

# Key inspection report

## Care homes for older people

<b>Name:</b>	Ann Slade Care Home, The
<b>Address:</b>	5 Morningson Road Southport Merseyside PR9 0TS

**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.

<b>Lead inspector:</b>	<b>Date:</b>
Margaret VanSchaick	2   9   0   7   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](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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

## Reader Information

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## Information about the care home

Name of care home:	Ann Slade Care Home, The
Address:	5 Morningson Road Southport Merseyside PR9 0TS
Telephone number:	01704535875
Fax number:	01704512917
Email address:	
Provider web address:	

Name of registered provider(s):	Brooklyn Home Limited
Type of registration:	care home
Number of places registered:	24

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	24
Additional conditions:		
Service users to include up to 24 OP		
To admit one male service user under the age of 65 years		

Date of last inspection									
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Brief description of the care home
Ann Slade is a residential care home that specialises in the care of older people. The home is registered for 24 service users and is owned and managed by Mr Korwin-Granford who has many years experience in the care of older persons. Ann Slade is located within a suburb of Southport and is close to all local amenities. The home presents an older type property, which has been converted into a care home with the accommodation being provided over three floors all served by a passenger lift. The communal space within the home consists of one dining room 2 lounge areas and a small smokers lounge. All communal space is provided on the ground floor. The home has 22 single and one double bedroom all having en suite facility. The home provides limited car parking to the front of the premises. The home provides ramped access to all entrance and exit areas and has aids and adaptations in place to meet all assessed

