

Key inspection report

Care homes for older people

Name:	Lamel Beeches Nursing & Residential Home
Address:	105 Heslington Road York North Yorkshire YO10 5BH

The quality rating for this care home is:

one star adequate service

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

Lead inspector:	Date:
Jean Dobbin	1 3 0 8 2 0 0 9

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

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:	Lamel Beeches Nursing & Residential Home
Address:	105 Heslington Road York North Yorkshire YO10 5BH
Telephone number:	01904416904
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Joseph Rowntree Housing Trust
Type of registration:	care home
Number of places registered:	41

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	41
Additional conditions:		
Age Range 60 years and over		
Date of last inspection		

Brief description of the care home

Lamel Beeches was last inspected on 15th May 2007. The home provides care and support to 41 people, some of whom may have been assessed as having nursing needs. It is part of The Joseph Rowntree Housing Trust. Lamel Beeches is situated on the west side of York with an elevated position overlooking the city, with its major transport links. It is set in well maintained, mature gardens, has car parking on site and has an easy, level access.

The home is on two levels with a vertical passenger lift to reach the first floor. It has a number of communal areas and offers mainly single en suite facilities, though four rooms are available for two people wishing to share.

The monthly fees to stay at Lamel Beeches on 13th August 2009 are between £2085 and £2899. Additional charges are made for hairdressing, chiropody and personal

Brief description of the care home

items like newspapers and toiletries. A Statement of Purpose, which outlines the services and facilities that the home provides is available at the home as well as the service user guide and the latest inspection report by the Care Quality Commission or it's predecessor, the Commission for Social Care Inspection. These are displayed in the library for people to read.

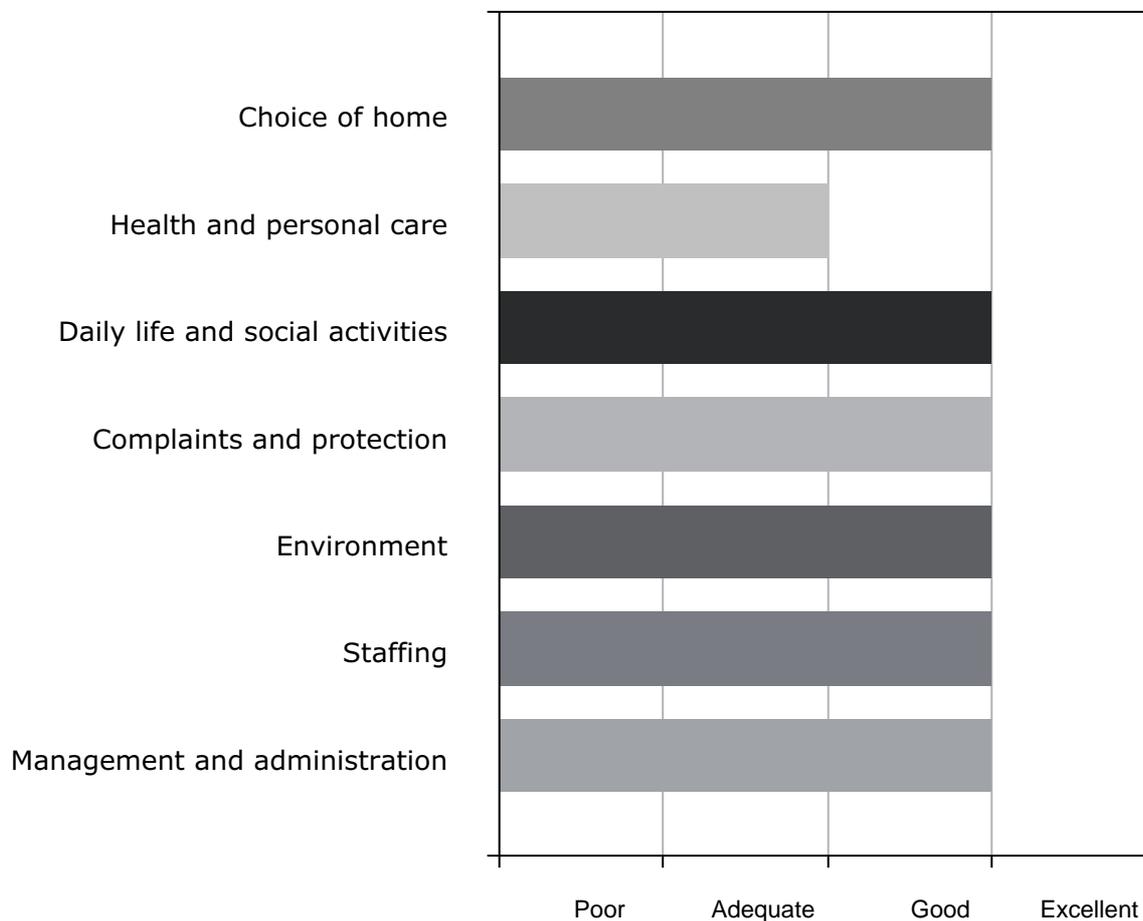
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

