

Key inspection report

Care homes for adults (18-65 years)

Name:	Fledglings Court
Address:	11 Beverley Road Market Weighton East Yorkshire YO43 3JN

The quality rating for this care home is:	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Sarah Rodmell	2 2 0 9 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The 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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Information about the care home

Name of care home:	Fledglings Court
Address:	11 Beverley Road Market Weighton East Yorkshire YO43 3JN
Telephone number:	01430871744
Fax number:	01430872964
Email address:	fledglings.court@jrf.org.uk
Provider web address:	

Name of registered provider(s):	Joseph Rowntree Housing Trust
Type of registration:	care home
Number of places registered:	14

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	14	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 14		
The registered person may provide the following category of service only: Care Home only, Code PC. To service users of the following gender: Either. Whose primary care needs on admission to the home are within the following category: Learning Disability, Code LD, maximum number of places 14		

Date of last inspection								
Brief description of the care home								
<p>Fledglings Court is a purpose built bungalow style residential home for up to fourteen people with learning disabilities. The building provides single storey accommodation and all bedrooms are for single use and equipped with ensuite toilet facilities. The home is located a short walk from the town centre of Market Weighton, close to a number of local amenities including public transport, post office, pubs, churches, shops and a snooker club. The home is managed by the Joseph Rowntree Housing Trust.</p> <p>Fledglings Court provides information to residents about its facilities in its Statement of Purpose and Service User Guide.</p>								

Brief description of the care home

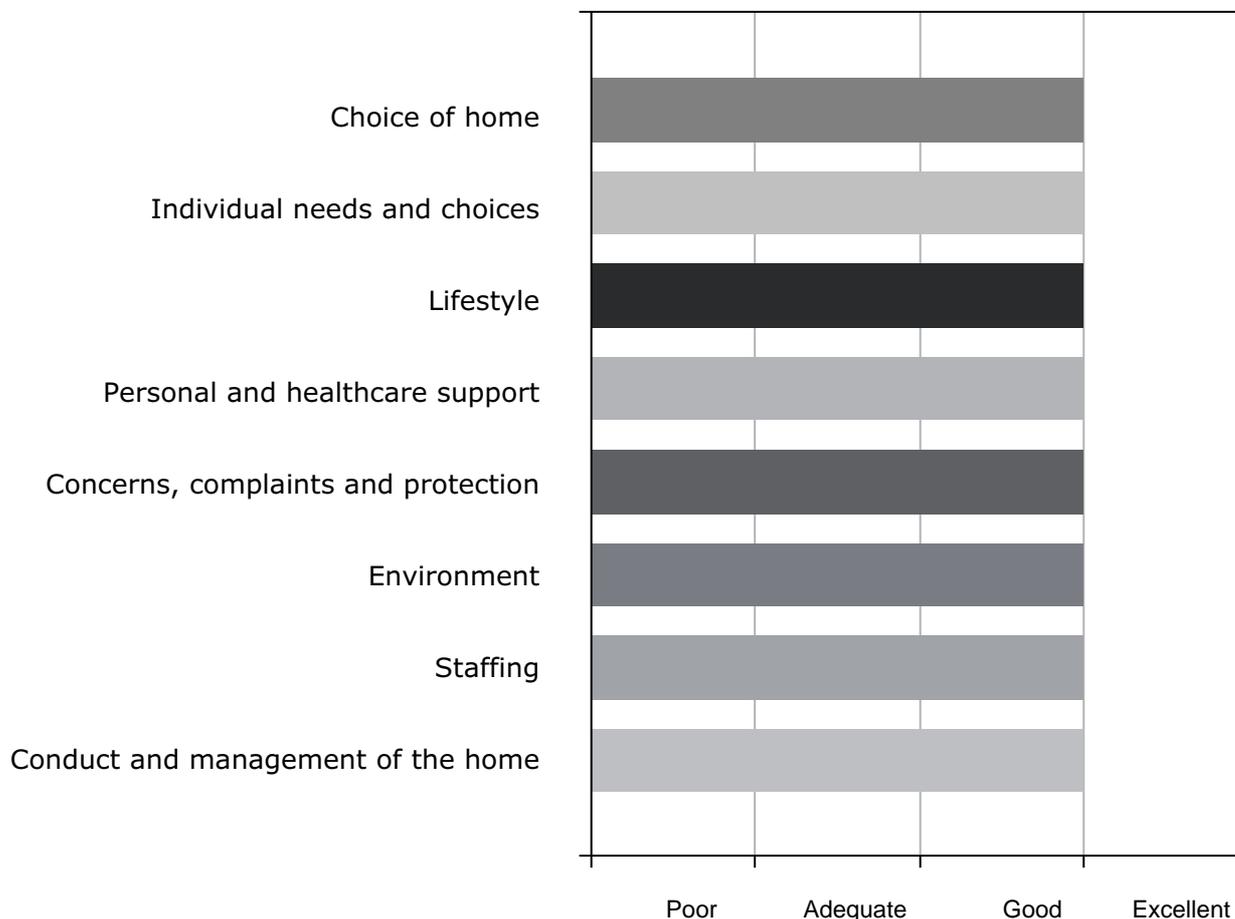
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