Brief description of the care home

need. The weekly rates are £383

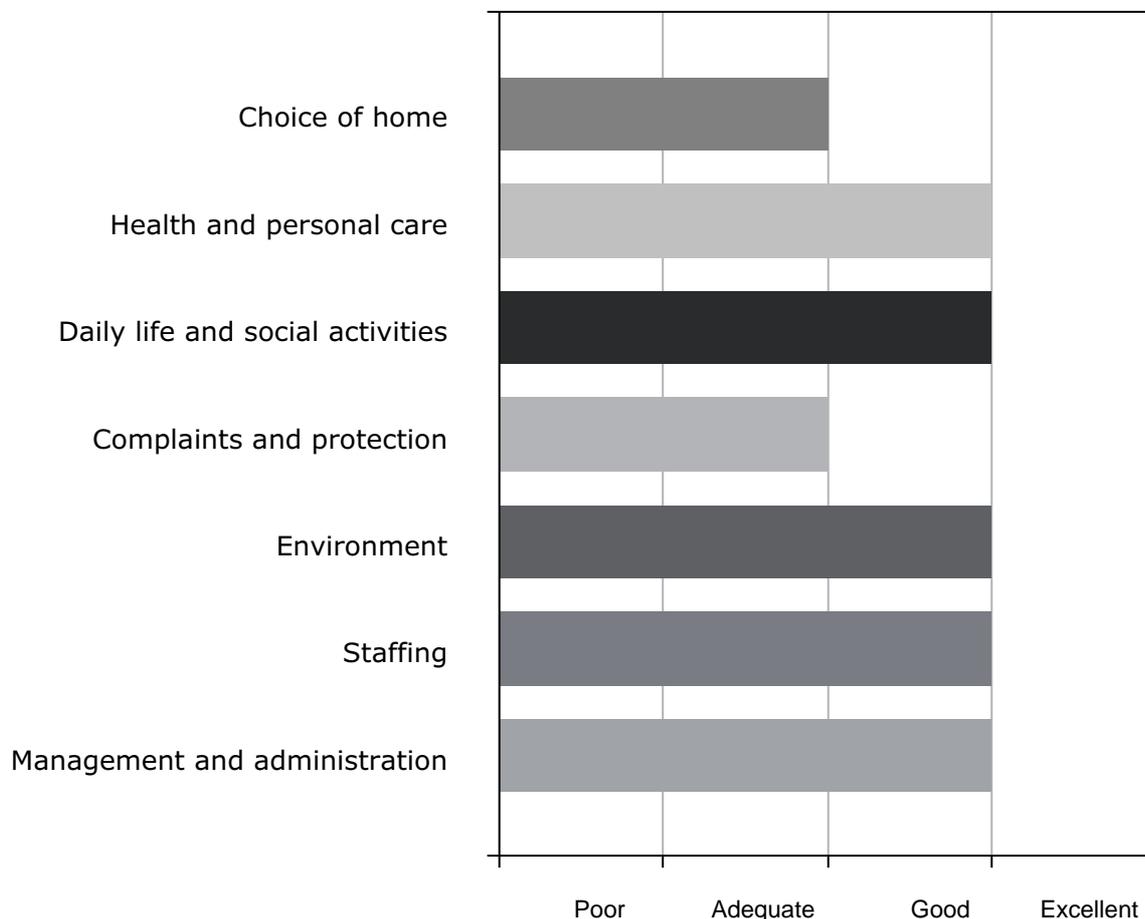
## Summary

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:

A site visit took place as part of the unannounced inspection. It was conducted over two days by one inspector and lasted approximately 11 hours. Twenty one residents were accommodated at this time. As part of the inspection process many areas of the service were viewed including residents bedrooms. Care records and other documentation was also viewed. Discussion took place with residents, relatives and staff. Some of whom were interviewed on a one to one basis. The inspection was conducted with the registered manager Mr Korwin Granford.

During the inspection two of the residents were case tracked (their care files were looked at and their views of the service were obtained). All of the key standards were inspected. Some of the previous recommendations have been actioned with others not taken up.

Satisfaction forms 'Have your say about....' were distributed to staff prior to the

inspection. A number of comments included in this report are taken from the surveys and interviews.

An AQAA (Annual Quality Assurance Assessment) has been completed. The AQAA consists of two self assessment questionnaires that focus on the outcomes for people. The self assessment provides information as to how the manager and staff are meeting the needs of the current residents and a data set that gives basic facts and figures about the service including numbers and training.

### **What the care home does well:**

Residents can live their lives as they please with staff support. Residents are encouraged to retain their independence where possible with staff support where needed.

The service provides a comfortable and homely environment for residents. Residents who live at The Ann Slade are happy. Residents interviewed stated, "I like it here, all the staff are nice", "It's the best place I've been, I'm well off here" and "It's very nice".

Relatives interviewed were satisfied with the care and stated, "They seem to be very good with medical care" and "I have asked her if she wants to move and she says no, she loves it, she has never complained".

Relatives interviewed also confirmed that residents have regular activities and stated, "We have the organ player, quizzes and armchair exercises" and "Mum joins in with the music and sings".

Residents enjoy the food that is served and are provided with a variety and choices. One of the relatives interviewed about the meals stated, "The food is wonderful, Mother had not been eating prior to coming in, she thinks it's marvellous, all home cooked".

The service provide good training support for staff and promote the NVQ training. The NVQ training has exceeded the standard. Staff canvassed for their views commented, "We care for our residents and have a good working relationship with work colleagues, good training and a happy environment".

Relatives canvassed for their views about staff stated, "Staff make me feel welcome, I've just been asked if I want a drink" and "The staff are really wonderful".

Management continue to consult with residents and staff and this ensures their views are listened to and they feel valued.

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

There was no old stock of medication on the premises. Record keeping also confirmed regular pharmacy returns.

New furniture has been provided for the comfort of residents and this includes dining and bedroom furniture. Some of the rooms have been decorated and there were new carpets in bedrooms and hallways. One or two windows have also been replace. Work is carried on in the garden to improve the facilities for residents.

Equality and diversity training has been provided to all staff. Deprivation of Liberty training has been accessed and staff are now being trained in this area.

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

The pre admission assessment needs to be improved to ensure all care needs, support and preferences are addressed so that residents can be sure their individual needs are going to be met. More detailed information is needed to ensure clarity.

