Key inspection report

Care homes for adults (18-65 years)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Southwell Road East</th>
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<tbody>
<tr>
<td>Address:</td>
<td>304 - 306 Southwell Road East</td>
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<tr>
<td></td>
<td>Rainworth</td>
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<tr>
<td></td>
<td>Mansfield</td>
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<tr>
<td></td>
<td>Nottinghamshire</td>
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<td>NG21 0EB</td>
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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.

<table>
<thead>
<tr>
<th>Lead inspector:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Lynda Dyer</td>
<td>0 8 1 2 2 0 0 9</td>
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</table>
This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

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

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

<table>
<thead>
<tr>
<th>Outcome area (for example: Choice of home)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:</strong></td>
</tr>
<tr>
<td>This box tells you the outcomes that we will always inspect against when we do a key inspection.</td>
</tr>
<tr>
<td>This box tells you any additional outcomes that we may inspect against when we do a key inspection.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>This is what people staying in this care home experience:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Judgement:</strong></td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td><strong>Evidence:</strong></td>
</tr>
<tr>
<td>This box describes the information we used to come to our judgement</td>
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</table>
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

<table>
<thead>
<tr>
<th>Document Purpose</th>
<th>Inspection report</th>
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<tbody>
<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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<td>Audience</td>
<td>General public</td>
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<td>Internet address</td>
<td><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
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### Information about the care home

<table>
<thead>
<tr>
<th>Name of care home:</th>
<th>Southwell Road East</th>
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<tbody>
<tr>
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<td>304 - 306 Southwell Road East</td>
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<td></td>
<td>NG21 0EB</td>
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<tr>
<td>Telephone number:</td>
<td>01623482703</td>
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<tr>
<td>Fax number:</td>
<td>01623482704</td>
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<tr>
<td>Email address:</td>
<td></td>
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<tr>
<td>Provider web address:</td>
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<table>
<thead>
<tr>
<th>Name of registered provider(s):</th>
<th>Nottinghamshire County Council</th>
</tr>
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<tbody>
<tr>
<td>Type of registration:</td>
<td>care home</td>
</tr>
<tr>
<td>Number of places registered:</td>
<td>12</td>
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</tbody>
</table>

#### Conditions of registration:

<table>
<thead>
<tr>
<th>Category(ies)</th>
<th>Number of places (if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>learning disability</td>
<td>Under 65</td>
</tr>
<tr>
<td></td>
<td>Over 65</td>
</tr>
<tr>
<td></td>
<td>12</td>
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#### Additional conditions:

Nottinghamshire County Council is registered to provide accommodation and personal care to people at 304 - 306 Southwell Road East, Rainworth, Mansfield, Nottinghamshire, NG21 0EB whose primary care needs fall within the following numbers and category: Learning Disability (LD) - 12.

| Date of last inspection | |
|-------------------------| |
A bit about the care home

Southwell Rd east is a care home where 12 people live. Each person has their own bedroom. There are toilets and bathrooms that can be used by people who use a wheelchair. The home is two separate bungalows with six people living in each. There is a lounge and a dining room and a garden for people to use. It costs between £351 and £398 per week to live there.
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:

<table>
<thead>
<tr>
<th><strong>This is what the inspector did when they were at the care home</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The manager was there when we visited and she and the staff were very helpful and friendly.</td>
</tr>
<tr>
<td>We sent out a survey to people that live in the home, staff that work there and people that visit.</td>
</tr>
<tr>
<td>16 people filled in the surveys and sent them back to us.</td>
</tr>
<tr>
<td>We also asked the manager to fill out a form for us. We call this an Annual Quality Assurance Assessment (AQAA).</td>
</tr>
<tr>
<td>All of this helped us to plan what we needed to look at when we inspected the home.</td>
</tr>
<tr>
<td>We looked at the care plan of two people that live in the home. We looked at records that were kept in the home, which included staff records and health and safety records.</td>
</tr>
<tr>
<td>Because people living in the home on the day of the inspection had some communication difficulties, we looked at the way staff supported them through the day.</td>
</tr>
<tr>
<td>We also spoke with three staff that work in the home.</td>
</tr>
</tbody>
</table>
What the care home does well

When we asked relatives what the service did well they said, "Personal caring, like family members", "staff are always obliging and they have always done a good job", "I would like to say that the carers at Southwell Road are very dedicated to their work and service users are looked after very well", "The staff are like friends to you over the years and nothing is ever too much trouble".

When we asked staff what the service did well one person said, "In-house activities" and "promotes dignity and respect". Another told us "We do really well at in-house activities and service users really enjoy this".

