



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

## Care homes for adults (18-65 years)

<b>Name:</b>	Alder House
<b>Address:</b>	Alder Way New Earswick York North Yorkshire YO32 4TH

The quality rating for this care home is:

one star adequate service

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

<b>Lead inspector:</b>	<b>Date:</b>
Dawn Navesey	0 2 0 6 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

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

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) 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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- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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

## Reader Information

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## Information about the care home

Name of care home:	Alder House
Address:	Alder Way New Earswick York North Yorkshire YO32 4TH
Telephone number:	01904750453
Fax number:	
Email address:	alder.house@jrf.org.uk
Provider web address:	

Name of registered provider(s):	Joseph Rowntree Housing Trust
Type of registration:	care home
Number of places registered:	10

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
physical disability	10	5
Additional conditions:		
The category (PD(E)) is only for use by current service users who have reached 65 and above whose needs can still be met by the home.		
The number of service users over 65 should not exceed 5 at any one time.		

Date of last inspection								
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**Brief description of the care home**

Alder House is a purpose built single storey care home jointly managed by the Joseph Rowntree Housing Trust and the York and District Cerebral Palsy Society. It provides long- term accommodation with personal care for to up to ten people with physical disabilities. The home is situated in New Earswick, a village owned and managed by The Joseph Rowntree Housing Trust, and is within easy walking distance of all of its facilities, which include shops, a post office, a library and a church. A regular bus service operates between the village and the city centre of York.

The standard fees charged by the home range from three hundred and seventy five pounds and seventy pence to one thousand one hundred and eighty one pounds and nine pence per week. Toiletries, taxi's and activities outside of the home are not included in the fees. This information was provided by the registered manager in June

Brief description of the care home

2009.