This is what was used to write this report.

Information about the home kept by the Care Quality Commission.

Information asked for, before the inspection, which the manager provides. This is called an Annual Quality Assurance Assessment or AQAA.

A visit to the home by one inspector, which lasted about 9 hours. This visit included talking to people who live there and their visitors, and to staff and the manager about their work and training they had completed. It also included checking some of the records, policies and procedures that the home has to keep.

Some time was also spent watching the general activity to get an idea about what it is like to live at Lamel Beeches.

Information about what was found during the inspection was given to the registered manager at the end of the visit.

We have reviewed our practise 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 services 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 are assessed properly before a decision is made as to whether they move to the home. This assessment helps to reassure the individual that Lamel Beeches is the right place for them but also confirms that the staff at the home have the skills and knowledge to support them properly.

People say that they receive good care and staff are 'friendly and respectful'. One person commented 'from my point of view, I think the care is remarkable'.

The home is spacious, comfortable and well maintained. People have good sized private rooms which can accommodate larger items of furniture and personal possessions. One person has brought their grand piano, which has been positioned in one of the sitting areas.

People can have visitors anytime. They can have a meal and the home also has a guest room, where visitors from further distance from York can stay over. This helps people to keep in touch with family and friends.

People say the meals are very good, and having small satellite kitchens, where people can make their own drinks, helps to promote and maintain independence. One said 'the food is excellent'. Another added 'the food is very good and vegetarians are well catered for. I can go and make myself a drink whenever I want'.

What has improved since the last inspection?

A record is now kept of when health care professionals visit the home and the advice that they provide is written down. This helps to make sure all staff are aware of the changes and can provide the right care and support as a result.

People choosing to look after their own medicines are now assessed before having that responsibility so that the staff can be confident that they are safe and competent to manage this themselves.

Care planning records are now generally reviewed monthly to confirm that the information in them is still appropriate. This helps to ensure people receive the right care and support.

What they could do better:

There are examples at Lamel Beeches of very good care practises. However a number of medication issues have been identified, which when added together pose 'risk' to people. Medication processes at the home could be improved and audit systems introduced to make sure that the medication records accurately reflect the drugs and creams that people are receiving.

Where people are assessed as 'at risk of harm' they could have a plan of care written to describe what needs to be done to minimise that risk. This would help to promote people's well-being and help to ensure they receive the same level of support from all carers.

Those people needing more help and support could have their care records written in

more detail to describe their abilities and strengths. This is so that staff could then support them to maintain those life skills for as long as possible. Care plans could accurately reflect the up to date care and support that people need. This could help to ensure they receive the right care.

All staff groups working at Lamel Beeches could understand 'abuse' and know what they must do if they witness, suspect or are told of an incident, where someone may have been mistreated. This helps to protect people from harm. Staff could be made aware that they can contact the local authority safeguarding team directly themselves about such an incident, if they feel unable to report it to a senior person in the organisation.

The call bell system still crashes when too many people use it at once and this is an ongoing problem, reported at the last inspection two years ago. A decision could be taken as to whether the system in use is fit for purpose. And people could be kept informed about what is being done about it.

Recruitment checks could be more robust and better evidenced to show that people are well-vetted before being offered employment at the home. Good recruitment systems help to keep people safe.

Documents which are maintained to show that the home is running well could be made available for authorised people to look at, so that they can check that that is the case. And the Statement of Purpose, could provide all the information that is required, as set out in the Care Homes Regulations 2001.

The temperature of hot water taps that people have access to could be maintained closer to 43 Centigrade so that people's comfort is maintained when bathing or showering.

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

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

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

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

This is what people staying in this care home experience:

Judgement:

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

People are assessed properly and given information to help them decide whether the home is right for them.

