

# **Key inspection report**

## **CARE HOMES FOR OLDER PEOPLE**

**Montrose**

**40 Prince Of Wales Road  
Dorchester  
Dorset  
DT1 1PW**

*Lead Inspector*  
Ms Sue Hale

*Key Unannounced Inspection*  
22nd July 2009 09:00

This report is a review of the 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.

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).

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

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

## Reader Information

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# SERVICE INFORMATION

<b>Name of service</b>	Montrose
<b>Address</b>	40 Prince Of Wales Road Dorchester Dorset DT1 1PW
<b>Telephone number</b>	01305 262274
<b>Fax number</b>	01305 261330
<b>Email address</b>	montrosecare@aol.com
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Maricare Ltd
<b>Name of registered manager (if applicable)</b>	Manager post vacant
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	22
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (22)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following category of service only:  
  
Care home only - Code PC  
  
to service users of either gender whose primary care needs on admission to the home are within the following category:  
  
Old age, not falling within any other category (Code OP)
2. The maximum number of service users who can be accommodated is 22.

**Date of last inspection**      22nd July 2008

## Brief Description of the Service:

Montrose is an established, well maintained care home which provides a friendly atmosphere for older people who need the support of residential care. Montrose is registered to accommodate up to a maximum of 22 older people (age 65 and over), both male and female, and is located within a short walking distance of Dorchester town centre.

The proprietor is Miss Whitehead who took over the home in February 2008. There is currently a manager designate in post who is responsible for the day-to-day running of the home. Montrose is a large detached building with Victorian frontage that has been extended and is arranged over three floors. The top floor is not a part of the registered premises and is given over to the use of management office space. The registered accommodation is spread over two floors and contains 22 rooms for single room occupancy. A passenger lift gives level access from the ground floor to all rooms on the first floor.

Montrose has two lounges and a dining room for communal use. The lounge at the rear of the property which has patio doors leading out onto the back garden has a six seater dining table for use as an extra dining facility. The garden has accessible patio and lawned areas. No smoking inside the building is allowed.

The current fees range from £510 to £675 per week. Fees include all care and accommodation costs, including meals, laundry and activities. Additional charges are made for hairdressing and chiropody. People are expected to pay for their own personal items such as private telephone, toiletries and newspapers. Readers of this report may find it helpful if they have any queries

about fees to contact the Office of Fair Trading [www.offt.gov.uk](http://www.offt.gov.uk).

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk).

# SUMMARY

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

The focus of the inspection was to look at relevant key standards under the Care Quality Commissions 'inspecting for better lives 2 framework'. This focuses on outcomes for residents and measures the quality of the service on the four headings; these are excellent, good, adequate and poor. The judgement descriptors for the seven sections are given in the individual outcome group. These descriptors are collated to give an overall rating for the service.

**The quality rating for this service is one star. This means that the people who use the service experience adequate quality outcomes.**

The inspection took place over the course of one day in August 2009. It was undertaken by one inspector. There were fourteen people living in the home on the day of the visit.

We sent out surveys at random to residents, relatives, staff and social and healthcare professionals who visit or have contact with the home. We received two from residents', one from a relative, one from a social and healthcare professional and four from staff. The results have been collated and included in this report.

We looked at four care plans and three staff recruitment files. We looked at all the documentation relevant to the running of the care home and undertook a tour of the premises. We spoke to four residents, four members of staff, the manger designate and the registered provider.

The manager designate is aware of the need to consider equality and diversity issues in relation to the service provided for residents and for the need for appropriate staff training. This will ensure that people are treated as individuals and their lifestyle and preferences are respected.

## **What the service does well:**

The home provides information for protective residents and their family about the services provided and encourages them to visit and spend time there before making a decision about residency.

All residents have a care plan in place that details their basic care needs. People are seen as individuals with their own personalities and treated with

respect by staff. One resident spoken to had lived at the home for some years and told us that they were 'very happy here'.

Residents have access to medical and healthcare professionals as and when they need it.

All the residents spoken to were satisfied with the food provided and measures are now in place for residents to comment and contribute to menus. Kitchen records were detailed and up to date.

People living in the home are supported to maintain their independence which enhances their quality of life. Residents meetings are popular and people like being able to have a say in how the home is run. Visitors to the home are encouraged and made welcome.

