

## Key inspection report

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

<b>Name:</b>	The Heathers
<b>Address:</b>	1 St Pauls Road Manningham Bradford West Yorkshire BD8 7LU

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

<b>Lead inspector:</b>	<b>Date:</b>
Stephen Marsh	0 8 1 2 2 0 0 9

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

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

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

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

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

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

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

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

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

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

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

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

Judgement:

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

Evidence:

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

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

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

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- 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:	The Heathers
Address:	1 St Pauls Road Manningham Bradford West Yorkshire BD8 7LU
Telephone number:	01274541040
Fax number:	P/F01274541040
Email address:	
Provider web address:	

Name of registered provider(s):	Yorkshire Regency Health Care Ltd
Type of registration:	care home
Number of places registered:	29

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
past or present alcohol dependence	29	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 29		
The registered person may provide the following category of service only: Care Home only - Code PC To service users of the following gender: Either Whose primary care needs on admission to the Home are within the following category: Past or present alcohol dependence - Code A		

Date of last inspection	1	1	1	2	2	0	0	8
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Brief description of the care home
The Heathers Residential Care Home is privately owned by Yorkshire Regency Health Care Limited, which also owns other care homes in the area.
The home is a detached adapted property located close to Bradford City centre and within walking distances of Lister Park, local shops and other amenities. It is on a main bus route and there is a car park to the front of the property.
Bedrooms accommodation is provided on the ground, first and second floors of the building. A passenger lift provides access to all floors to assist people with mobility

## Brief description of the care home

problems.

In 2008 the home changed the category of people it is registered to care for and now only provides care and support to people who have past or present alcohol dependency.

The fees for the service currently range from 441:00 pounds and 595:00 pounds per week depending on need.