Evidence:

Three people's care records were looked at during the visit. These all contained a written assessment of the person's needs, which was completed before the person moved to the home.

Regardless of whether the person has nursing or residential needs a senior nurse completes this and those looked at were all signed and dated. The assessment looked at people's physical, emotional and social needs to check whether they could be met if they chose to move there.

One person described visiting the home, being shown around by the manager and speaking with some of the people already living there. They said they visited the home

Evidence:

a second time when they were asked about what sort of help they needed should they choose to move there.

The majority of people living at the home are privately funded so no assessments completed by a care manager were seen.

The manager tells us that a brochure is given to people interested in moving there and a Statement of Purpose and service user guide have been reviewed since the last inspection.

The Statement of Purpose, which is a statement of the aims and objectives of the home and the facilities and services provided to people living there still does not contain all the information required by the Care Homes Regulations 2001. It can though be provided in different formats like large print, braille and as an audio cassette.

One person spoken with though, who has a visual impairment, said they would have liked their information in a format they could relate to. The manager needs to be alert to providing information in the most appropriate way.

Surveys completed last year suggested that people living there felt the information provided for them to read, when moving to the home, could be improved. The manager has consulted with people living there to look at this information, to make it more relevant for new arrivals. The 'new' service user guide is now being used, however the manager is continuing to seek out people's views on the contents.

Lamel Beeches does not provide intermediate care.

Health and personal care

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

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

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

This is what people staying in this care home experience:

Judgement:

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

Whilst people's health and personal care needs are generally well met the underpinning records do not always support this care. Medication systems in the home are not robust.

Evidence:

People living at Lamel Beeches looked well cared for. One visitor commented that they thought the care was 'remarkable'. They added 'my relative couldn't have landed in a better place than Lamel Beeches'. People were smartly dressed and staff were observed speaking with them in a sensitive and respectful manner. One person commented that staff are 'kind and respectful'. And carers spoken with stressed that it was important to treat people as individuals, to support people to make choices and to ask permission before carrying out any tasks.

Three care plans were looked at as part of this inspection. Two of these related to people assessed as having nursing needs, with the third as having personal care needs. These care plans are in place to describe the care and support people need to stay in charge of their own lives. They are there for care staff to refer to, to ensure

Evidence:

they are providing the right care.

There was some evidence that the care plans were first written in consultation with the individual and some people's signatures were seen to confirm their agreement. The care plans are reviewed monthly though it would be good practise to always obtain the person's signature each time when possible, to show they still agreed with what was recorded. One review earlier this year did show that a discussion had taken place with an individual, as they hadn't agreed with what had been written down about them.

There are good daily records however the current record is not kept in the care file, but transferred there when a new sheet is started. Care workers spoken with said that they had responsibility for updating and reviewing care plans belonging to people assessed as needing personal care only, but didn't look at the care plans very much otherwise. One of the nurses is responsible for updating care plans belonging to people with nursing needs.

The care plans need to clearly identify what people can still do for themselves. This is particularly important for people with dementia-like illnesses, who need to be supported to maintain their life skills for as long as possible. In this way carers can support people in a consistent way and not 'take over' tasks that they can still do for themselves.

Those care plans looked at had good assessments of risk in place of individuals coming to harm from, for example, falling, developing a pressure sore, or becoming malnourished, because of poor appetite or a health problem. However when risk is identified then an individualised care plan needs to be written, stating what the home is doing to minimise that risk. And this needs to be regularly reviewed to confirm that the risk is being well managed and the person's circumstances haven't changed.

People's health care needs are generally well met, although the records do not always evidence this well. For example one person's care plan said that they need a 'soft or puree high calorie diet' and need supervising at all times because of the risk of choking. This individual had a 'cornflake crunch' pudding for dessert which, although rather dry, the individual obviously enjoyed. Whilst they were initially supervised, they were then left alone because other people had finished their lunch and they and the staff had left the room. The manager said that kitchen staff working in the kitchen could 'keep an eye' on the person through the large serving hatch, however this 'care' is not their responsibility. If the individual is assessed as safe to eat these sorts of foods and to be unsupervised, then this needs to be recorded in their plan of care.

Evidence:

Another person's care plan referred to 'adhering to the GP's recommendations' but these were not written in the care plan, but were recorded in a different place. The way this person's dietary needs are to be met needs to be recorded in their care plan so that all staff can provide this support in a consistent manner.