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

This inspection report is based on information received by the Care Quality Commission (CQC) since the last key inspection on 18th April 2007, and two site visits to the home which lasted approximately 9 hours.

The manager and staff team were helpful and provided us with documentation we required to complete our inspection. Throughout the visits we spoke to the people that live at the home to gain a picture of what life is like there. We also had discussions with the manager, staff and relatives. Comments from these discussions have been used throughout this report.

The provider returned their annual quality assurance assessment (AQAA) within the

required timescale. The AQAA is a self assessment that focuses on how well outcomes are being met for people using the service. It also gave us some numerical information about the service.

We received a concern about the medications within the home and this was referred to the Local Authority through the safeguarding route. Whilst this investigation was ongoing other issues were raised regarding the personal support for people who live in the home. Neither of these concerns were found to be correct and the the recommendations raised from the investigation were for staff training, communication and paperwork. This included for staff to receive training in Whistle blowing and confidentiality policies and procedures.

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations, but only when it is considered that people who use the service are not being put at significant risk of harm. In future if a requirement is repeated it is likely that enforcement action will be taken.

What the care home does well:

People receive thorough assessments as part of a person centered planning approach. This helps to make sure that the home are fully aware of their needs and how these are to be met.

People are fully involved in the development of their care plan helping to make sure they know what is written about them and how staff are told to support them.

People are supported to make decisions in their lives and can choose what they want to do and when, helping to ensure that they live their lives as they wish.

People have active and busy lives, and are supported with a variety of work and leisure activities.

People receive good support to maintain relationships that are important to them.

People are able to raise concerns and to be able to change things that they are not happy with in their home.

People receive support from staff who have been well recruited to make sure that they are suitable for the role. In addition staff overall receive a good level of training.

What has improved since the last inspection?

Risk assessments are now in place; these identify risks and support people to safely undertake activities of their choice.

Staff have now undertaken accredited medication training. This assists them to continue to be competent in their role and support people as fully as possible with their medication needs.

Staff are only employed after all the necessary checks have been completed, this helps to make sure that people are only supported by staff who are suitable for the role.

What they could do better:

Details about the home in the statement of purpose and service user guide should be readily available in formats that are easily accessible, helping to ensure that people receive as much information as possible when making an informed choice.

Record keeping should be improved to make sure that records are clear and concise and do not impact negatively on the support people receive.

Staff should be trained in confidentiality to make sure that they are competent in following this procedure and that peoples privacy is protected.

Staff should be trained in whistle blowing so that, should the need arise for them to use this policy, they are confident with this and people are protected.

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

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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

We looked at standards 1 & 2.

People receive some information prior to moving into the home that assists them in making choices. People are assessed before they move in to help to make sure that the service can meet their needs.

Evidence:

The manager recorded in the AQAA that, 'Although there is a statement of purpose and service user guide these were not available in different formats and that this is something that is currently being addressed within the organisation.' He told us that the statement of purpose was currently at the head office for the organisation and was being amended so it was not available on the day of the visit. He also told us how this document is being developed into a video format and that this work has already commenced with the recording of parties in the home. There was a recommendation for this work to be completed at the last visit to the home and as this is still being developed this recommendation will be carried forward.

Evidence:

Information recorded in the AQAA included that, 'Many of the service users have lived at Fledglings Court since it was first set up. The admissions process is by Joseph Rowntree. Person centered plans are completed with residents and their families.'

The manager told us that there are plans to change the home and that large amounts of assessment work has been undertaken in preparation for this. Person centred care planning has been one of the key changes.

