas that still need improvement and have plans to do this. Recent planned changes to the way the home is being managed should benefit residents. However they now need to make sure that the strategies they are putting in place are sustained so that residents' health and safety is protected.

Evidence:

The registered manager left on 25th September 2009. Since then, care staff have

Evidence:

been working under the direction of the deputy manager, with support from the RI. This left a weakened management structure. Feedback from staff in their surveys indicated poor communication between management and staff. Their comments under what the service could do better include the following statements, which were discussed with the RI,

"Consider staff opinions when changing things."

"Better communication between management and staff."

"More staffing, need more support from management."

"Treat staff with more respect."

At the recent local authority contracts monitoring visit, they identified poor communication between management and staff, poor accident management and poor quality assurance processes. Some staff members have been finding the transition of change under the new leadership difficult and staff have not all been working cohesively within the team. The RI has been addressing this via staff supervision and disciplinary procedures and by recruiting new staff to replace those that have left, or given notice to leave.

The new manager that has been appointed, and is due to start work at the home soon, is a registered nurse and has previous nursing and care home experience. The new head of care has NVQ level 4 and has previously been a manager of a care home and the new deputy manager has NVQ level 3 in care. Once the new management team has gelled and become established, between them they should have the experience, knowledge and skills needed to run the home effectively. The RI will then withdraw from the day to day running of the home and continue with her quality monitoring visits.

The AQAA was poorly completed and submitted late. There was only brief detail that did not provide enough information for us to plan our visit and due to the recent staff changes some of it was no longer accurate. The importance of this self assessment document was discussed with the RI who indicated that due to all the management problems she was dealing with, she had left it to her husband to complete. As he is not involved in the care side of things and had not involved the deputy manager in its completion for the care side, it lacked much of the necessary information.

The RI said that when they took over the home they had an initial residents and

Evidence:

relatives meeting to introduce themselves and give people the opportunity to ask questions. They have also been having regular monthly staff meetings. Residents and staff spoken to during our visit were appreciative of the RI's openness and said that she is very approachable.

The provider has started a quality assurance file and has a set of questionnaires, which he says have been given out and some have been returned by residents, but there were no copies available to see. He spoke of his plans to carry out kitchen audits, food surveys and health and safety audits. He has been trying to get feedback from residents and has involved them in the choice of colour scheme for the lounge. The results of the questionnaires and other quality monitoring processes now need to be collated and formalized into a report that can then be used to plan future changes.

The RI also does formal monthly visit reports that show her detailed home inspection findings that include discussions with residents and staff. She stated that she has been doing regular staff supervision, but this has not been documented yet so again this needs to be formalized.

The RI showed us her records of staff disciplinary incidents and a complaints investigation, which show that she has acted promptly to make sure that residents' best interests are protected.

They hold small amounts of spending money for some residents. We looked at the records of amounts received, expenditure and the balance and saw that these were in order, with entries double signed and receipts kept.

The AQAA indicates that the home's equipment has been serviced at the appropriate intervals and no safety hazards were observed. We saw records that the hoist and standaid had recently been serviced.

We found shortfalls around fire precautions, safety checks and procedures. They had left the weekly testing of the fire bells to the deputy manager since the maintenance person had left. According to their records, the last weekly fire bell test record was on 27th October, although the RI said she knew they had been done as she had been there during the tests. Also there were no records of any fire drills or staff fire instruction since they took over the home. This has left people at risk. The RI stated that she does the fire instruction for new staff as part of their induction, but this had not been recorded.

This needs looking into as it is important that all the fire safety checks specified in the

Evidence:

relevant legislation are properly completed and that staff know what to do in the event of a fire to keep people safe. The providers should seek advice from the fire safety officer and take the necessary action to ensure fire safety in the home. They indicated they would address this by the end of January 2010. A requirement will be made in the report.

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	7	15	<p>Care plans must contain all the relevant information to meet the individual needs of the resident. Care plans must be reviewed at least once a month, updated as needs change and any action taken to address any changing needs.</p> <p>This is to make sure that all the residents needs are identified and met and staff have all the up to date information they need to make sure they can give residents the right care and keep them safe.</p>	31/01/2010
2	8	13	<p>Where a risk of falls is identified, the care plan and risk assessments must be reviewed and updated to make sure that any unnecessary risks to health and safety are identified and as far as possible eliminated.</p>	31/01/2010

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>This relates to actions to be taken following a resident's fall, making sure that records are cross referenced and transferred from the daily records and accident records into an updated care plan review, with actions to reduce risk clearly identified. To include a review of the environmental risk assessment and removal of any hazards in the bedroom.</p> <p>To make sure that the health and welfare of all residents is promoted and they are kept safe.</p>	
3	27	18	<p>There must be enough staff on duty at all times to meet the assessed needs of all the residents living in the home.</p> <p>This is to make sure that residents' health, welfare and safety is protected.</p>	31/01/2010
4	31	8	<p>The individual appointed to manage the home and be in day to day charge must make an application to be registered to be in compliance with Section 11 of the Care Standards Act 2000.</p>	31/03/2010

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
			To ensure that they are fit to manage the home in residents' best interests.	
5	38	23	<p>To ensure safe working practices, staff must receive the training they need in fire safety.</p> <p>The registered persons must consult with the Fire Safety Officer about carrying out the necessary fire safety checks and fire drills and staff fire instruction.</p> <p>To promote and protect the health, safety and welfare of residents and staff.</p>	31/01/2010

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

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