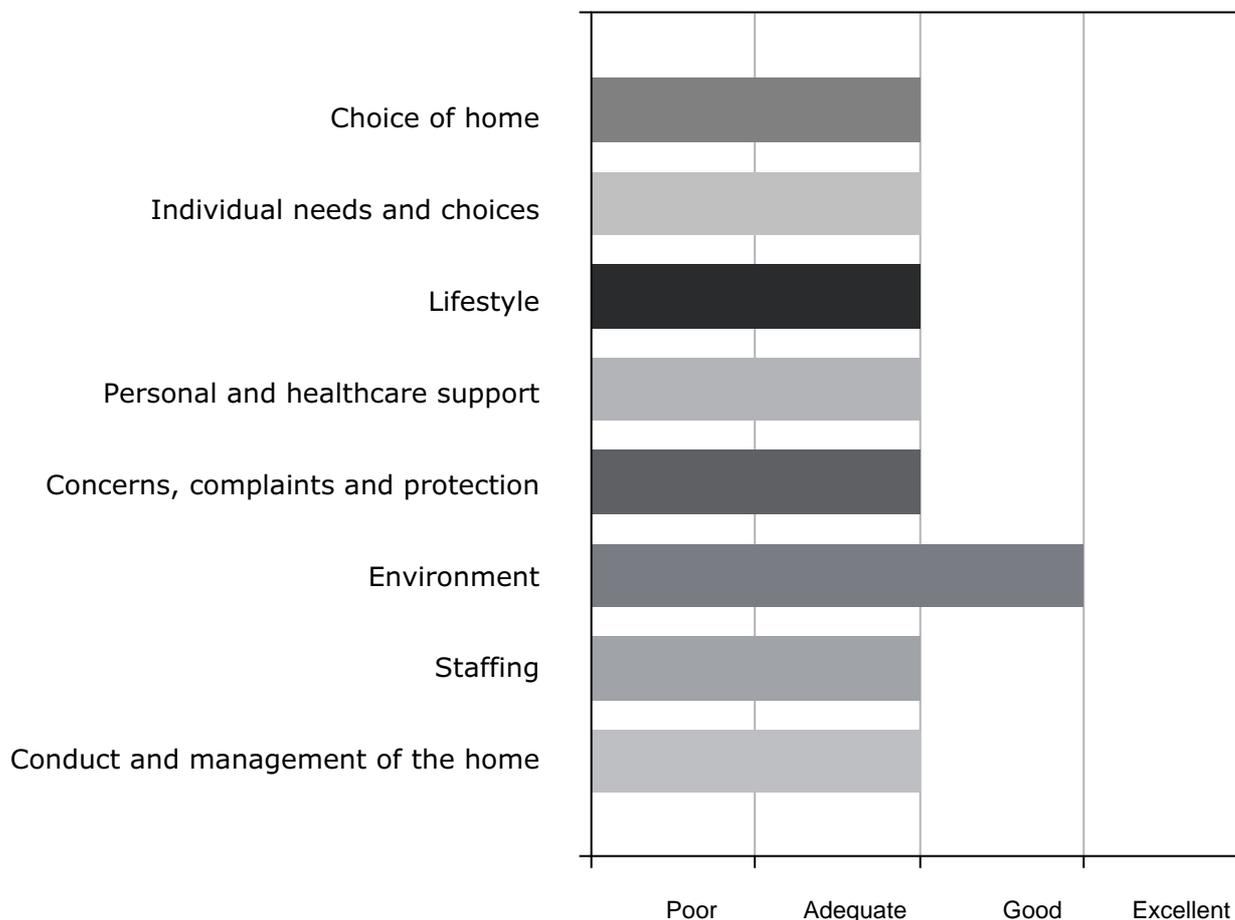
## Summary

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:

The quality rating for this service is 1 star. This means the people who use this service experience adequate quality outcomes.

The Care Quality Commission (CQC) inspects homes at a frequency determined by how the home has been risk assessed. The inspection process has now become a cycle of activity rather than a series of one-off events. Information is gathered from a variety of sources, one being a site visit. More information about the inspection process can be found on our website [www.cqc.org.uk](http://www.cqc.org.uk)

This visit was unannounced and was carried out by one inspector who was at the home from 12:10 - 19:15 on the 2 June 2009.

The purpose of the inspection was to make sure the home was operating and being managed for the benefit and well being of the people living there. And also to monitor progress on the requirements and recommendations made at the last inspection. Before the inspection evidence about the home was reviewed. This included looking at any reported incidents, accidents and complaints. This information was used to plan the visit. An AQAA (Annual Quality Assurance Assessment) was completed by the home manager before the visit to provide additional information. Survey forms were sent out to people living at the home, staff and health care professionals. A number of these have been returned and comments made have been used in the preparation of this report.

During the visit a number of documents and records were looked at and some areas of the home used by the people living there were visited. Some time was spent with the people who live at the home, talking to them and interacting with them. Time was also spent talking to staff and the manager.

Feedback at the end of the visit was given to the acting senior support worker.

The last inspection of this home was on 12 June 2007.

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

People who live at the home were positive in their comments about how they felt involved and valued at the home. They said:

"Feel involved and get the care I want" "Within reason we can do what we want, have to be practical around health and safety" "Manager tries to make us be as independent as we can" "We have regular meetings, talk about holidays, things to do and anything that affects us like new staff".

People are encouraged to make choices and decisions about what they do. Staff said that people choose what to wear, what to eat, where to go on outings or holidays, when to go to bed or get up. We saw people were supported to make choices, using a variety of communication methods such as pointing, touch and facial expression. Staff showed they had a good understanding of how people communicate.

People said they enjoyed the food at the home. Their comments included:

"Lovely meals" "Don't get hungry, plenty of choice and always seconds".

There is a commitment from the organisation for staff to complete their NVQ (National Vocational Qualification) in care in level 2 or above. Over half of the staff team have now achieved an NVQ in level 2 or above. This means they are qualified to carry out their job.

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

In the AQAA, the manager said the environment had improved with a number of bedrooms being re-decorated and that they had bought new garden furniture. This has made the home more comfortable for people.