We looked at the files of three of the people who live in the home. These files included a large amount of photographs and documents relating to the individual needs of the person. The manager told us how everyone in the home has been part of a large person centered review process. Relatives of one service user told us that they had been involved in this review and that this involved having sheets of information about the individual.

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

We looked at standards 6,7 & 9.

People are involved in care planning and decisions making about their lives, with comprehensive details in place to support these systems.

Evidence:

Information in the AQAA included that, 'Detailed care plans are in place for all residents, in addition to those provided by the Local Authority. These are regularly updated with increased resident involvement and include photos, written work and input from family'.

We examined people's files and found that these were person centred with a variety of information regarding the individual. The new assessments included a combination of photographs and written evidence about people's choices and their lives. Sections included were: This is me, my likes and dislikes, photos, free time activities, and things I like about me. Staff reflected a good knowledge about the needs of each

Evidence:

person and were positive in their work with each individual.

We sat with one person who lives in the home and a member of staff and they showed us their person centred plan. This was very specific to them and included photos of the activities that they like to undertake. We observed that the staff member gave them good support, knowing how this person communicated and helping them to talk about their life.

The manager told us that people's files are reviewed annually both with social services and by the home. Also that everyone has recently had a complete review of their needs through the development of person centred plans.

The manager told us how one person has been supported by Mencap Advocacy to assist them in the development of their person centred plan.

Information recorded in the AQAA included that, 'Development of the service is currently underway, based on individual choices and preferences expressed by individuals as part of the ongoing person centred review process.'

The manager told us that people's individual risk assessments were currently being reviewed through the person centred planning work and that these were being typed up. We saw risk assessments for May 2009 and that these had been amended later in the year. Risk assessments included activities, for example, use of the kitchen. A recommendation that risk assessments were in place was made at the last visit to the home and this has been met.

One person had been supported in decision making by the use of a best interest meeting. This meeting included professionals involved with the person and their key workers.

We observed other staff explain things to people and support them throughout our visits. The staff were positive with their support and offered people appropriate information to be able to make choices.

We observed throughout both visits that people were spoken to respectfully and offered positive choices about their day. This included, for example, what to do and what to drink. People were able to choose where to be in the home, spending time either alone or with others.

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

We looked at standards 12, 13, 15, 16 & 17.

People receive good support to have active lives, to choose how to spend their leisure time and to maintain relationships.

Evidence:

On the day of our first visit to the home the majority of people were attending adult education, day services and work placements, with people returning to the home as we left. We undertook a second visit on a weekend to meet some of the people who live in the home. At our visits to the home we observed people relaxing in the lounge and their own rooms, we also saw staff supporting people with craft activities. One person told us how they had started to undertake photography.

We spoke to staff and they told us that there were plenty of staff to support people

Evidence:

with activities. They told us how staff complete shifts specifically for activities, including swimming and snooker. Information recorded on the duty rota included, Hands and Voice group, snooker, cooking, horse riding and 1:1 time.

People's care files included details of the different activities that they undertake including photographs of these activities. People attend adult education, horse riding, go for walks in the local community and listen to music. Some people go out to play snooker or pool and people are supported to spend time with their families.

When we spoke to people they were clear that they were happy with their daily activities, the support from the staff and the availability of staff. People told us how staff support them with different activities that included shopping and reading a newspaper, also that they never get bored.

Information in the AQAA included, 'We have supported residents to introduce changes to their weekly plans, including gaining part time work, developing skills to catch the local bus, starting a new day service option.' It also included, 'We have introduced events that follow a cultural calendar, including a further Chinese New Year party, this was extremely popular with residents and staff, and we have had further themed meals, including an Indian meal, and a Canadian breakfast. Residents have enjoyed incorporating music and inviting others, with photographs taken and displayed.'

The conclusion of the safeguarding investigation highlighted that, although communication does occur, it is an area that the home could improve upon; relatives confirmed this. The manager recorded in the AQAA that 'We have strived to maintain good communication with all people concerned, including family. This has been achieved through the Person centered planning process and review meetings and also the good relationships'.

A recommendation from the last visit to the home included that the recording of key worker time should be developed to provide clear information about how individual residents have been and how they have benefited from staff involvement. Records are kept of this time, however they are included within the day to day notes for each individual and require clearer recording to meet this recommendation.