We looked at the care plans of two people living in the home and we spoke with staff about them. This told us that people living in the home have a holiday and go to places they like to visit such as the day centre, out for meals, walks and activities in the home.

When we asked relatives what the service did well one relative said, "They look after my relative first class and when they visit they make us very welcome with a cup of tea"
What has got better from the last inspection

The staff have had training on keeping people safe.

Some bedrooms have been decorated and people living in the home have chosen new furniture for their room.

People living in the home have a care plan and we saw that these had information important to that person.

What the care home could do better

The home does not always have enough staff on duty.

Sometimes people do not get to appointments at the hospital.

Care plans are complicated for staff to use.

If you want to read the full report of our inspection please ask the person in charge of the care home.
If you want to speak to the inspector please contact
Lynda Dyer
CPC1 Capital Park
Fulbourn
Cambridge
Cambridgeshire
CB21 5XE
01223771300

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

The report of this inspection is available from our website www.cqc.org.uk. 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 (standards 1 - 5)
Individual needs and choices (standards 6-10)
Lifestyle (standards 11 - 17)
Personal and healthcare support (standards 18 - 21)
Concerns, complaints and protection (standards 22 - 23)
Environment (standards 24 - 30)
Staffing (standards 31 - 36)
Conduct and management of the home (standards 37 - 43)
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, 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. Peoples needs are properly assessed before admission to ensure that peoples needs can be met in the home.

Evidence:

The manager told us in the homes Annual Quality Assurance Assessment (AQAA) that the home has a good system to ensure prospective service user's and their representatives have information to enable them to make a choice about the home. They also told us that they have an admissions process in place to enable them to make good decisions about their ability to support the prospective service user's needs.

Surveys received back from people living in the home told us that people felt they were involved in the decision to move into the home.

Surveys received from health professionals told us that they felt the services assessment arrangements usually ensured that the right information was gathered and the right service was planned for people.

We looked at the care plan of the most recently admitted service user and this showed
Evidence:

that a full needs assessment had taken place prior to them moving into the home.

The manager told us that this assessment had been shared with the care staff before a place in the home was offered to ensure the team felt confident their needs could be met there.
Individual needs and choices

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

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

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

This is what people staying in this care home experience:

Judgement:

People using this service experience adequate quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service. Staff members have a good understanding of peoples needs and generally people are supported to live as they would like.

Evidence:

The manager told us in the homes Annual Quality Assurance Assessment (AQAAA) that they have recently introduced day and night support plans for individual service users so new and agency staff have a preview of care and then can look for further information in service user’s support/care file. They also told us that the support plans have been reformatted to make them easier to understand, follow and record information in, with the introduction of person centred thinking principles and Deprivation of Liberty information for each service user.

We received surveys from health professionals and they told us that the service supports people to live the life they chose and responded to the different needs of people. We saw people moving freely around the home of the day of the inspection and staff told us that people living in the home were supported to make choices in their daily life. However some people living in the home do not have a choice over what time they get up.
Evidence:

and go to bed and this is addressed in outcome 7 of this report.

We saw people moving around the home freely and doing what they wanted to do during the day and people living in the home told us in surveys that they could do what they wanted to do during the day, in the evening and at weekends.

We looked at the care files of two people living in the home and we found that they contained person centred information and the support plans gave clear guidance on how care should be delivered. However, each support plan had it's own running record and these were confusing as it was difficult to understand where information should be recorded. Some staff were recording GP visits and medication changes on the 'Episodes of ill health' running record and other staff were recording the information on the 'Medication changes' records. This meant that there was not a clear picture of what changes were occurring in each persons care and there is a risk of important information getting missed.

The pen picture of the care plan of one person living in the home stated, 'I have my ensure (a fortified meal) and my medication through my peg feed and I cannot take fluids orally'. However it stated later in the care plan that only liquid medicines were given through the peg feed and tablets were taken orally with a thickened fluid to minimise the risk of choking. We spoke with the manager and asked that this information be corrected immediately to ensure staff had valid and up to date information of how to administer the medication.

We spoke with staff about the care plans and they told us that they found them complicated and were not always sure where information should be recorded or found. We spoke with the manager about this and she told us that care plans were currently being looked at with plans to change the format being used.

This being said, the staff that we spoke with demonstrated a very good understanding of peoples individual needs and their likes and dislikes. They were also able to clarify how medication was administered to the person with the peg feed.

The care plans were being reviewed and although there was no evidence of people living in the home or their representative being involved in the reviews, staff told us that they were. There was a review on the files completed by the local authority reviewing officer and evidence that the person living in the home and their representative were involved in this review.