Medication systems at the home were looked at. Although a senior carer has been trained to safely administer medicines to people receiving personal care only, the nurse on duty generally carries out this role. Medicines are stored in people's rooms in one of two types of secure cupboards, dependent on whether they are assessed as having personal care or nursing needs. Only nurses have access to the medicines of those people with nursing needs. Surplus drugs are safely secured centrally.

Whilst record sheets looked at had no gaps where signatures were missing, some shortfalls in the way medicines are managed were identified and need addressing to ensure more robust medicines management in the home.

New medication records (MAR sheets) are electronically printed off by the senior staff at the home each month. It would be good practise for all these records to be checked, signed and dated by a second person to ensure all the information is correctly copied. It would be safer practise to obtain printed MAR sheets from the supplying pharmacy.

Two people's records were looked at. One person's prescription stated that their drug was to be given 'at night', however their medication record said it was being given at 6pm. The manager said this had been addressed on next month's record sheet.

Checking the number of tablets as part of the inspection demonstrated that one person's MAR sheet showed two drugs, where the expected number on the record sheet did not agree with the actual number of tablets. In one case there were six less tablets than the expected number. Nurses record a reducing number on the record sheet, but if they don't count the tablets then they can't be certain that the number is correct. The manager says that periodic checks are carried out, 'about every two weeks' to check these figures, however no clear evidence was seen to confirm this routinely happened.

One MAR chart had two drugs prescribed, which could cause harm to the individual if they were both given at the same time. Whilst the manager said that nurses would know to give either one or the other drug, this needs to be clearly recorded to minimise the risk of error. And people who have a variable dose, according to their

Evidence:

symptoms, need to have this dose recorded so that there is an accurate record. This can also help the doctor in determining future medication needs.

Prescribed creams need to be recorded on the MAR sheet and the person applying that cream to the individual needs to sign to say it has been done. This is so that an accurate record is kept of who has administered all drugs.

The home keeps unwanted drugs in a container on the work surface in the treatment room which is easily accessible by any staff who go in to look at the care records, or clean the room. Out of date, damaged or part-used medicines that are no longer required must be safely and securely stored at the home whilst waiting collection to be disposed of.

The drug fridge contained a tube of prescribed ointment, which was well used and no longer had a lid. The nurse discarded this, however drugs need to be kept and stored safely.

Daily life and social activities

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

People are supported to live the life they choose and receive good quality and varied meals.

Evidence:

People spoken with on the day of the visit told us that they were happy with their life at Lamel Beeches. They said they chose when to get up and go to bed and these preferences were recorded in their care plans. They chose where and how they spent their time.

Some of the people living at the home are able to come and go as they please. One person though was seen in the sitting area, after lunch, completely unoccupied. This person needs a lot of help and a carer spoken with said that they put music on for them. This hadn't happened though. The home has some high quality and detailed information about this person's likes and dislikes and some of these preferences could have been met during this time.

The home has a small shop, a well stocked library, which is restocked fortnightly and a hairdresser who visits regularly. Some people were seen outside, either on their own or with their visitors, and several people have their own electric scooter, so can get

Evidence:

further afield independently.

Prayer meetings and Quaker meetings are held weekly with Holy Communion each month. The home doesn't have an activities person though staff provide some events. On the day of the visit one carer was leading an 'exercise to music' class and about six people were attending. Other events this year include a Strawberry tea, music evenings, Red Nose week and word quizzes. Photographs were seen from some of these events, though none were displayed in the home on the day of the visit.

Visitors are welcomed anytime and there are a number of communal areas, as well as their private rooms, where people can talk together. The home has small satellite kitchens where people living there or visitors can make drinks when they choose. One person said 'I like my room near the kitchen. I can go and make myself a drink whenever I want'. Visitors can have a meal at the home and a guest room enables visitors to stay overnight.

The dining area has three separate rooms which were attractively presented and bright and airy. People can choose where they sit, but people tend to sit with the same friends. One room is used for people who need more assistance, so that this can be provided in a discreet way. There is a four week seasonal menu, which people speak highly of. Comments include 'the meals are excellent' and 'the meals are very good. I've got no complaints'. And 'my relative always has a meal whenever they visit'.