We saw one person preparing to visit their parents overnight and staff told us of other people who regularly spend the weekend with relatives. The people we spoke to told us that they are able to keep in touch with their relatives. Information received as part of the safeguarding referral found that people are able to keep in touch with their relatives.

Evidence:

We saw that people's daily routines allowed them to be flexible and make decisions on what to do. We observed people relaxing in their own rooms and in the lounge areas of the home. Staff were respectful and knocked on peoples doors before entering their rooms. Conversations between people were also respectful and positive.

Information in the AQAA recorded that, 'Some residents have expressed a choice or preference to sit in other areas to eat meals and we have allowed increased flexibility for doing this. New furniture was purchased to give options to eat in the conservatory and an additional TV or quiet area has been developed with additional space to eat, if preferred.'

We did not observe a meal time at the home, although when we asked people they told us that they liked the food in the home or that it was 'alright'. We noted that people's food choices were recorded on the weekly menu.

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

We looked at standards 18,19 & 20.

People receive good support in the meeting of their personal and healthcare needs.

Evidence:

We observed that peoples appearances reflected their own personalities. We spoke to people who live in the home and asked them about the support they receive with personal care. They told us that they were happy with this and no concerns were raised. Peoples person centred plans included the choices for people in their daily lives.

Peoples files included details of any condition that they may have and information about any contact with health professionals, for example, the district nurse. The home has completed risk assessments and this included risk assessments regarding Swine Flu.

We spoke to one health professional about the home, however they told us that as their input had not been recent they could not comment. We tried to contact other

Evidence:

professionals but were unsuccessful. One professional was contacted as part of the safeguarding investigations and no concerns were raised.

Information in the AQAA included, 'We have good links with other agencies for input in relation to changing needs and support planning. In particular, we have developed good working relationships with the Continuum team, with guidance and further input provided for other residents in relation to behaviour and bereavement. Our links with the Community nurse, District nurses and Physiotherapy have been maintained, working with ourselves to support issues including, diabetes, continence, night routines, mobility and developing Health Action Plans for residents.'

We examined the medication system within the home. There were records for the receipt, administration and disposal of medicines within the home. These records were up to date with no omissions. Medicines are stored in a locked medicine cupboard.

Some of the people in the home receive 'homely remedies' which include, for example, Multivitamins. The manager told us that each person's GP was aware of any 'homely remedies' the person may be taking. He also told us that all of the staff have undertaken medication training and that this has been added to with a recent update. He told us that he undertakes observed practice of people and that this is part of their National Vocational Qualification (NVQ) training.

Information recorded in the AQAA that, 'All staff who administer medication have an accredited level 2 NCFE qualification in Safe Handling of Medicines. Annual supervision and monitoring is carried out and recently completed for all staff.' In addition the information provided recorded that there had not been any serious incidents involving controlled drugs in the past 12 months.

At the last visit to the home a recommendation was made that staff should receive accredited training and that their practice in the administration of medicines should be observed. The manager told us that, in addition to the training that staff undertake, a member of the training department visits the home and observes staff practice. This recommendation has then been met.

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

We looked at standards 22 & 23.

People are supported to raise concerns and there are adequate systems in place to protect them from harm.

Evidence:

There is a complaints policy held in the home. We received two complaints about the home, one immediately prior to the inspection of this service, with additional information and a second complaint later being received. These complaints were referred to the Local Authority to investigate as part of their safeguarding adults procedures. None of the allegations were found to be substantiated. As part of the investigations it was found that staff were not following the confidentiality policy correctly and that communication could be improved upon. However it was found that people on the whole were safe and happy living in the home.

The manager recorded in the AQAA that there had been one complaint direct to the home. The information included that it was a complaint from a person who lived in the home and was addressed via the official complaints system. Information in the AQAA included, 'The resident felt well supported to raise this with the manager and that their views were taken seriously. The issue was quickly resolved with positive outcomes and the resident having a clear understanding of making a complaint in the future and that follow up action will be effective.'

Evidence:

We also observed that there was a policy for supporting people should an allegation of harm arise. Staff have also undertaken training in this as part of their induction into the home. Information recorded in the AQAA included, 'Training is completed by all staff in abuse awareness as part of standard induction and we work according to Hull and East Riding Adult Protection Committee procedure guidance.'