One heath professional said "The service delivers good quality care and they ensure care plans are person centred".

One member of staff told us, "Our team delivers a positive and productive attitude and ensures that the service users receive the best possible care".
Evidence:

The staff working in the home have received training in the Mental Capacity Act and the Deprivation of Liberty. However, only one of the two care plans that we viewed had a capacity assessment and there was not any evidence that the Deprivation of Liberty Safeguards are being used as part of the care planning process. The manager said that this was something the home was currently developing. This legislation is aimed at protecting peoples rights and choices.
**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.

Social activities provide stimulation and opportunities for community links for people living in the home. Visits from relatives and friends ensure continued social contact.

**Evidence:**

The manager told us in the homes Annual Quality Assurance Assessment (AQAA) that they are committed to ensuring the service users enjoy and experience a good quality and fulfilled life with all service users experiencing a holiday in the last financial year. They told us that they offer opportunities for service users to engage in community activities and welcome service users to the home at any time. They also said that staff are committed to ensuring service user privacy, dignity and choice and that they offer a varied choice of foods at mealtimes and offer support with eating if required.

When we asked staff what the service did well one person said, "In-house activities" and "promotes dignity and respect". Another told us "We do really well at in-house activities and service users really enjoy this". 
Evidence:

We looked at the care plans of two people living in the home and we spoke with staff about them. This told us that people living in the home have access to community facilities and to undertake various activities such as in house sensory and aromatherapy sessions, attending day centres, trips out and holidays.

The home was decorated ready for the Christmas holiday and the home has planned a Christmas party at the local Festival Hall with a pantomime and a band and all of the people living in the home were going to be attending this.

We saw people moving around the home freely and doing what they wanted to do during the day and people living in the home told us in surveys that they could do what they wanted to do during the day, in the evening and at weekends.

We received surveys from the relatives of people living in the home and this told us that they felt that the home helped their relative to live the life they chose.

We saw evidence of people living in the home being supported to keep in contact with their relatives and friends and there is a regular meeting held in the home for relatives to have a say in the way it is run.

When we asked relatives what the service did well one relative said, "They look after my relative first class and when they visit they make us very welcome with a cup of tea"

There was no menu on display on the day of the inspection but we observed people being asked what they wanted to eat and choices being offered if they did not like what was on the menu. The lunch was changed at the last minute due to staffing and this is addressed in outcome seven of this report.

The meal was enjoyed by the people living in the home and it was a relaxed time with people coming and going for the meal as they pleased. Staff told us that the home has a takeaway at the weekend with people being offered a choice of different food.
Personal and healthcare support

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

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

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

This is what people staying in this care home experience:

Judgement:

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

- People living in the home do not always have their health care needs met due to missing appointments at external clinics. People receive personal support in the way that they prefer.

- Medication procedures are safe, although we found some conflicting information about how medication was administered to one person living in the home.

Evidence:

- The manager told us in the homes Annual Quality Assurance Assessment (AQAA) that the home supports the service users with personal care if needed based on assessed needs and that medication is administered by suitably trained staff and are administered in the service user’s preferred method with new support/care plans in place. They also told us in an action plan that the requirement made at the last inspection for the controlled storage cupboard to comply with the royal pharmaceutical guidelines had been met and the cupboard installed.

- We received surveys from three health professionals two of them said that the service usually sought advice and acted on it to meet peoples social and health care needs and improve their wellbeing, and one said they sometimes did.

- Some people living in the home do not have a choice over what time they get up and go.
Evidence:

to bed and this is addressed in outcome 7 of this report.

When we asked what the home could do better one member of staff said, "Passing information sometimes could be better".

We saw an example of this in one person's care plan. A reviewing officer had recommended that a referral be made for this person to receive specialist aids. There was clear evidence that the referral had been made to the correct external health professional and an appointment set up to assess this need. However the person had missed several appointments at the clinic and a year on had still not received the specialist equipment. There was no reason for the appointments being missed recorded in the person's care plan and it was difficult to audit the appointments due to staff recording information in different places in the care plan. The person's key worker provided evidence that a further appointment was scheduled for the day after the inspection and assured us that the person living in the home would attend.

The care plans of both people we chose to case track contained evidence that they had been referred to external dietitians and that specialist diets were being maintained. They also showed evidence of other external specialists being involved in the health care of the individual.

We observed staff treating people with respect and maintaining their dignity on the day of the inspection and health professionals told us that staff respected people privacy and dignity.

When we asked relatives what the service did well one relative said, "They keep me up to date with my relative's care plan and hospital visits".