Care plan documentation needs to be improved so that it is evident that the care planned commences on admission to the service. The care plan needs to reflect the assessed needs for the individual resident otherwise they are at risk of not being met because they are not identified. In particular with regard to falls.

Some of the staff need to improve their record keeping and written comments to ensure information is sensitively written, clear and accurate.

The service have some audits in place with regard to medication. This needs to improve to show that the management of medication and records are regularly monitored to ensure good practice. None of the four residents who self medicate have been assessed for competency of managing their medication therefore this needs to be addressed to ensure safe practice. Records of these need to be kept.

One of the residents is prescribed a medication whose dose is changed one to two weekly. The medication records for the doses to be given are not clear. This area was recommended to be improved at the last inspection in 2007 but it remains the same. The senior carer on duty has changed it during the visit and the dose is now clear. The service needs to ensure that clear and concise instructions are recorded as prescribed so that there is no room for error.

The complaints procedure needs to be updated and should be printed in large print to ensure those with failing eyesight can read it.

The service needs to ensure that all complaints raised are held in a secure location to retain confidentiality. All senior staff need to be updated with regard to the adult protection procedure to ensure all residents are protected.

All staff files need to evidence that employees identity has been verified. This will protect residents. Written references need to be dated to ensure they were gained before the employee commenced work. The induction documentation is too brief. This needs to improve to evidence the full induction of new staff.

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

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

## Details of our findings

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## Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them 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 **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The pre admission assessment needs to be improved to ensure all care needs, support and preferences are addressed so that residents can be sure their individual needs are going to be met.

Evidence:

Two residents were case tracked. One resident's documentation showed an assessment was carried out at the hospital prior to admission. The other assessment viewed showed the resident had been assessed prior to admission earlier in the year but not when they were admitted back into the service later in the year. The service used the same documentation. Therefore because of this it is not known if their needs had changed in this time. One of the assessments showed evidence of the carer signature and date of assessment.

Not all of the residents care and support needs were identified. The assessments were not detailed enough. The assessment does not give much information on what

Evidence:

residents can do for themselves or their preferences as to how they like to live their lives including their likes, dislikes and hobbies. Conflicting information about personal details was also recorded. This may cause problems for the staff in supporting residents.

Information included in one of the pre admission assessments was not in sufficient detail to clarify particular statements recorded by staff. Therefore making it difficult to understand what the residents particular problem was.

One resident interviewed about the admission process stated, "I came in for respite, I don't know if anyone came to assess me, I do like it" and "No, I wasn't assessed this time".

## 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.

Care plan documentation needs to be improved and also reflect the assessed needs for the individual resident.

Evidence:

Both residents case tracked had a care plan in place. The care plans evidenced that some of the residents care needs were being addressed but not all. The care plan documentation needs to be improved as the ones looked at evidenced information was being recorded on the care plan review sheet rather than the care planned from admission. Residents interviewed about their care plans stated, "I have seen my care plan, I have discussed it with ...., she read it to me", "I'm not aware of a care plan" and "I have not discussed my care plan but it is there if you want it".

One of the residents has been identified prior to admission as being at risk of falls yet there is no care plan in place to address this. The same resident has been identified as needing their mental health monitoring yet there is no evidence of this being done.

One of the residents has been identified in the sleep section of the care plan that they

## Evidence:

occasionally sleep downstairs. There is no further information about this nor is it addressed in the care plan. Life history forms are in place but for one resident who has family input there is no information other than where the resident was born.

Notes made in the health professional documentation evidences a carer has recorded inaccurate information. Daily records belonging to another resident show insensitive use of language therefore this does not promote the dignity of one resident. The service need to ensure that staff who record information on care documentation is competent to do so in a clear, accurate and sensitive way. This will be addressed later in the report. Other daily records viewed evidence satisfactory records.