The home was clean, tidy and homely. It is a welcoming environment for visitors and residents. Residents are encouraged to personalise their private rooms and bring in their personal belongings when they move into the home. An ongoing programme of maintenance and refurbishment is in place to make sure that the standard of the home is maintained.

A relative commented that they thought there had been a gradual improvement in the standard of the service provided particularly in relation to the quality of meals since the last inspection.

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

The statement of purpose has been reviewed and updated to make sure that it includes the majority of the required information.

All the residents have been given a contract detailing the terms and conditions of residency.

A new care planning system has been introduced and people who can, sign their agreement to the care provided.

The home has obtained a copy of the locally agreed pan Dorset policy relating to the safeguarding of vulnerable adults. The adult protection policy now includes clear information for staff on what constitutes abuse or abusive practice. The whistle blowing policy has been revised to make sure that it includes the contact details of the Commission and Public Concern at Work.

The flooring in the kitchen has been replaced as recommended in the last report.

The staff rota now includes the designation of care staff, the nominated first aider on each shift and the hours worked by the manager designate. A record of the staff recruitment interviews is now kept on file. The manager designate has introduced the Skills for Care common induction standards and all staff

have been given their own copy of the General Social Care Council code of conduct.

A supervision policy relevant to Montrose that meets the national minimum standards is now in place.

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

Care plans should be in place for specific medical conditions such as diabetes and Parkinson's to make sure that people's needs are clearly documented and clear guidance for staff on how they should be met can be provided. Care plans should cover all topics recommended in the national minimum standards to make sure that all residents needs are identified and measures in place on how they will be met.

Care plans and risk assessments should be reviewed monthly and updated whenever necessary to make sure they reflect people's current circumstances. Greater effort could be made to complete social life histories for residents so that this could be used to inform person centred care planning. All documentation should be fully completed to make sure all relevant information is known to staff.

Information must be obtained about the use of bed rails from the appropriate agency. Risk assessments must be undertaken and the risk discussed with residents if at all practicable. Staff must receive training in the safe use of bed rails and the rails must be checked regularly to reduce the risk of them becoming loose and increasing the risk of entrapment.

The adult abuse policy should be revised to make sure it reflects the locally agreed Pan Dorset policy and includes the relevant local contact details of the local authority and Commission.

All waste bins in communal toilets, bathrooms, the laundry and clinical waste bins should be foot operated to reduce the risk of cross infection. The doors to the laundry and sluice room should have appropriate signage and be kept locked to reduce the risk of potential harm to residents.

Efforts should continue to improve the number of care staff qualified to at least NVQ level 2 or above to make sure staff have the right skills and training to provide a good service to residents'.

Information kept by the home about residents should be recorded in a way that meets the Data Protection Act and preserves people's right to privacy.

The Commission must be notified of any adverse events that occur including misconduct by staff and the death of any service user.

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 INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

## The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

## The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

2 and 3

Standard 6 is not applicable to the service

People using the 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 home supplies written information about the services they provide for prospective residents and their families. People are encouraged to visit the home and spent time there before they make a decision on residency.

All residents are given a contract detailing the terms and conditions of living in the home.

### **EVIDENCE:**

Prospective residents and their families are given an information pack about the home which includes colour photographs, sample menus, a sample of the activity programme, the details of the size of the rooms available and a

statement of purpose/service user guide. Two residents completed our survey and both said that they had been given enough information about the home before they moved in.

We looked at the care plan of two people who had moved into the home since the last inspection. On the first plan all the relevant documents were in place but not all been fully completed.

The statement of purpose was reviewed in September 2007. It now includes the details of the room sizes available for prospective residents. It needs minor amendment to make sure that the information about complaints meets the national minimum standards and the details of the newly appointed manager designate.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

### The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

7, 8, 9 and 10

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

All residents have a care plan but they do not always cover identified needs in enough detail to give staff information and advice on how those needs should be met.

Risk assessments relating to moving and handling, nutrition and falls were in place and measures to reduce risk put in place.

Care plans and risk assessments are not reviewed monthly as recommended.

Bedrails were not used in line with health and safety requirements.

People living at the home were treated with dignity and their right to privacy respected by staff.