We looked at the medicine storage and administration procedures in the home and we found these to be safe. However one person that we case tracked had conflicting information in their care plan with regard to how their medication was to be administered. This is addressed in outcome 2.
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:

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are no additional outcomes.</td>
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</table>

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 living in the home are safeguarded from abuse and people know how to make a complaint.

Evidence:

The manager told us in the homes Annual Quality Assurance Assessment (AQAA) that staff have had or are booked on safeguarding training and that there is a complaints procedure is on display with the home being able to evidence investigation of complaints.

The Commission has not received any complaints about the service since the last inspection. The manager told us on the day of the inspection that the service has received one complaint recently and that this was being dealt with by the service manager. We spoke with the service manager about this and the complaint is being dealt with under the homes whistle blowing procedures.

We received surveys back from people living in the home and they told us that they knew who to speak to if they had any concerns and staff told us that they knew what to do if someone raised a concern with them. Relatives told us that they knew how to raise concerns and that if they had raised a concern it had been responded to appropriately.

The complaints procedure is up to date and displayed in an easy read format in the main entrance to the home.

The home has the current local safeguarding adults procedures in place and we saw
Evidence:
evidence in staff files that they are trained in safeguarding procedures. We also spoke with staff and they verbally demonstrated that they have a good understanding of safeguarding vulnerable adults procedures.
Environment

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

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

This is what people staying in this care home experience:

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service. The home is hygienic and provides a safe environment, giving people a pleasant place to live.

Evidence:

The manager told us in the homes Annual Quality Assurance Assessment (AQAA) that both bungalows are maintained by staff in a clean and safe manner and that they are also decorated and furnished to a high standard.

Two people living in the home completed a survey and they said that the home was always clean and fresh.

One health professional told us, "Individual bedrooms are decorated according to what the resident wants".

We looked around both bungalows and the areas that we viewed were clean, well maintained and furnished to a high standard.

Individual bedrooms were very personalised and one member of staff told us how they had worked with a person living in the home and their relative to recently upgrade this persons bedroom and that there had been new flooring and wardrobes fitted once the room was decorated to the persons preferences.
Evidence:

The bungalows have patio doors leading out to a secure, pleasant garden and staff told us that the gardens were well used by people living in the home, especially when the weather was warm.

The manager is currently obtaining advice and quotes for the home to have new chairs that are more appropriate to the current needs of the people living in the home.

Staff are trained in infection control procedures and we saw them observing these procedures on the day of the inspection.
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:

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>People are supported by an effective staff team who understand and do what is expected of them.</td>
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</tbody>
</table>

This is what people staying in this care home experience:

Judgement:

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

The home operates a safe staff recruitment process and staff are trained effectively in supporting people living there. Staffing levels may impact on service delivery.

Evidence:

The manager told us in the homes Annual Quality Assurance Assessment (AQAA) that service users are supported by a competent and qualified staff team who undertake training to support individual requirements. They also told us that staffing levels are maintained at appropriate levels with extra support for appointments and planned activities.

Staff told us in surveys that they were being given training that is relevant to their role, helps them to understand the needs of people they care for and keeps them up to date with new ways of working. They all said that the induction covered everything they needed to know about the job when they started. We spoke with staff and they told us that they were given training that helped them to meet the needs of people living in the home and we looked at the files of three members of staff and they contained evidence that staff are being trained in aspects of health and safety and health care.

Staff told us that the home carried out the required safety checks on them before they commenced working in the home and the staff files we viewed confirmed this.
Evidence:

Relatives of people living in the home told us that they felt that staff had the right skills and experience to meet the needs of the people they were caring for.

When we asked staff what the home did well one member of staff said, "Good team spirit with staff working well together". Another member of staff said, "Received adequate training to carry out the role with regular meetings and supervisions". When we asked what the home could do better one member of staff said, "Passing information sometimes could be better".

When we asked relatives what the service did well they said, "Personal caring, like family members", "staff are always obliging and they have always done a good job", "I would like to say that the carers at Southwell Road are very dedicated to their work and service users are looked after very well", "The staff are like friends to you over the years and nothing is ever too much trouble".

People living in the home told us in surveys that the staff always treated them well and always listened and acted on what they said.

Observations supported that the staff members had a good knowledge of peoples support needs although it was observed that staff were very busy during the inspection with them supporting people as well as do cleaning duties and cooking duties.

On the day of the inspection the manager told us that a member of staff had called in sick and a replacement member of staff could not be found and so the bungalows were one support worker down. We observed that the manager tried to assist the support workers during the inspection but also had appointments that kept her in the office at times. The lunch menu was changed 10 minutes before lunch was due to be served and when we asked a member of staff for the reason they told us that they had changed the main meal to the evening as there were more staff on duty to accomodate this and a lighter meal was going to be given for lunch.