The manager has put arrangements in place to make sure staff's recruitment records are more readily available. This means they can be checked to make sure only suitable people are working at the home.

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

Assessments must be carried out before people move in to the home. This will make sure the home has checked they can meet people's needs properly.

People who live at the home must have detailed care plans and risk management plans, clearly outlining all their support needs. This will ensure that they receive person centred support that meets their needs fully.

Staffing levels must be reviewed to make sure there are enough staff available to provide support for activities and community activities and to provide the support people need. This will mean that people's social and support needs are better met.

A number of improvements are needed to make sure people's health needs are identified and monitored properly. Records must clearly show that health needs are monitored. This will make sure people's needs are properly met. The administration of

creams and ointments must be recorded and clear directions for their use must also be recorded. This will make sure administration is safe. Handwritten entries on MAR (Medication Administration Record) sheets should be checked and countersigned by a second person to make sure the information is correct and people receive the right medication.

Staff must receive training in safeguarding adults. This will make sure that they recognise abuse and respond properly if they suspect abuse is happening.

The outcome of any complaints made should be recorded to show they have been investigated properly.

The whistleblowing policy should include the contact details for agencies to contact outside of the organisation if staff wish to report concerns.

Training updates and training to meet the needs of the people who live at the home must take place as required. This will make sure that staff have the necessary skills and knowledge to carry out their work.

All staff should receive appropriate supervision. This should be done to make sure staff are properly aware of their job role and responsibilities and given clear guidance on what is expected of them.

A staff training plan should be developed and provided. This must include essential training and any specialist training needed to meet the needs of the people who live at the home. This will make sure that staff are competent and skilled in meeting people's needs properly.

A number of records in the home must be improved and kept in good order. This will protect the rights and best interests of people who live and work at the home.

Environmental risk assessments must be carried out. This will make sure people are protected by safe working practices.

The CQC must be notified of any events which affect the welfare of people who use the service. This will make sure that the health, safety and welfare of people who use the service is protected properly.

Management arrangements should be reviewed to make sure there is enough time dedicated to the running of the home and supporting of the staff.

The distribution of the home's quality assurance surveys should be re-introduced. Feedback from the surveys should be analysed, the results published and used to form a development plan for improving the service provided.

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

The report of this inspection is available from our website [www.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, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

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

The home's admissions procedure does not make sure the home has considered how people's needs can be fully met.

Evidence:

In the AQAA the manager said they had been reviewing the needs of people who live at the home, checking out whether the service is right for them. He said, 'All of the residents have been involved in looking at an alternative to residential accommodation and with the support of advocates and family, a range of services are being explored. All our residents have had their needs assessed by a Care Manager this has enabled us to review the support we provide.'

A number of people had been supported to develop a Person Centred Plan which said what they wanted for the future. People who live at the home said they had been fully involved in this process and were looking forward to changes in the future. One person said they felt unsettled by all the uncertainty of their future plans.

## Evidence:

People said they were happy living at the home. One person said, "I really like living here, am very settled". Another said, "Very nice here, settling in nicely".

We looked at pre-admission assessment information for some people recently admitted to the home. We found there had not been any formal assessment by the home and staff were relying on information gained in the previous placements. Staff said there had been some visits to the home for these people and that some staff were aware of their needs as they had worked additional hours at the people's previous placement. There were no records of how the introduction to the home had been carried out. We found that staff were not fully aware of the needs of these people who had been admitted. Staff felt they should have been given more information and been involved in the assessment process. One staff said, "I didn't really know anything about (name of person)".

Pre-admission assessments must be carried out thoroughly and by people who are trained and skilled to do so. This will make sure that people's needs are properly identified and they are not missed or overlooked. This will also make sure that detailed plans of care are developed from the assessment of the person's needs.

## Individual needs and choices

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

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

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

People are encouraged to make decisions about their lives, however, they are not always involved in planning the care and support they receive.