## **EVIDENCE:**

We looked at the care plans of four residents in detail. A new care planning system has been introduced since the last inspection but not all the recommended topics were covered. Some but not all care plans had been signed by the resident concerned to indicate their agreement with the care provided. Some but not all plans contained life histories that could be used to inform person centred care planning. The daily records were detailed but mainly listed tasks undertaken and did not always give a sense of peoples well or ill being. The statement of purpose told us that care plans were reviewed monthly but this could not be evidenced on plans looked at. Care plans and risk assessments were generally reviewed every two months monthly but some assessments and plans had not been reviewed as frequently. One social and health care professional who completed our survey told us that the home usually monitored and reviewed resident's social and health care needs.

Two residents completed our survey both of whom said that they usually or always received the care and support that they needed. Both people also said that the home always or usually listen to and acted on what they said.

On the first care plan looked at the daily record showed that the person had sustained an injury this had not been recorded in the accident book and there was no record of any treatment given. On another occasion an accident had been recorded in the accident book but not on the daily record. There was evidence on the daily record that the residents had left the home without staff knowing, potentially putting themselves at risk of harm. There was no clear risk assessment or plan in relation to how this would be managed to keep the person safe.

On the second plan looked at the resident concerned was diabetic. The person was able to administer their own medication and a risk assessment in relation to this was in place. However, there was no care plan specific to the diabetes and no information on file about diabetes, the acceptable blood sugar range all information for staff on what to do should the person become ill as a direct result of the diabetes. However, good records were kept of contact with medical professionals and it was clear that the person was supported with necessary health checks such as diabetic eye screening and foot care.

The third plan related to a resident who used bedrails. The care plan contain good detail of contact with medical professionals and also recorded the persons increasing dependency due to a medical condition and how their increased needs were going to be met by staff. However, although bedrails were in place there was no risk assessment, no information available in the home about the use of bedrails and bedrails were not checked to see if they were safely positioned after they were first fitted. There was clear evidence in the daily

record that the person regularly became trapped in the rails but this had not been reported to the Commission as required under the Regulations and appropriate advice on how to reduce the risk of entrapment had not been sought.

The fourth care plan looked at was that of a new service user. There was no environmental risk assessment in place although daily records clearly showed that incidents had occurred that may potentially put the person at risk of harm.

Aids and adaptations, including pressure cushions and pressure mattresses are provided according to individual need.

It was clear that people have access to medical and healthcare professionals whenever necessary, including opticians and chiropodists'. Detailed records were kept of peoples contact with their doctors and these recorded why the home had sought advice and what if any treatment had been given. One health care professional who completed our survey said that they thought one way the home could improve would be 'better communication about the patient when doctors are called out'. They also went on to say that they thought the service did well in how they responded to residents and their families needs.

Throughout the inspection staff were seen to knock on residents private doors before entering and to treat people who live in the home with courtesy and respect. One social and health care professional who completed our survey told us that the service always respected people's privacy and dignity.

We looked at the way that medication is administered. The medication policy needed to be updated to reflect current good practice advice. Several issues were identified and these have been detailed as recommendations. A referral to the Commissions pharmacy inspector has been made and a separate visit from them will take place in the near future.

A relative who completed our survey said that they thought that the home did well in keeping them informed of any ongoing medical issues their relatives may have. They also confirmed that the home has good links with the district nurses and doctors.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

### The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 and 15

People using the 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 routines of the home as flexible as possible to suit the preferences and choices of residents.

An activities programme is in place and there are plans in place to increase the opportunities for residents to go out.

Visitors to the home are encouraged and made welcome.

Residents are satisfied with the meals served at the home.

### EVIDENCE:

Residents spoken to confirmed that they were able to get up and go to bed at times to suit them and spend time either in the communal lounge or in their private room. Residents are able to have their own telephone installed in their private room at their own cost.

Residents told us that their family and friends are encouraged to visit and made welcome at the home at any time.

An activities programme is in place and is planned for four weeks at a time with all residents being given a copy so they know what is going on. The home has a car which is available for staff to take residents out but unfortunately no one is able to drive it at present. Individual residents are taken into town shopping by staff whenever possible including those who need to use a wheelchair. All the residents spoken to on the day of the inspection said that there was enough going on to meet their needs. However, one relative who completed our survey said that they felt that the home could make more provision for people to go out into the community and also increase the number of entertainers coming into the home. One resident who completed our survey said that there was usually activities arranged by the home that they could take part in. One person who completed our survey said that they felt the home could 'arrange trips out and a more varied programme of activities'. One member of staff commented that they thought one way the home could improve would be to 'have more staff so we can spend more time with residents and do more activities with them'.