There is documented evidence that residents have access to health professionals including, district nurses, opticians, chiropodist, dentists and Gps. Residents interviewed stated, "We have the Dr, optician and chiropodist, the Dr sees me in my room" "I see the Dr myself and had a few blood tests yesterday, I go to the chiropodist at the clinic every week".

Relatives interviewed about the care provided stated, "It's wonderful, Mother was unsettled at first but has settled here, she's quite happy here. They seem to be very good with medical care and she had fallen once and they telephoned us" and "She loves it, she has never complained. I asked her if she wants to move and she says no. The Dr comes in to see Mum and staff keep me informed. I did look at the care plan originally". Documentation shows that residents have a manual handling assessment and nutritional assessments in place.

Medication was stored in a locked room. Medication cupboards were locked and storage of medication was tidy. A medication fridge was used and stored medication at the correct temperature. Blister packs are in use for the majority of medication and all were seen to be used correctly. The senior carer was observed to give out medication from a trolley and used the medication record sheets to record the administration of prescribed medicine. Controlled drugs are audited daily by two staff with records evidencing this. One or two were checked at random and found to be correct. Medication records were tidy.

The deputy told us that the pharmacy representative from a local Gp practice had carried out a review of residents medication. A list of residents who were involved in the review was in place. The service need to carry out an audit of medication management in the home on a regular basis to ensure good practice with records kept. The medication records viewed showed that four residents self medicated some of their medication. There was no documentation in place to ascertain the individual

Evidence:

residents competence to be in charge of their medication. Therefore this needs addressing.

Staff who have had training in administration of medication were documented on a list with their signatures and initials present.

One of the residents prescribed medication dose is changed as much as one to two weekly and the medication record was difficult to follow as there were different strengths of tablets. Therefore following discussion with senior staff it has been changed to show quite clearly the prescribed dose to be taken each day. We had recommended the service do this at the previous inspection but it had not been taken up.

Medication records showed that medication received into the service is recorded with staff initials in evidence. The returns to pharmacy book was viewed and evidenced medication returned to pharmacy and signature of pharmacy representative.

One of the residents was prescribed antibiotics, which were prescribed three times a day. The antibiotic was being administered three times within an eight and a half hour period. Senior staff were advised to change the time of administration to ensure an improved coverage throughout the day, which would give the antibiotic a better chance of working.

One resident interviewed with regard to medication stated, "Staff give me my medication at night on time".

Staff were observed to be friendly and respectful in their approach to residents. Residents appeared to be relaxed and comfortable in their surroundings. The seating areas in the service are set out in smaller groups so that residents can sit with who they wish. Residents preferred term of address is recorded on care documentation. None of the residents share a bedroom and consultation with Gp's and other professional visitors takes place in their bedroom.

## 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 can live their lives as they please with staff support when needed.

Evidence:

The AQAA told us that activities are arranged every day for residents to enjoy or participate in. Activities arranged for residents include music afternoons, quizzes, bingo, trips out and exercise classes. Some of the residents are independent and go out when they wish to. Other residents go out with their families when they visit.

Residents interviewed about activities stated, "I'm not really involved in activities, I do go into the lounge at night", "I'm left alone, I have my music and my privacy, I go out when I want to, I still do all my own banking and shopping" "We do have activities, a daughter of one of the ladies comes in and does keep fit, I do go out a lot". Two of the residents were observed to have a keen interest in the garden and help to maintain the flowering pots.

Relatives interviewed confirmed that residents had regular activities and stated, "They have the organ player, quizzes and armchair exercises and a few residents go out on their own" and "She joins in with music and sings".

## Evidence:

Residents have choices as to how they live their lives. Some of the more independent residents go out on a daily basis with others spending their time in one of the lounges or their bedrooms. Residents interviewed stated, "You can go to bed when you feel like it". The service support residents individuality as some do not wish to be involved in the daily routines. Residents who were interviewed told us they were happy living at The Ann Slade and stated, "It's the best place I've been, I'm well off here", "It's a nice place" and "It's very nice". Residents are encouraged to stay in touch with their families and the local community. Residents families and friends visit the service regularly as confirmed through interviews with relatives and residents. Residents interviewed stated, "I'm not too bad for visitors, my son came yesterday".