We looked at the systems and records that are used for people's individual monies. The manager told us that everyone's personal monies are sent to the head office of the organisation and that everyone receives their personal allowances. The manager was unaware of how people's mobility monies were managed and told us that the only money people receive is their personal allowances and not their mobility monies. This was referred to the Local Authority under the safeguarding procedure and the result of the investigation found that satisfactory systems are in place for supporting people with their monies.

We saw that when possible people sign to confirm receipt of their money and receipts are also kept for any large purchases. However no receipts are kept for purchases of £5 or under and the manager was advised that receipts for these purchases must be kept to help protect people and to maintain a clear audit trail.

Additionally the finance records for people in the home are all in one 'book' and the manager was advised as to the need for individual records to protect people's privacy.

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.

We looked at standards 24 & 30.

People live in a clean, comfortable and warm home.

Evidence:

Information recorded in the AQAA included, 'We provide a good choice of communal areas and space to socialise in. An area has recently been developed for sitting in to eat or to relax.'

We completed a tour of the premises with the manager. The home comprises of two wings where peoples bedrooms and bathroom are situated. Centrally there are the office areas, a kitchen, lounge, activities room and dining room. In addition there is a conservatory attached to the lounge which offers additional space for people to relax and view the garden.

Outside there is a good sized garden area that people have developed to include a small sensory area.

We looked at some of the bedrooms and these were individual, reflecting the personality and choices of the individual service user. They were clean, tidy and well

Evidence:

maintained.

People were observed to use the lounge, dining area or their own bedrooms in which to relax.

Although overall the home is looking dated, it has been well maintained and the manager told us that as part of the changes to the home the decor is to be brought more up to date. Information recorded in the AQAA included, 'In line with the on-going PCR work and review process, we have proposals to develop the building and residents rooms based on preferences and development plans for the service overall.'

We examined the records for the fire safety systems in the home. Weekly fire alarm tests are completed and checks of the emergency lighting are also undertaken. The fire extinguisher certificates recorded that these had been last checked in January 2007, meaning that these were now overdue for testing to ensure that they were in good working order. The manager told us that this work had been completed and would fax this evidence to the CQC.

There was a letter from the local water authority detailing the necessary work to be undertaken so that the systems in the home met the requirements of the Water Supply (Water Fittings) Regulations 1999, and the manager told us that this work has been completed.

The manager told us that the health and safety systems in the home have recently been reviewed had that the relevant documents were currently at the head office being re-typed.

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

We looked at standards 32,34 & 35.

People are supported by enough staff, who are well recruited and adequately trained.

Evidence:

Information in the AQAA recorded, 'Staff roles have developed and shift patterns amended or trialled, as identified through the recent appraisal process. This has provided options for additional hours, increased responsibility and training or general management and has allowed for increased hours for some staff.'

We looked at the duty rota and found that it is planned that there are either three or four staff on duty am and pm, with two people working overnight. The manager told us that sometimes there are more staff for activities and the duty rota also recorded this. We undertook a second visit to the home on a weekend when people who live there were not at work or adult education placements. We found that there were three staff on duty and that some of the people had gone to their relatives for the weekend. We saw that the staff were supporting people to complete craft activities, go for walks and to undertake visits to their relatives. We spoke to the people who live in the home, two of which chose to have a member of staff with them for support. They all told us that they felt there were adequate staff on duty and that they were happy with

Evidence:

the support they received from the staff.

We looked at the records for three members of staff, including their recruitment records. These showed that good recruitment practices had been followed including obtaining written references and Criminal Record Bureau Checks. These checks help to establish that the person is fit for the role and that they do not hold a criminal conviction that may prevent them from working with vulnerable people. A recommendation was made at the last visit to the home that, 'Internal checks should be made to ensure that staff references have been received from two separate sources. No evidence was available to show this had been actioned so this recommendation will be carried forward.

Information recorded in the AQAA included, 'A consistent approach is now in place for staff CRB checks to be fully completed prior to commencement of any role at Fledglings Court. We have developed consistent opportunity for residents input in interviews and the recruitment of new staff, this has proven to be very empowering and positive for both residents and candidates.'

A recommendation was made at the last visit to the home that, the practice of allowing staff checked against the Protection of Vulnerable Adults (POVA First) list are only in exceptional circumstances permitted to work in the home before a satisfactory Criminal Records Bureau check is received for them. The manager told us that this is now the case therefore this recommendation has been met.