The kitchen was clean and tidy and has been awarded four stars by Environmental Health. The main meal of the day is served at lunch time with a light meal available at teatime. The vegetables and potatoes dishes were in serving dishes on the table for residents to help themselves. There was a choice of squash or water to drink. There is no second choice of main meal but the cook was familiar with individual's likes and dislikes and alternatives are always available. Kitchen records were up-to-date and well kept. All the residents spoken to on the day of the inspection said they liked the food available and were able to tell staff if they wanted an alternative. Two residents completed our survey, both of whom said that they always liked the meals at home. One resident told us that 'the cook comes to ask me what I want and tells me what's on the menu'. Two other residents told us that the food 'was good'.

## Complaints and Protection

**The intended outcomes for Standards 16 - 18 are:**

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

16 and 18

People using the 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 and relatives know how to raise concerns and are confident that they would be listened to and taken seriously.

The adult protection policy does not reflect locally agreed good practice advice.

### **EVIDENCE:**

The home has a complaints policy which is included in the statement of purpose and on display in the hallway. It includes a list of local advocacy agencies that people are able to contact they want to. It does not make clear to complainants that they are able to contact the Commission at any stage of a complaint as recommended in the last inspection report. The information about complaints was in small red type which was not particularly easy to read. All the residents spoken to during the inspection were clear that they would tell senior staff or the manager if they had any problems and were confident they would be listened to and taken seriously. Two residents who completed our survey said that there was always somebody to talk to if they had any problems. One person knew how to make a complaint but one said that they didn't. Four members of staff completed our survey and all of them told us

they knew what to do in relation to concerns and complaints made by residents.

The home had received one complaint since the last inspection and the Commission had also received one anonymous complaint. The complaint received by the home had been responded to but there was no record in the complaints log of a specific investigation. The anonymous complaint received by the Commission was referred to the home and investigated appropriately.

The home has an adult protection policy that details what constitutes abuse. However, it states that the home would investigate any allegation received which is contrary to good practice and the locally agreed procedures. It also does not refer to the relevant local authority. The home has obtained a copy of the locally agreed pan Dorset policy relating to safeguarding vulnerable adults as recommended in the last report.

The whistle blowing policy had been updated to include the contact details of Public Concern at Work and the Commission.

## Environment

### The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

### The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

19 and 26

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

Montrose provides a well maintained, clean, tidy and homely environment.

Residents are encouraged to personalise their private rooms to reflect their own tastes and preferences.

Improvements could be made to infection control procedures to reduce the risk of cross infection.

### EVIDENCE:

The home was clean and tidy and free from unpleasant odours on the day of the visit. Residents' rooms were personalised to their own taste and they are encouraged and supported to bring in personal possessions including furniture

within the space constraints their room. Two residents completed our survey both of whom said that the home was always or usually clean and fresh.

The AQAA told us that a programme of routine maintenance is in place. However, we saw that some panes of glass in residents' rooms were cracked and could present a risk of injury if touched.

The garden has been remodelled to make it more accessible and new garden furniture has been purchased. An office on the ground floor has been created to provide storage space for the drugs trolleys, drugs refrigerator and care planning paperwork.

The flooring in the kitchen has been replaced since the last inspection.

The home has a sluice room/facility that was clean and tidy but not kept locked; there was no signage on the door to deter residents from entering.

The laundry is on the first floor and an industrial washer and industrial dryer suitable for the volume of laundry was in place. Protective aprons, gloves paper towels and hand wash were available for staff. The door of the laundry was not locked and there was no signage on the door to deter residents from entering. A waste bin was in place but this was not lidded and was not foot operated. Clinical waste bags were used but not in foot operated bins to reduce the risk of cross infection. Paper towels and hand wash were supplied for staff in all appropriate areas to reduce the risk of cross infection.

One ground floor toilet is used primarily by one resident who does not have an en suite room. However, their personal toiletries were kept in the toilet and could have been used by any other resident presenting a potential risk of cross infection.

# Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

27,28,29 and 30

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

There appears to be sufficient staff to meet current residents' needs.

Recruitment practices relating to permanent staff are robust and safeguard residents. Record keeping relating to the use of agency staff needs to be improved.