Although the main course is on the menu, the vegetarian option is described as a 'vegetarian meal'. Both the manager and the cook said that this meal was decided on, on the day, depending on the fresh foods in stock and also what vegetarian meals had been served over the past few days. It would be good practise to have specific items on the menu as this would enable people to plan and look forward to their favourite meals.

Home baking and fresh fruit salad are available every day. One person commented on the fruit bowl in the dining area, which people can help themselves to and which is always topped up. Prepared foods in the kitchen were noted to be labelled and dated to ensure they are not being kept past when they need to be discarded.

Complaints and protection

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

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

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

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

Whilst people are confident that complaints will be addressed properly and people feel safe, lack of knowledge about safeguarding responsibilities may be putting people at risk.

Evidence:

The commission has not received any complaints in the past year. The manager tells us that the home has received three. These relate to a faulty radiator in one of the lounges, the call bell system crashing and an individual wanting some foods that an assessment had determined would cause them a serious risk of harm. The manager told us how all of these were looked into and resolved.

The complaints process is provided in written information to people when they move to the home. This information has been re-looked at in the past year to provide a more formal process where people will be responded to within stated timescales and will be informed in writing what is happening as a result of their complaint. The manager says that when people have 'niggles' or negative comments these have always been recorded in people's personal records but plans to start keeping these comments with the more formal complaints. This is good practise as storing these together can help to recognise trends, which may need looking into in more depth.

People spoken with knew who the manager was and all said they would speak with her if they had any concerns. All were confident that their concerns would be looked into.

Evidence:

Similarly all the people spoken with said that they felt very safe, but would tell someone if anyone had been unkind to them, or caused them upset in another way.

Several staff were spoken with about their understanding of abuse. Three carers showed a good understanding of abuse and their responsibilities should they witness, suspect, or be told of an incident where someone had been mistreated.

An ancillary worker spoken with though had limited understanding of their role in keeping people safe. They said they could not recall having any training on safeguarding adults. The manager told us that training is available for all staff though some sessions are optional.

The manager needs to be satisfied that all staff working at the home, who may be approached by people living there, know what they must do if an individual tells them they have been mistreated. And all staff need to know that they can contact the local authority themselves about an incident of concern, if they do not feel able to speak with someone more senior within the organisation about it. Having a well informed and alert staff group contributes to keeping people 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, pleasant and hygienic.

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

This is what people staying in this care home experience:

Judgement:

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

People live in a clean, warm and well maintained home.

Evidence:

Lamel House is a mature detached house, with a more modern single storey extension. It is situated in well maintained gardens on an elevated site overlooking the city of York to the west. The house was noted to be clean, warm and attractively furnished and decorated. There were no unpleasant smells.

The home has three adjoining 'wings' each with it's own specialist and separate 'domestic type' bath, small satellite kitchen and sitting areas. There are also communal lounges, dining rooms and a library which are used by everyone.

All the private rooms are ensuite and the home has four larger rooms for people wanting to share. None of the people living there at this time though are sharing a room. The rooms looked at were more like bed-sitting rooms, with people's own furniture and personal belongings making them all very different. People spoken with said that they had secure storage in their room and some chose to have their own door key. The upstairs rooms have individual balconies and the ones on the ground floor have French doors opening onto the gardens.

Both the environmental health officer and health and safety officer have inspected the

Evidence:

home in the last two months. The first officer awarded the home four stars (good). This is the local authority hygiene rating for food premises. The second officer requested some window guards to be fitted. And this work has been done.

Whilst the home has an established call bell system, the last inspection two years ago commented that the system 'crashes' when too many people call for assistance at the same time. This intermittent problem is still present.

One person was asked about living at Lamel Beeches. They said they were 'happy with everything apart from the call bell'. They added that 'it generally works well, unless lots of people use it at the same time'. They commented that it had to be repaired the previous day. And one of the written complaints was about the system. The manager told us that the company is auditing these 'failures' but she had no record at the home to say how often it was happening. Two years ago at the last inspection we were also told that the company were auditing the system. Whilst the call bell was activated during the inspection, and answered within thirty seconds, the organisation needs to determine whether the present system is meeting the needs of the people living there.

The manager makes sure that appropriate aids are available and used to make sure that people living and working in the home are protected against infection. Carers spoken with understood how the way they worked could minimise the risk of cross infection.

Staffing

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

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

The home employs enough appropriately trained staff to meet people's needs.