Some of the service users interests were recorded on care documentation but this area could be improved to show a more detailed and personalised approach.

Residents who are able to, continue to organise their own finances and Gp visits. Advocacy contacts are available for residents who may wish to use that service. It was evident from viewing some of the residents bedrooms that they are able to personalise their space with their own belongings.

The service provides a four week menu with choices recorded. Residents interviewed confirmed choices of meals were available and could choose an alternative to what was on offer. The cook told us that she checks with residents each day to ascertain their choice. Meals were served in the dining room and two dining areas of the sitting rooms therefore giving residents a choice. Specialist diets are also catered for. Residents interviewed about their meals stated, "I get enough to eat, You can have two biscuits at night if I'm hungry" and "The food is very good, you can't grumble about it, you get different every day. If you don't like it, they give you something else", "The food is very good, you do get a choice sometimes, if it's something you don't like you tell them, you get enough food to eat, you get toast if you want at night", "I had jelly for afters, the meals are lovely" and "The food is very good, it's excellent, you get a choice".

Relatives interviewed confirmed the food served was enjoyed by residents. One relative interviewed stated, "The food is wonderful. she hadn't been eating properly prior to coming in here, she thinks it's marvelous, it's all home cooked".

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

The service needs to ensure that all complaints raised are held in a secure location to retain confidentiality.

Evidence:

The service has a complaints procedure, which needs to be updated to include the change to CQC (Care Quality Commission). The complaints procedure could be improved by producing it in a larger print format so that residents with failing eyesight can read it.

Some of the complaints logged were hanging on the notice board in the hallway. This showed the record of complaints made. Senior management were advised to remove this log and store it securely to retain confidentiality. The complaints log shows the complaint raised, dates it was responded to and outcomes for the complainant. On a second visit to the service a few days later, the complaints log was again hanging in the hallway for anyone to read. This breaks resident confidentiality. We removed it from the hallway again and the registered provider was advised. The complaints log also needs to be on an improved format with numbered pages.

Residents interviewed about the complaints procedure stated, "I do know how to make a complaint, there is a procedure in the hall, it tells you how to go about it. I've never had to make a complaint as everything is excellent"

Evidence:

One relative interviewed about complaints stated, "If I had any concerns I would just go to ....., she is quite happy".

Some of the staff have attended adult protection training as evidenced in staff files. The service have a copy of the older version of the local adult protection procedure so management were advised to obtain the up to date version so that correct procedures would be followed.

Management were unsure of the adult protection procedure and safeguarding referral therefore further training needs to be taken up to ensure all senior and managerial staff are fully confident of how and when referrals to safeguarding should be made.

## 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 service provides a comfortable and homely environment for residents needs.

Evidence:

Following a brief tour of the service it is evident that residents live in a pleasant and comfortable environment.

Residents have the choice of two sitting rooms. There is a separate dining room and both sitting rooms have capacity for dining tables and chairs. Both of these were used by residents during the visit. New dining furniture was in place and suited resident needs. Comfortable looking armchairs were in place for residents to sit on.

Some of the residents bedrooms were viewed and all were clean and homely. Bedrooms were decorated to a good standard and residents have been able to personalise their rooms with their own belongings. All bedrooms have an en-suite facility. Some of the bedrooms and hallways have been fitted with new carpets therefore providing a pleasant environment for residents. New bedroom furniture has also been supplied to some of the residents rooms therefore providing additional comfort.

Residents interviewed about the accommodation and their bedrooms told us they were very happy. Residents stated, "I was on the top floor and was asked if I would like this

Evidence:

room, I have quite a bit of my own furniture in, I like it", "I do like my bedroom, there is enough room to walk about" and "I have a lovely single bed, lovely bedroom and it's warm enough".