Evidence:

In the AQAA, the manager said, 'Each person has a detailed Care Plan that provides information regarding the support they require. These are reviewed regularly and each person is encouraged to make decisions about how they wish to live their lives. Encouragement in areas of independence is maintained with the support of risk assessments. Risks are identified and steps are taken to minimise the risks without the restriction of independence.'

However, we looked at care plan and risk assessment records for some people who live at the home and found some shortfalls with them. One person's plans had not been reviewed since 2007 so it was difficult to say if the information in them was current. Some plans did not give the detail of how care needs are carried out. Terms

## Evidence:

such as 'full support' and 'change regularly' do not tell staff how much support a person needs and could lead to needs being overlooked. Some risks had been identified for people but were not supported by a risk management plans. For example, risk assessments for people who were at risk from choking or falls. This does not tell staff how to meet the individual needs of people.

Staff said they found the care plan records difficult to follow at times and that the files were a bit mixed up. We found that the records were not in good order and would benefit from some archiving of old information. Staff found it difficult to find information to be looked at on the day of the visit.

Some staff were familiar with what was written in people's care plans and could talk confidently about the support they give. They had some good knowledge of people's individual support needs and could describe people's routines well. However, some staff said they were not fully aware of people's needs. For example, what type of exercises should be carried out with a person and what people's medical conditions were. This leaves people who use the service at risk from not having their needs met properly.

People who use the service must have detailed care plans and risk management plans, clearly outlining all their support needs. This will make sure that staff are fully aware of people's needs and that people receive person centred support that meets their needs fully.

In the AQAA, the manager said, 'Monthly residents meetings are held to provide the opportunity for people to be involved with decisions in the home. Each resident has a key worker and Advocacy services are available to assist people living within the home to make important decisions as required.'

People who live at the home were positive in their comments about how they felt involved and valued at the home. They said:

"Feel involved and get the care I want" "Within reason we can do what we want, have to be practical around health and safety" "Manager tries to make us be as independent as we can" "We have regular meetings, talk about holidays, things to do and anything that affects us like new staff".

People are encouraged to make choices and decisions about what they do. Staff said that people choose what to wear, what to eat, where to go on outings or holidays, when to go to bed or get up. We saw people were supported to make choices, using a variety of communication methods such as pointing, touch and facial expression. Staff

Evidence:

showed they had a good understanding of how people communicate.

## Lifestyle

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

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

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

People who use the service are able to make some choices about their lifestyle. In the main, social, educational, cultural and recreational activities meet people's expectations. They also benefit from a good, healthy and varied diet.

Evidence:

In the AQAA, the manager said, 'All residents are identified as individuals and are encouraged to pursue own interests. Any requirement to support religious, gender, disability, sexual orientation is supported with dignity and respect. Professional support would be obtained to ensure that any religious, gender, disability requirements were met if needed. Each person is supported to live meaningful lives and have access to a wide range of social and therapeutic activities. Encouragement is provided for all residents to be involved in all areas of daily living and be as independent as possible. We provide a friendly relaxed home and encourage family and friends to visit as often

Evidence:

as possible.'

People who live at the home said they would like to do more and go out more and that often there was not enough staff to support them to do this. In surveys returned to us, three people who live at the home said there was not always enough staff. One said, "It would be good to have more staff to get out more". Another said, "Sometimes there are not enough staff to do what I want".

One person said it was better now they had got some funding for one to one support. They said, "It's always been a problem, not enough staff to get us out. I'm ok now I have one to one worker."

Staff also said there were not enough staff at times. One said, "Not always enough staff on duty to enable us to take clients out". Another said, when asked what the home could do better, "More staff so we can spend more time taking residents out". Another said, "We meet people's basic needs but we don't have the staffing for the more pleasurable things in life like going out".