Evidence:

There is always a trained nurse on duty. On the day of the site visit in addition to the nurse there were six carers working the early shift, three carers working in the afternoon with five in the evening, and two carers working through the night. These numbers are for 33 people currently living there, 13 of whom have been assessed as having nursing needs. Both male and female care staff work at the home, so that people's preferences about who they receive personal care from can be respected wherever possible.

The home also employs ancillary and catering staff and maintenance staff. There is a part time administrator and a deputy manager, who is a nurse and who is mostly supernumerary. The rotas confirmed this and also suggested that very few twelve hour shifts were worked meaning staff are not likely to be too tired at the end of their shift.

The manager tells us that she recognises that the care staffing requirements change according to the proportion of people living there with nursing or 'residential care' needs. Care staff spoken with told us that there were generally enough staff. Carers are deployed in the morning to work on one of the three wings. This means they are

Evidence:

more available and visible to respond to people living there.

People generally speak positively about the care staff. Comments include 'the staff are very friendly. There seems to be enough of them. And 'people are kind and respectful'. One person though said 'sometimes they seem a bit short, but it doesn't affect me'.

Almost all of the care staff have achieved a Level 2 National Vocational Qualification in Care. This recognised award helps carers to recognise what good care is, and how it is to be delivered.

Recruitment processes are managed centrally by the company. Although the manager interviews people with a second person she says once a person has been appointed she destroys any interview notes she may have made. It would be good practise for these notes to be kept as they would help to demonstrate that issues identified as part of the recruitment process have been looked into properly.

Two staff files were looked at. Both contained an application form, two references and police checks. However one person started before their police check was available to look at although a POVAFirst check had been done to make sure they weren't barred from working with vulnerable people because of a previous offence. In this situation the new person's work must be supervised at all times by a named senior person. Whilst the manager told us that this is what happened she wasn't able to show, in her records, that this supervision took place.

References are requested by, and returned to, the company's offices. Of the four references received for these two new staff one was a telephoned reference, and accepted by a senior manager of the company, one was not signed or dated and one was a statement typed on the paper, with no name, signature or date attached. Although all these were accepted centrally by the company the manager at the home needs to be satisfied that the information she receives is both authentic and sufficient, before appointing an individual to work at the home. Robust recruitment processes contribute to keeping people safe.

New staff complete an induction programme when starting at the home, and records confirm this. Care staff spoken with confirmed that they had attended refresher training this year, including fire safety training.

The manager keeps an annual training record for each staff member. Those looked at though included one person who has worked at the home for about a year. This states that they attended fire training on induction a year ago, but none since, although the

Evidence:

records state that staff need to attend this training twice yearly. The manager needs to ensure her training records are kept up to date, or that staff attend refresher training in a timely way.

Management and administration

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

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

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

The home is generally run in the best interests of the people living there.

Evidence:

The manager of the home is a trained nurse and is registered with the commission to confirm she is fit to manage a care home. She has worked in social care for a number of years and has completed extra management qualifications to help her in her role.

People and staff spoken with said she was approachable and made herself available for people to speak with. Comments include 'I see her around the home all the time' . And 'Joanne's in charge. I can see her anytime'.

A lot of information about how the home runs is gathered informally. Twice a year senior staff from the company attend a meeting at the home, to which anybody with an interest in the home is also invited. The results of these meetings are displayed for people to look at.

Evidence:

The manager though needs to consider whether some people living there, or their families, would be confident to raise issues at these sorts of meetings, or whether other less formal events would provide a better opportunity for people to give their views about how the home operates.

Last year the manager worked with people living there to change and update the information given to people when they move to the home. This year she is looking at laundry systems at the home, because people told her that some aspects of this service could be improved. The manager could consider surveying all people each year, including professionals who visit the home, to identify any other issues that may need looking at in greater depth.

People spoken with have a lockable facility in their room and one person said that the manager will keep valuables in the safe if necessary. The home holds the personal monies for about twelve people. One person's monies were checked and the receipts and records tallied with the actual money. The manager explained that the home has some petty cash, which can be accessed anytime, so that people can have some of their money whenever they want it.

Accident records are completed appropriately and monthly audits are completed to look for recurring problems. Other information is submitted each month to the organisation so that how the home is running can be audited. None of this information is kept at the home though, so that both the manager and authorised people can look at these records.

Staff meetings are held regularly and this was confirmed both by talking with staff and looking at the minutes. Staff told us of the next meeting, which was due the following week.