The hallways are decorated and carpeted to a good standard and hand rails are in place for residents. Residents bathrooms were clean and provided specialist bathing equipment. A call bell facility is fitted to all rooms.

Residents have easy access to the patio and garden area. The garden has suitable furniture for residents use. Flowering pots were on display on the patio.

A lift provides access to each floor.

The kitchen was clean and organised during the visit. A cleaning schedule was in place and fridge/freezers temperature records were in place. Foods stored in the fridges were covered and dated. The food store evidences plenty of dry goods of good quality and fresh fruit and vegetables are delivered on two days each week.

The laundry room was satisfactory and residents are provided with individual baskets for their personal laundry. One resident interviewed about the laundry facility stated, "Staff do the laundry, there are no problems, my initials are on my clothing"

The home is well maintained and new windows have been fitted and the whole exterior has been refurbished.

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

The service provide good training support for staff and promote the NVQ qualification.

Evidence:

The off duty rota was viewed and showed staff on duty but was scribbled on several times therefore making it unclear as to who was on duty each day. The deputy told us that they had a member of staff go off sick at short notice hence the changes. The deputy produced a much clearer and easy to follow rota later that day.

The rota shows satisfactory staffing levels.

Approximately 95% of care staff have the NVQ level 2 qualification. Therefore the standard in this area has been exceeded. Other senior staff have gained a more senior level in NVQ also including NVQ Level 4. The service has always been keen to ensure as many staff as possible gain an NVQ qualification. Senior management encourage new staff to gain the NVQ certificates.

Staff were interviewed about working at the service and stated, "The care is good and all the residents get well looked after days and nights. I have a lot of training including NVQ, medication refresher, fire safety and manual handling, I'm up to date with all my mandatory training. I'm also booked for first aid in August. We have regular supervision and an appraisal. There is enough staff", "I had no induction when I first

Evidence:

started" and "I had an induction with my senior for about five hours going through the paperwork, care plans and a tour of the building".

One staff canvassed for their views commented, "We care for all of our residents and have a good working relationship with work colleagues, good training and a happy environment".

Three staff files were viewed and all evidenced application forms were completed. No evidence was on one staff file to prove who they were such as passport copy or birth certificate copy therefore this needs addressing. Two written references were in place in all three files but three of the references were undated. Police checks have been carried out for all three staff. All three files evidence signed contracts of employment.

There is documented evidence that each staff member has had an induction. The induction documentation is brief therefore this needs to be improved to evidence the full induction programme.

There is evidence in staff files of mandatory and other training including, manual handling, infection control, fire, POVA (Protection of Vulnerable Adults), basic food hygiene, first aid, health and safety, abuse, risk assessment, equality and diversity, mental capacity act, dementia and nutrition. Some of the training is provided by external trainers and others by staff watching videos/DVDs specific to training needs. New information has been provided with regard to Deprivation of Liberty therefore staff are in the process of learning about this. Residents interviewed about staff stated, "I get on well with all the staff, night staff are very good, one or two in particular really, they are ever so kind. I prefer a lady, I always get a lady", "I get on with the staff they are kind" and "Staff are very nice indeed, all of them, you can't grumble".

Relatives interviewed about staff stated, "The staff are really wonderful, ...is wonderful with Mother" and "Staff make me feel welcome I've just been asked if I want a drink, staff are very good".

## 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.

Management continue to consult with residents and staff and this ensures their views are listened to and they feel valued.

Evidence:

The registered provider Mr Korwin Granford is also the registered manager of The Ann Slade. The service has been managed and owned by Mr Korwin Granford for many years. He has completed the RMA (Registered Managers Award), gained the NVQ level 4 qualification in care and management and kept up to date with all mandatory training.