The last two inspections carried out at the home have identified concerns about the staffing levels and there was no evidence to indicate that an assessment of peoples dependencies had been completed to determine if the staffing levels were in accordance with these. The staffing levels continue to be the same as they were at the last two inspections, with two members of staff working in each bungalow and one member of night staff. We were told at the last inspection that a review of the staffing levels was to be undertaken in the near future. We spoke with the manager about this and she told us that the home had asked for another member of staff to be provided to float between the two bungalows at night but that this had been refused by the provider.

Staff continue to raise concerns about people living in the home who have to go to bed before 9pm which is when the night staff arrive on duty as two people are required to use the equipment in place. We were told that the home is looking at the possibility of
Evidence:

changing shifts so that one member of staff works until 10pm. This would not alter the position of service users not having the choice of when they get into and out of bed. We have passed these concerns on to the reviewing officers of the people who's choice may be affected due to staffing levels.
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:

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

This is what people staying in this care home experience:

Judgement:

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

The health and safety of people involved in the home is maintained and there are systems in place so that people can express their views on the way the home is run.

There are some gaps in the way care planning and healthcare is managed.

Evidence:

The manager told us in the homes Annual Quality Assurance Assessment (AAA) that they believe that service users benefit from a well run home. They also told us that the health, safety & welfare of service users are their utmost thought with risk assessments carried out on activities and transfers so that service users can enjoy a safe and fulfilling life and enjoy new experiences.

All sections of the AQAA were completed and the information gives a reasonable picture of the current situation within the service, although there are some inconsistencies of information given and what we found on the day of the inspection. The manager told us in the AQAA that the the home had re-formatted support plans to make them easier to understand, follow and to record information in. However we found that care plans were not easy to follow and record information in and staff told us that they found them confusing to read and to record information in. The manager also told us in the AQAA
Evidence:

that the home was good at recording information about healthcare appointments but as seen in outcome 4 of this report that was not the case for the person we case tracked.

The manager has recently completed a recognised qualification in care management and told us that she attends training sessions to keep up to date with changing legislation.

Feedback from surveys received indicated that although the staff team were able to regularly able to meet with the manager to discuss how they were working, they did not feel valued in their role and that morale was low.

We saw records of regular visits from the service manager and the records showed that people using the service and staff working there were spoken with at these visits. There are also regular family meetings and meetings for people living in the home and records were seen from these meetings. A newsletter is produced each month detailing what has taken place in the home and what plans there are for the following month and the manager told us that these are sent to all relatives of people living in the home.

We saw evidence that equipment in the home is regularly maintained and that staff are trained in areas of health and safety, including safe moving and handling procedures.

The manager told us that the home insists on each service user who requires any lifting equipment to have their own equipment so that they can take it away on trips and holidays and the home will still have adequate equipment in place.

The home has an evacuation plan in place in case of a fire in either bungalow but this plan involves one bungalow being unattended by a member of staff if the fire happened during the night as the plan asks for both members of staff to evacuate the affected bungalow.

One relative told us, "I could not wish for a better home for my relative" Another said, "I really can't fault the service, they do an excellent job and I can't see anywhere that they could improve".

One health professional told us, "The change in management over the last two years has made the home more open to new ideas and things have become transparent".
Are there any outstanding requirements from the last inspection?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>No</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
</table>
### 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Standard</th>
<th>Regulation</th>
<th>Description</th>
<th>Timescale for action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

### 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Standard</th>
<th>Regulation</th>
<th>Description</th>
<th>Timescale for action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>15</td>
<td>Care plans must contain consistent information about peoples health care. To ensure people are safe and health care needs are met.</td>
<td>25/01/2010</td>
</tr>
<tr>
<td>2</td>
<td>19</td>
<td>13</td>
<td>The registered person must ensure that people living in the home are supported to attend external appointments and if an appointment is missed then the reason why must be recorded in their care plan. This will ensure people receive the appropriate health care.</td>
<td>25/01/2010</td>
</tr>
</tbody>
</table>
**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.

<table>
<thead>
<tr>
<th>No</th>
<th>Refer to Standard</th>
<th>Good Practice Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>It is recommended that care plans include reference to the Mental Capacity Act and the Deprivation of Liberty safeguards and the effects it has upon the service users lives.</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>Care plans should be simplified with regards to the running records and where important information is recorded.</td>
</tr>
</tbody>
</table>
Helpline:

**Telephone:** 03000 616161 or
**Email:** enquiries@cqc.org.uk
**Web:** www.cqc.org.uk

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