A training programme is in place to make sure that staff have the necessary skills and knowledge to meet resident's needs.

The majority of staff is not qualified to NVQ level II and efforts should continue to increase the number of qualified staff.

## **EVIDENCE:**

A staff rota was in place that showed the designation of care staff and demonstrated that there was enough staff on duty to meet residents' needs. It also noted who the designated first aider on each shift was and the hours worked by the manager designate. There are two staff awake on each night shift. One resident spoken to was very positive about the staff but said that 'staff were rushed but they come as soon as they can'.

A relative who completed our survey said that they felt there was a discrepancy in the levels of staff commitment and this affected the service provided to residents. One resident who completed our survey told us that they believed the home was 'consistently short staffed'. One member of staff who completed our survey told us that 'we are struggling, but coping, being short staffed'.

Examination of the staff rota did not confirm that the home was understaffed. Four members of staff completed our survey, two said that they thought there was usually enough staff to meet resident's needs, two said that there sometimes was.

We looked at the recruitment files of three people who had started work at the home since the last inspection, including the manager designates. All files contained all the information required by the regulations. A record of interviews was on file as recommended in the last report. The home uses agency staff but did not keep any records relating to the individuals who had worked in the home.

The home provided us with a training matrix that showed that some topics that staff had undertaken training in included fire safety, manual handling, food hygiene, adult protection and infection control. The AQAA told us that none of the staff have completed the Skills for Care common induction standards but the manager designate told us that this will be used for new staff. The AQAA told us that eight staff (47%) had achieved qualifications to at least NVQ level 2 or above. Four members of staff completed our survey three of whom told us that they were given relevant training that help them to understand the need to serve residents. Two people said that the training gave them enough knowledge about people's health care and dedication. Only one person said that they thought the home provided training to keep their skills up to date. One social and health care professional who completed a survey told us that the staff usually have the right skills and experience to support residents.

# Management and Administration

## The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

## The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

33, 35, 36, 37 and 38

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

Systems are in place to find out the views of residents and staff and these are used to inform improvements in service delivery.

The practice of using bed rails without obtaining any information about their use or systems in place to check their safety potentially puts residents at risk.

Health and safety is generally taken seriously measures are put in place to protect people who live and work at the home.

Information is not always kept in a way that maintains individuals' confidentiality.

## **EVIDENCE:**

A new manager designate had been in post for a matter of weeks before the inspection. However, all residents spoken to had met the new manager and spoke about her in very positive terms. One person who completed our survey said that they thought that 'the new manager is doing well for us all'.

The registered provider completed an AQAA within the timescale required and information provided in that was used to inform the inspection process and is included in this report.

Quality assurance systems are in place and anonymous questionnaires distributed so that the views of people use the service can be sought and used to inform service improvements. There had been one residents meeting since the last inspection (April 2008). Residents had requested a new T.V. for the lounge and this was arranged and in place shortly after the meeting. Other topics discussed were the planned revision of the menus and the social activity programme. There has been one staff meeting since the last inspection in December 2008 and the manager designate told us that a meeting would take place in the near future.

The previous manager designate had left the home by mutual agreement. The Commission was not told about this at the time it occurred and was not notified of the new management arrangements as required under the regulations. A further incident that of the death of a resident in hospital had also not been notified to us. The appropriate form was completed on the day of the inspection.

We looked at the accident book and saw that most accidents had been recorded appropriately. However, there was no evidence that the accident book was audited and evaluated so that measures could be put in place to reduce the risk to individuals. One resident had sustained a wound that had been steri stripped by staff. There was no evidence that this task been delegated by the district nursing service or that staff had any training on how to do this properly.

A supervision policy is in place that meets the national minimum standards. All staff have recently had formal supervision (before the appointment of the manager designate) undertaken by a member of the organisation. Four members of staff completed our survey, two said that they often met with their manager and two said that they sometimes did.

Some records kept in the home including the communication book and diary contained personal information about residents in a way that breached their confidentiality.

The home does not look after any monies or valuables on behalf of residents.

The home was inspected by the Dorset Fire and Rescue Service in December 2007 with no issues being identified and the Environmental Health Department have awarded the home three stars.

The insurance certificate was on display although it was in a glass frame that was cracked and covered with Sellotape. Information about swine flu and a suggestion box were available in the hall.