Mr Korwin Granford spends a lot of time around the service including the evenings and nights, which gives residents and their visitors various times to be able to approach him if they had any concerns. Residents and their relatives were quite confident that had they any concerns they would be able to approach senior management at the service. One relative interviewed stated, "I have no concerns about speaking to senior management, I feel I could approach them".

## Evidence:

Residents meetings are held on a monthly basis and minutes of these meetings are published. The most recent meeting was held in July this year and residents attended and items discussed were evidenced. Items discussed included the summer menu and trips out. One of the residents interviewed about this stated, "I can't remember the last meeting, but I've been asked how I like it here".

Staff meetings are also held regularly throughout the year with minutes published. The most recent meeting was held in June this year and minutes viewed showed staff attendance and items discussed. Training dates with regard to dignity and privacy, first aid, and continence were discussed.

The service have an external quality assurance award and this is reviewed each year. This enables residents to give their views on how the service is run. The information is collated and fed back to the service with residents remaining anonymous. One of the relatives interviewed confirmed they were involved in the quality assurance and stated, "I completed a questionnaire not so long ago".

The AQAA states that the policies and procedures have been updated earlier this year although the complaints procedure still needs to be updated.

The service does not hold any service users monies. Robust records of residents personal records are held and these evidence residents signatures. Some residents manage their own finances independently.

Staff supervision is carried out two monthly and annual appraisals annually. These were viewed on staff documentation.

Risk assessments were carried out for the whole building including external areas. A general audit has been carried out and many planned improvements have been carried out. The AQAA told us that all the servicing of equipment is up to date. One or two of the servicing certificates were looked at including the lift, hoists and fire equipment checks. These were up to date. The parker bath and medi bath have not been serviced. Management have told us that they did not know that the baths needed to be. This needs to be addressed.

Fire escapes were clear and fires safety checks including emergency lighting were in place. The homes insurance was up to date.

Accident records have been completed correctly.

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	3	14	<p>The registered person must ensure that all residents are fully assessed prior to admission.</p> <p>This ensures that residents needs are identified and the service can be sure they will meet their individual needs.</p>	01/09/2009
2	7	15	<p>The registered provider must ensure that residents have a care plan in place that addresses all of their needs including falls, mental health and sleep problems.</p> <p>This will ensure that all of the residents needs will be addressed through staff support and management.</p>	01/09/2009
3	16	22	<p>The registered provider must ensure that all complaints are logged correctly and that they are stored securely.</p>	01/09/2009

## 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
			This will ensure confidentiality is maintained.	
4	18	13	The registered provider must ensure that all staff fully understand the adult protection procedure.  This will ensure that all residents are protected.	05/10/2009

## 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
1	3	It is strongly recommended that all residents needs should be recorded in detail and that the information recorded should be clear. The place where the assessment was carried out should be identified also.
2	9	It is strongly recommended that when residents are prescribed antibiotics that the dose should be as close to the prescribed times as possible. This will ensure the antibiotic has a better chance of working effectively.
3	9	It is strongly recommended that residents who self medicate should be assessed to ensure their competency.
4	9	It is strongly recommended that the resident who is on a varying dose of warfarin should have clear instructions recorded each time the dose is changed and use a new medication record for each change of dose. This will ensure there is no confusion in the changes of prescription.
5	9	It is strongly recommended that a full audit of medication management is carried out with records kept to ensure good practice.
6	16	It is recommended that the complaints procedure should be provided in larger print so that residents with failing eyesight are able to read it.

## 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
7	16	It is strongly recommended that all complaints should be logged on a suitable format that ensures pages are already numbered.
8	29	It is recommended that all written references should be dated to ensure authenticity.
9	29	It is recommended that all staff files should evidence documented proof of the employee to ensure identity.
10	30	It is recommended that the induction training documentation should be improved to give a more detailed account.
11	37	It is strongly recommended that the parker bath and medi bath are serviced to ensure resident safety and a copy of the certificate is forwarded to the Commission.

## Helpline:

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**Web:** [www.cqc.org.uk](http://www.cqc.org.uk)

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