We looked at the records to see how often people were going out and what sorts of activities were on offer to people. The people who have been identified as needing one to one support from staff, seem to get out most days. They are involved in a variety of activity such as college courses, trampolining, dance groups and going for meals out. However, for others who do not have this support, they are getting out about once per week, even though they have care plans saying how much they like going out to access the community.

People who are able to go out without staff support can do this and are welcomed into the local community. People said they are well known in the local village and use the church, library and shops.

One person said they were bored at times but said, "We make our own entertainment if we have to".

Staffing levels must be reviewed to make sure there are enough staff available to provide support for activities and community activities. This will mean that people's needs are better met.

People said they enjoyed the food at the home. Their comments included:

"Lovely meals" "Don't get hungry, plenty of choice and always seconds".

## Evidence:

We observed the evening meal in the home. This looked appetising and well presented. We looked at menus at the home. These are planned around people's likes and dislikes. People said they can always have an alternative to what is being cooked if people don't like it and drinks and snacks are readily available. People who live at the home have access to the kitchen and said they can help themselves to what they want when they want.

People who are nutritionally at risk have their foods nutritionally enhanced and staff and catering staff are aware of how to do this. They also record carefully what people eat to make sure they can monitor food and drink intake properly.

## Personal and healthcare support

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

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

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

In the main, people's health and personal care needs are met and the principles of respect, privacy and dignity are put into practice. However, gaps in care plan documentation and failure to monitor some people's health needs properly has put people at risk. Medication recording systems have not always been properly managed and could have led to errors being made.

Evidence:

As mentioned in the individual needs and choices section of this report, the information in some care plans was vague and lacked detail on people's personal care needs. This could lead to their needs being missed or overlooked. For example, a person who has epilepsy has a plan in place that says 'requires support from two carers to reduce the hazzards'. This is not specific and does not say what type of support is needed. There was also no protocol in place to tell staff what to do if a seizure was prolonged and whether they may need to call an ambulance. Staff did not know of any guidance regarding this and said they would not know when to consider a seizure a medical emergency. This lack of knowledge places people at risk.

## Evidence:

Other people had medical conditions that staff were unaware of. They did not know they had certain conditions or what the effects of these were on the person. People's health needs must be identified and staff must be made fully aware of them, to make sure people's needs are met.

Some staff had good knowledge of people's personal care needs and any health support they required. They said they had received training to maintain people's health, for example, First Aid, choking, cerebral palsy effects and bowel care. They said they felt confident to manage people's health needs. Others did not feel as confident, saying they felt their training was out of date or they had missed recent training that had been organised. Training needs must be assessed and then training arranged to make sure people's health needs are properly met.

Records are kept of health appointments and their outcomes. Staff make sure that people are given support to attend appointments to meet their health needs. People are referred to health professionals when needed. However, the records are kept as part of the on-going daily notes in the home and it is difficult to find information within these notes. Some updates had been made on sticky notes and just placed in the notes. These could fall out and the information would be lost. Staff found it difficult to locate information, for example, for a person who's care plan says they must have their blood pressure checked three monthly, they could not find the records of when this was last done. This leaves people at risk from not having their needs met.

Records must clearly show that health needs are monitored. This will make sure people's needs are properly met.

Staff were thoughtful, discreet and respectful of people's dignity when attending to any needs. People who live at the home looked well cared for, well dressed and groomed. A relative, visiting the home said, "I feel health care needs are being addressed better more recently and (name of person) always looks well cared for".

The home uses a monitored dosage pre-packed system for medicines. There are good ordering and checking systems in place. We checked some medication administration records (MAR) sheets. These were found to be in reasonable order. However, some people were prescribed creams, ointments and food supplements and the records for these did not at times give directions for their use or show they had been administered. The person in charge was advised that a separate MAR sheet could be used and kept with the creams in the person's room to make sure they are properly administered and recorded.

We also noticed that some entries on the MAR sheets had been handwritten. It is good

Evidence:

practice to make sure these entries are checked and countersigned by a second person to make sure the information is correct and people receive the right medication.