Although staff told us that they had an annual appraisal and regular supervision with a senior member of staff, supervision records were not available to look at. The manager told us that her deputy carries out this work and she does not have access to them when her deputy is not working. Supervision records were not available to look at two years ago, when the last inspection was carried out. So it was not possible to check that an incident at the home earlier this year, which involved a member of staff, had been discussed at supervision. Records to show the effective running of the home need to be available for authorised people to look at.

There are a range of health and safety policies and procedures in place. The home has generally made proper provision to ensure that there are safe working practises by

Evidence:

providing staff training in first aid, fire, food hygiene, infection control and safe moving and handling techniques.

Some service certificates were looked at and found to be up to date. Fire safety checks are completed appropriately and fire drills are carried out. Hazardous products are stored appropriately and monitoring arrangements are in place to ensure the delivery of safe hot water.

However some records looked at suggested the water temperature is often less than 40 and sometimes less than 38 Centigrade. This is cooler than body temperature and may be too cool for people bathing or showering. The manager needs to ensure the hot water delivery is maintained around 43 Centigrade both for people's comfort and safety.

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	8	13	<p>People who have been assessed as at risk of harm must have a written care plan in place describing what the home is doing to minimise that risk and promote their well-being.</p> <p>This is so that the individual will receive the most appropriate and consistent support from all staff.</p>	30/09/2009
2	9	13	<p>The medication record sheet must provide clear written instructions when alternate drugs for the same symptoms are prescribed.</p> <p>This is to prevent an individual receiving drugs, which when given in combination, may cause more harm than good.</p>	30/09/2009

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
3	9	13	<p>Out-of-date, damaged or unused medicines must be safely and securely stored, until they are collected to be disposed of.</p> <p>This is so that unauthorised people cannot reach them.</p>	30/09/2009
4	9	13	<p>Medication record sheets must be accurately completed.</p> <p>This is so that there is an accurate record of what drugs people have taken.</p>	18/09/2009
5	18	13	<p>All staff must know what to do if they witness, suspect or are told that someone may have been mistreated.</p> <p>This will help to ensure that people are kept safe.</p>	30/09/2009
6	22	23	<p>The organisation needs to be satisfied that the call bell system at Lamel Beeches is fit for purpose and able to cope with the volume of calls at any given time.</p> <p>This is so that people can have confidence that they can use the system whenever they want without it crashing.</p>	31/12/2009

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
7	38	12	<p>Hot water temperatures of taps to which people living there have access, must be maintained close to 43 Centigrade.</p> <p>This is so that people can bath and shower in water that is hot enough for their comfort.</p>	30/09/2009

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	1	The Statement of Purpose could be expanded to include the information which the Care Homes Regulations 2001 lists in Schedule 1. This would show that the manager and the organisation are meeting their legal obligation.
2	7	The care planning records should clearly identify people's strengths, abilities and preferences so that staff can support people in maintaining some control of their lives. These must be kept up to date as people's needs change and reviewed regularly to ensure the information is correct
3	9	The prescriptions printed off on to new record sheets at the beginning of each month should be signed and dated by a second nurse, to confirm that the prescription is correct. This would minimise the risk of the wrong information being printed off.
4	9	All topical creams and ointments should be written on the medication record sheet and the staff member who applies this cream should be the one signing for it. This would ensure that an accurate record is kept of all medicines used and who has administered them.
5	15	The kitchen records should record the meals that are delivered, to demonstrate that people living there are receiving a varied, nutritious diet

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
6	15	There should be consideration given to having a named vegetarian meal on the planned menu so that these meals are 'thought out' in advance. People would also be able to plan and look forward to their favourite meals.
7	18	All staff should have access to the contact details and know that they can contact the local authority directly about an abusive incident, if they feel unable to report the concern to a senior person within the organisation.
8	29	Every effort should be made to ensure full and satisfactory information about an applicant's employment history is obtained, so that the manager can be as certain as possible that the individual is suitable to work in a care setting. Records relating to discussions about an applicant's suitability should be recorded to help to show that the discussions took place.
9	33	There needs to be a better way of auditing systems like staff training needs and medication processes to ensure these systems are kept accurate and training does not fall behind.
10	37	Records which are needed to be kept at the home to show it is running well need to be made available so that authorised people can satisfy themselves that good monitoring systems are in place.

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