As detailed in outcome group two the home did not have appropriate information about the use of bedrails. Staff had not been trained in their use and there were no regular checks in place to make sure that the risks of entrapment were reduced.

The AQAA told us that the home was well maintained and equipment serviced regularly to make sure that the health and safety of people who live and work in the home is maintained.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	2
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	3
9	2
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	2
17	X
18	2

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	2

STAFFING	
Standard No	Score
27	3
28	2
29	2
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	X
32	X
33	3
34	X
35	X
36	3
37	2
38	2

Are there any outstanding requirements from the last inspection? Yes

<b>STATUTORY REQUIREMENTS</b>				
This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.				
No.	Standard	Regulation	Requirement	Timescale for action
1.	OP7	12	<p>The registered provider must ensure that care plans are completed in sufficient detail to identify all the needs of residents and how these needs will be met.</p> <p><b>Previous timescale of 30/11/08 not met.</b></p>	30/10/09
2.	OP8	13 (4)( c )	<p>The registered person shall ensure that unnecessary risks to the health or safety of service users are identified and so far as possible eliminated. Information must be obtained about bed rails from the appropriate agency.</p> <p>This refers to the use of bed rails and how to use them safely to reduce the risk of entrapment.</p> <p><b>An immediate requirement was given on the day of the inspection.</b></p>	10/08/09
3.	OP16	22(3)(4)	<p>The registered person must ensure that all complaints are fully investigated and the complainant informed of any</p>	30/11/09

			action that has been taken.	
4.	OP38	37	The registered person must give notice to the commission without delay of any circumstances detailed in this regulation.  <b>Previous timescale of 30/11/08 not met.</b>	30/09/09
5.	OP38	13(b)	The registered person must ensure that when residents sustain an injury appropriate medical advice is sought.  <b>Previous timescale of 30/11/08 not met.</b>	30/10/09

## RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP1	The statement of purpose /service user should be amended and should include: the complaints policy should make clear that complainants are able to contact the Commission for Social Care Inspection at any stage of a complaint The complaints policy should include the current contact details of the Commission.  <b>This was first identified at the key inspection in July 2008.</b>
2	OP7	All care plans and risk assessments should be reviewed monthly.  Care plans should cover all the topics as recommended in the national minimum standards.  <b>This was first identified at the key inspection in July</b>

		<b>2008.</b>
3	OP8	Urgent consideration should be given to obtaining up-to-date information about diabetes and making this readily available to staff. This information should be used in care planning and risk assessment.
4.	OP9	<p>All prescribed creams and ointments should have an opening and expiry date.</p> <p>A risk assessment should be in place for residents who self medicate.</p> <p>All handwritten entries on MAR sheets should be dated and signed by two people.</p> <p>Photographs of all residents should be kept with the Mar sheets.</p> <p>All medication should be given at the time prescribed.</p> <p>The medication policy should be updated and a copy of the latest Royal pharmaceutical Society guidelines obtained.</p> <p>Consideration should be given to the development of a homely remedy policy.</p>
5	OP16	<p>Serious consideration should be given to making sure that the complaints policy is in a format accessible to residents and visitors.</p> <p>The complaints policy should make clear that complainants are able to contact the commission at any stage of a complaint.</p>
6.	OP18	<p>The adult protection policy should be in line with locally agreed safeguarding procedures.</p> <p><b>This was first recommended that the key inspection in July 2008.</b></p> <p>It should also include the contact details of Dorset County Council.</p>
7.	OP26	<p>All clinical waste bins and bins in communal toilets and bathrooms should be foot operated.</p> <p><b>This was first recommended at the key inspection in July 2008.</b></p>

		Personal items such as toothbrushes, toothpaste and bars of soap should not be left in communal bathrooms.
8.	OP26	The door to the sluice and laundry should be kept locked. Signage should be in place on both doors.
9.	OP28	More effort should be made to increase the number of care staff qualified to at least NVQ level 2.
10.	OP29	More robust records of agency staff working at the home should be kept.
11.	OP37	<p>Policies and procedures should be developed relating to continence promotion and management and sexuality and relationships.</p> <p><b>This was first recommended in the inspection report of July 2008.</b></p>
12.	OP37	<p>Personal information about residents should be kept in a way that meets the requirements of the Data Protection Act i.e. on their individual care plans.</p> <p><b>This was first recommended in the inspection report of July 2008.</b></p>



## **Care Quality Commission**

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