## Concerns, complaints and protection

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

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

In the main, people who use the service are able to express their concerns and are protected from abuse.

Evidence:

In the AQAA, the manager said, 'Everyone who lives at the home is encouraged to raise any concerns they may have and are provided with support for this to take place. Residents meetings are held, key works provide support and the Head of Home is available if required.'

People who live at the home said they knew what to do if they were unhappy about anything. Most said they would talk to staff or the manager. One person said, "Our boss is extremely good at dealing with problems etc".

We looked at records of complaints and saw that records were now made of any concerns raised. However, the outcome of the complaint was not always recorded so it was difficult to see if complaints had been investigated properly.

When asked what the service could do better, the manager in the AQAA said, 'Provide further support and training in the protection of adults.'

We spoke to staff about their training on safeguarding adults. Most said they felt their

## Evidence:

training was out of date. Some staff could describe some signs and symptoms of abuse, but some were vague in their responses. Records showed that some staff had not completed any training on safeguarding adults. This puts vulnerable people at risk. There was no training plan in place to check if any training had been planned for staff. Staff must receive training in safeguarding adults. This will make sure that they recognise abuse and respond properly if they suspect abuse is happening.

Staff were however, able to say what action they would take if they suspected abuse or had an allegation of abuse made to them. Some were familiar with the whistle blowing procedure and said they would have no hesitation in using it if they thought they needed to raise concerns outside of the home or organisation. Others did not fully know the procedure but said they would find out if they ever needed to use it. We recommend that the whistleblowing policy should include the contact details for agencies to contact outside of the organisation, if staff wish to report concerns.

Records are kept of the finances of people who live at the home and their monies are kept safe.

## Environment

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

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

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

The environment is homely, comfortable and in the main, safe for people who live at the home.

Evidence:

In the AQAA, the manager said, 'We provide a homely relaxed environment for a range of people with specific requirements. The home is safe and provides individual bedrooms, four with own bathrooms. The building is spacious and provides easy access for wheelchairs. Alder House is purpose built and has good access throughout the building and grounds for wheelchair access. The grounds are well maintained and we are in the process of decorating a number of bedrooms. Each resident is encouraged to see the home as theirs and are engaged in how to make improvements.'

The manager also said the environment had improved with a number of bedrooms being re-decorated and that they had bought new garden furniture.

People who live at the home said they were pleased with their rooms and bathing facilities. One person said, "There are baths or showers for everyone no matter what your ability is". Everyone we spoke to said the home was always clean and fresh.

## Evidence:

A tour of the home was carried out. Communal areas, bathrooms and bedrooms were visited. The home looked clean and homely. People's bedrooms were very individual to them and showed their interests and personalities had been taken into account.

Clinical waste is properly managed. Staff have received training in infection control as part of their induction and were able to say what other infection control measures are in place. Hand washing and hand drying facilities were available in all areas of the home. Liquid soap or paper towels were available. This ensures good hygiene practice. However, uncovered toilet rolls were being stored at the back of the toilets. This is not hygienic and could lead to the spread of infection. The senior support worker agreed to remove them during the visit.

## Staffing

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

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

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

Staff are not always trained and in sufficient numbers to support people who use the service.

Evidence:

In the AQAA, the manager said, 'The recruitment of staff is encouraged with the participation of resident's involvement. All staff receives a detailed induction program. The program is supported by on the job training, being provided to ensure that all the Common Induction Standards for Social Care are addressed during the probationary period.'

People who use the service, generally, spoke highly of the staff. They said they 'always' treat them well. They also said, "They are good to us", "They do their best". One person said they felt rushed at times by staff.

As mentioned in the Lifestle section of this report, people who live at the home and staff do not feel there are enough staff to meet people's needs fully. Comments included:

"Only thing I sometimes have concerns about is not having enough staff"

## Evidence:

"Understaffed" "Not always enough staff on duty" "More staff needed" "More staffing when required hours (available to cover busy periods etc)" "It would be good to have more staff to get out more" "Sometimes there aren't enough staff" "Sometimes the staff are too busy" "Sometimes shortstaff can be a problem".