Staff had undertaken an induction when they commenced working in the home and this was reviewed monthly. In addition they then completed training, which included: First Aid, Moving and Handling, Health and Safety, Fire, Food Hygiene, Safeguarding adults from abuse, Basic Sign Language and Bowel massage. One person had completed autism awareness which would assist with the meeting of the specific needs of someone with this condition. Staff also have personal development plans.

One member of staff told us that they received good training and that this included: 'foot massage, bowel massage and medication.'

The manager told us that the organisation has a training department and induction training is planned throughout the year. This includes Policies and procedures, safeguarding adults from abuse, communication, values and attitudes, person centred planning, health and safety, first aid, food hygiene, and moving and handling; with the manager also confirming that updates are available.

Evidence:

Information recorded in the AQAA included, 'Internal training needs and mandatory requirements are addressed through the JHRT training calendar and the current appraisal process ensures this is kept up to date.' Also in the section about staff qualifications information recorded included that, of the eighteen staff who work in the home, fourteen hold an NVQ level two qualification or above. Eleven of the staff are permanent employees and of these, nine hold this qualification. This reflects that approximately ninety per cent of the permanent staff group holds this qualification. In addition the information included that one hundred per cent of the staff have been trained in safe food handling. However only one person has been trained in the prevention of infection and management of infection control.

Although not part of the original concern, during the safeguarding investigation it was found that staff required training on confidentiality and whistle blowing and the manager agreed to arrange this.

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

We looked at standards 37, 39, 41 & 42.

The home is well managed and there is support for people to be involved in the development of the home with systems in place to maintain it. However some systems require attention and the manager must make sure these are addressed so as to not reduce the standard of support people are receiving.

Evidence:

One of the staff we spoke to told us that the manager was 'marvellous'. We also spoke to parents and received differing views. Some of the parents raised concerns about the home that included information about the manager. These concerns were referred to the Local Authority for investigation and the outcome was that they were unfounded. Another parent told us that they found the manager approachable and that he always actioned any of their requests.

We examined the quality assurance documents for the home. These included a

Evidence:

quarterly inspection or checklist for the home that examined, for example, the emergency procedures, housekeeping and the storage of any equipment in the home. The manager told us that the Joseph Rowntree strategic plan is used as a tool in the quality assurance system, that service user surveys have been completed and that someone is coming to visit staff as part of the quality assurance. The previous recommendation that the quality assurance system included regular audits of various aspects of the home is met.

The manager also told us about a separate assessment of life in the home undertaken by Mencap and how this report was positive .

Residents meetings are held in the home and the records for this recorded that the areas covered included, holidays, food, events, activities and concerns. A staff meeting took place on the day of our first visit and we noted that this was well attended.

We examined some of the maintenance records in the home. This included a letter confirming that the plumbing systems meet the requirements of the Water Supply (Water Fittings) Regulations 2001, evidence of portable appliance and hoist maintenance, and that the Gas systems in the home were safe.

Information recorded in the AQAA included the policies and procedures available in the home and when they were reviewed. Very few had been reviewed in the last year and some had not been reviewed for four years. The manager told us that policy review is undertaken at the head office of the organisation. Up to date policies and procedures to support the staff in the meeting of service user needs is essential and the manager must address this.

Although not part of the original concern, it was found as part of the safeguarding investigation that record keeping in the home could be improved upon. This included individual service user files being more organised. The manager agreed to action this.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	35	18	<p>Staff must be trained in whistle blowing.</p> <p>This will help to make sure that should the need arise people will be confident and more competent in using this system.</p>	14/04/2010
2	35	18	<p>Staff must be trained in confidentiality, with their understanding and competence assessed.</p> <p>This will help to make sure that confidentiality is well maintained.</p>	14/04/2010
3	41	17	<p>The record keeping in the home must be organised accurate and clear.</p> <p>This will help to make sure that the systems in the home continue to support the service users well.</p>	14/03/2010

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	1	There should be a statement of purpose and service user guide readily available to prospective service users. This should be available in different formats making it accessible to all.
2	23	Receipts should be kept for all money transactions, to ensure that a clear audit trail is kept.
3	30	Evidence that the fire safety systems are maintained to an adequate standard must be available for inspection and review.
4	42	Policies and procedures should be kept up to date and available to all staff. This will help staff to keep up to date with their knowledge and practice when supporting people who live in the home.

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