We looked at rotas and saw that, in the main, there are three staff on duty on each shift with some people having some additional one to one hours too. The home does not employ cleaning staff so the staff team complete the cleaning too. A person who lives at the home said, "Staff are always cleaning". In addition to the support staff there is a cook for the main meal of the day. The staff cook or prepare the other meals. The manager works as part of the rota apart from two administration days per week. Staff said that when the manager is included on the rota it is difficult as he gets pulled away to attend to administrative tasks, therefore reducing the staffing levels.

Staffing levels must be reviewed to make sure there are enough staff to meet all the needs of people who use the service. This will make sure their needs are more fully met.

We looked at recruitment records These showed that recruitment is properly managed by the home; interviews are held, references and CRB (Criminal Record Bureau) checks are obtained before staff start work and checks are made to make sure staff are eligible for work.

Induction training is based on the Skills for Care common induction standards. One staff said their induction had been good and prepared them well for their job, but said they would like more knowledge on health needs such as epilepsy.

Staff's comments were mixed on the training and support they get. Comments included:

"Senior staff very approachable and supportive" "Very supported in every way possible" "We never get supervision" "We just are left to get on with it" "Don't always feel the support is there" "Training is out of date" "You put things down in your appraisal but they don't happen".

The manager said he encourages an 'open door policy' but agreed that formal supervision had not been taking place for staff. All staff should receive appropriate supervision. This should be done to make sure staff are properly aware of their job role and responsibilities and are given clear guidance on what is expected of them.

We also looked at training records. There was no overall training plan in place so it

## Evidence:

was difficult to see who had done what training and when any updates were due. Staff's training records were not in good order so again this made it difficult to assess who had done what training and when it had been done. Staff also said they felt their essential training such as food hygiene and manual handling was out of date. Training updates must take place as required. This will make sure that staff have the necessary skills and knowledge to carry out their work.

There is a commitment from the organisation for staff to complete their NVQ (National Vocational Qualification) in level 2 or above. Over half of the staff team have now achieved an NVQ in level 2 or above. This means they are qualified to carry out their job.

## Conduct and management of the home

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

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

**This is what people staying in this care home experience:**

Judgement:

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

Overall, the home is fairly well managed. The interests of people who use the service are seen as important to the manager and staff and are, in the main, safeguarded and respected.

Evidence:

In the AQAA, the manager said, 'The manager is a qualified social worker and has the Registered Managers Award. The home has a trained and supportive senior team that can take charge in the running of the service in his absence. The management style is open, regular meetings are held to ensure everyone working and living in the home is encouraged to have a say into how it is run.'

When we asked the manager what the service does well, he said, 'We provide a warm friendly home that is always open and welcoming to our guests. We promote the rights of our residents strongly to ensure that they are treated with respect and dignity as well as promoting the opportunity to have a say in shaping the service. We have a trained, dedicated, consistent staff team committed to supporting our residents.'

## Evidence:

As mentioned in the staffing section of this report, the manager has two days per week dedicated to the managerial part of his role. A number of staff said this was not enough and more time should be allocated to that side of the role and staffing levels increased accordingly. We recommend that management arrangements are reviewed to make sure there is enough time dedicated to the running of the home and supporting of the staff.

In the main, staff's comments were positive about the manager. They said:

"He is approachable and happy for you to voice your opinion" "He has a lot of paperwork to do but helps us where he can".

A person who lives at the home said, "The manager is very obliging, easy to talk to, good temperament, always says this home is all about us, he is very fair".

In the AQAA the manager said relevant health and safety policies and procedures were in place, and reviewed. He also said equipment has been serviced or tested as recommended by the manufacturer or regulatory body. Records showed that certificates on gas and electrical safety were up to date. However, staff were unable to find and were not aware of any environmental risk assessments. These are assessments that should be carried out to make sure of safe working practice.

Records were not available for Regulation 26 visits. These are visits where the service manager should visit the home once per month to make sure the home is being properly managed and people are happy with the service. Staff said these were done sometimes and at other times the service manager rings up to see if everything is alright. People who use the service said they had spoken with the service manager, 'now and then'.

The home does not currently have a quality assurance system where surveys are sent out to people who use the service, their relatives or health and other professionals. The manager said these used to be done in the past. Some consideration should be given to the re-introduction of these. Feedback from the surveys should be analysed, the results published and used to form a development plan for improving the service provided.

Accident or incident reports are completed and kept in the home. However, the manager has not been notifying the CQC of events which affect the welfare of people who use the service. This must be done in future to make sure the health, safety and welfare of people who use the service is protected properly.

Evidence:

As mentioned in other sections of this report, there were a number of records in the home that were not in good order. These included care plans, risk assessments, training and health and safety documentation. These must now be put in better order to protect the rights and best interests of people who live and work at the home.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	2	14	<p>Pre-admission assessments must be carried out thoroughly and by people who are trained and skilled to do so.</p> <p>This will make sure that people's needs are properly identified and they are not missed or overlooked.</p>	30/06/2009
2	6	15	<p>People who use the service must have detailed care plans, clearly outlining all their support needs.</p> <p>This will ensure that they receive person centred support that meets their needs fully.</p>	31/07/2009
3	9	13	<p>People who use the service must have detailed risk management plans, clearly outlining risks to people and the support needed to manage the risks.</p>	31/07/2009

			This will make sure that people receive support that meets their needs fully.	
4	19	12	Records must clearly show that health needs are monitored.  This will make sure people's needs are properly met.	31/07/2009
5	19	12	People's health needs must be identified and staff must be made fully aware of them.  This will make sure people's health needs are properly met.	31/07/2009
6	20	12	The administration of creams and ointments must be recorded and clear directions for their use must also be recorded. This will make sure administration is safe.	31/07/2009
7	23	13	Staff must receive training in safeguarding adults. This will make sure that they recognise abuse and respond properly if they suspect abuse is happening.	31/08/2009
8	32	18	Training updates and training to meet the needs of the people who live at the home must take place as required.  This will make sure that staff have the necessary skills and	30/09/2009

			knowledge to carry out their work.	
9	33	18	Staffing levels must be reviewed to make sure there are enough staff to meet all the needs of people who use the service.  This will make sure their needs are fully met.	30/06/2009
10	41	17	Records, including care plans, risk assessments, training and health and safety documentation must be kept in good order.  This will protect the rights and best interests of people who live and work at the home.	30/09/2009
11	42	12	The CQC must be notified of any events which affect the welfare of people who use the service.  This will make sure that the health, safety and welfare of people who use the service is protected properly.	10/06/2009
12	42	12	Environmental risk assessments must be carried out. This will make sure people are protected by safe working practices.	31/07/2009

### Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
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1	20	Handwritten entries on MAR sheets should be checked and countersigned by a second person to make sure the information is correct and people receive the right medication.
2	22	The outcome of any complaints made should be recorded to show they have been investigated properly.
3	23	The whistleblowing policy should include the contact details for agencies to contact outside of the organisation if staff wish to report concerns.
4	35	A staff training plan should be developed and provided. This must include mandatory training and any specialist training needed to meet the needs of the people who live at the home. This will make sure that staff are competent and skilled in meeting people's needs properly.
5	36	All staff should receive appropriate supervision. This should be done to make sure staff are properly aware of their job role and responsibilities and given clear guidance on what is expected of them.
6	37	Management arrangements should be reviewed to make sure there is enough time dedicated to the running of the home and supporting of the staff.
7	39	The distribution of the home's quality assurance surveys should be re-introduced. Feedback from the surveys should be analysed, the results published and used to form a development plan for improving the service provided.

## Helpline:

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**Textphone:** or

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