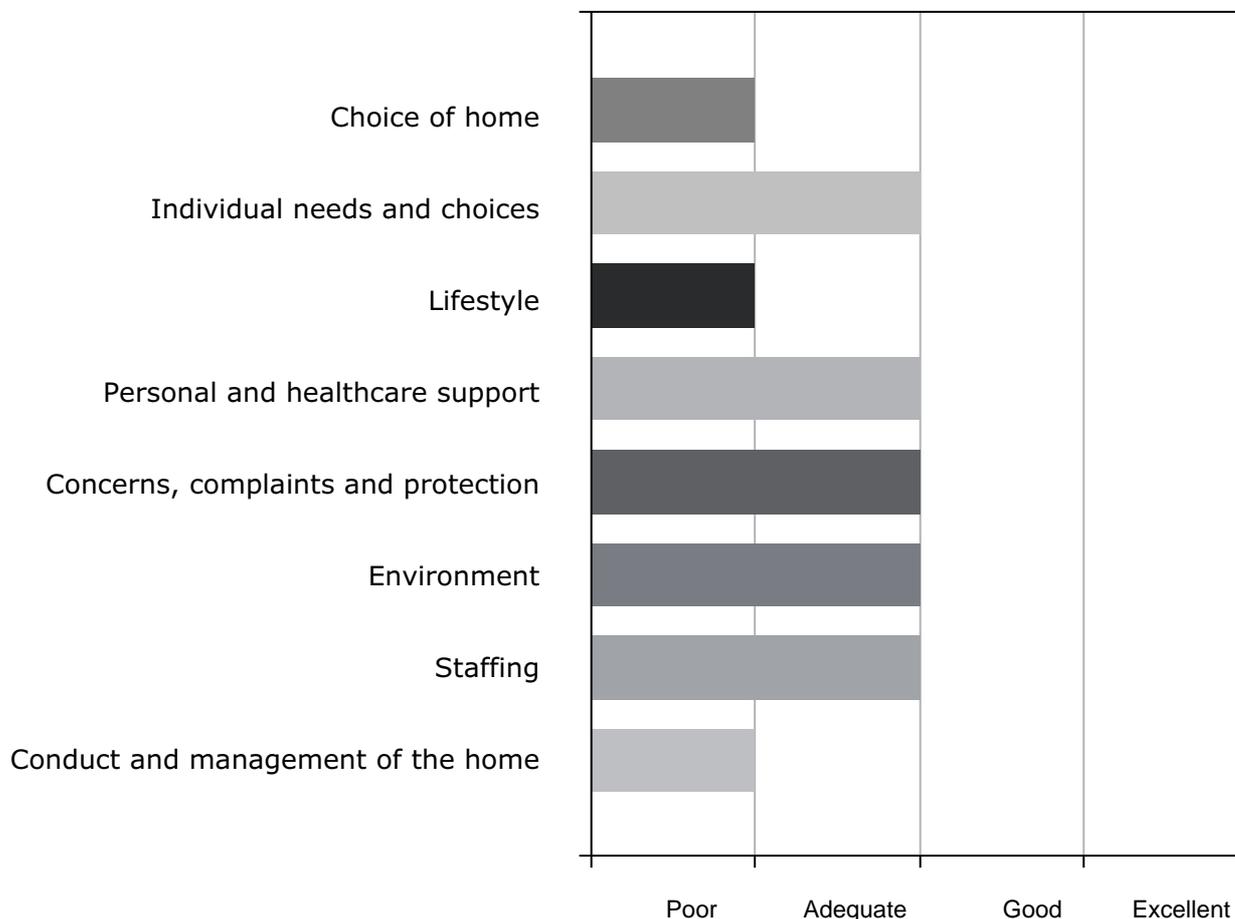
## Summary

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

The quality rating for this care home is:

zero star poor service

### Our judgement for each outcome:



### How we did our inspection:

The last inspection of this service was the 23 September 2008. Since then we have improved our practice when making requirements to improve national consistency. Some requirements from previous inspections may have been deleted or carried forward as recommendations, but only when it is considered that people that use the service are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

The inspection process included looking at information we have received about the service since the last key inspection, as well as this unannounced visit to the home, which was carried out by two inspectors between 10:00 and 18:00 hrs.

The methods we used during this inspection included looking at records, observing staff at work, talking to people living at the home and visitors, talking to the manager and staff and looking around the property. Before the visit we had provided some

people living at the home, staff and other health care professionals with survey questionnaires so that they could share their views of the service with us. We received nine questionnaires back from people living at the home and six from staff. No questionnaires were returned by health care professionals. The information provided by people living at the home and staff has been used as evidence in the body of the report.

The home had also completed and returned their Annual Quality Assurance Assessment (AQAA) form and the information provided has also been used as evidence in the body of the report. The AQAA is a self assessment form that focuses on how well outcomes are being met for people using the service. It also gives us some numerical information about the service.

The purpose of the visit was to assess what progress the home had made in meeting the requirements made in the last inspection report and the impact of any changes in the quality of life experienced by people living at the home. To help us with this we were accompanied by an "expert by experience" from the organisation Addiction Dependency Solutions (ADS). An "expert by experience" is a person who, because of their shared experience of using services, is able to help us get a better picture of the service. During the visit the "expert by experience" looked around the home and spoke to some of the people living and working there. The information she provided has been incorporated into this report.

Feedback was given to the manager, area manager and provider at the end of the visit.

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

The staff are approachable, have a caring attitude and try hard to create a homely atmosphere. Comments from people living at the home included the following "I like living at The Heathers the staff are friendly and approachable" and "I have lived in other places and not settled but I like living at The Heathers."

People were very complimentary about the standard of meals served at the home. Comments included "meals are always well cooked" and "there is always a good choice at main mealtimes."

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

A new manager was appointed about one year ago although he has still to complete the registration process.

Internally some improvements have been made to the environment although further work is required to make sure the home provides people with a safe, pleasant and comfortable place to live.

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

The service user guide should be amended to clearly show the main aims and objectives of the home and the level of care and support they can expect to receive. This will help people to decide if the home can meet their needs.

The admission procedure must be more thorough so that people can be confident that once admitted to the home the staff have the skills and experience necessary to meet their needs.

At the last inspection we told the home that the care plans must be improved to make sure that people get the right support and care. This has not been done and therefore there is a risk that people's needs could be overlooked.

More should be done to provide people with the opportunity to participate in appropriate social and leisure activities both within the home and the wider community.

Clearer lines of communication and accountability both within the home and external management need to be established so that the home is managed effectively and in the best interest of people living there.

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

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

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

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

Judgement:

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

The home is admitting people on an emergency basis without receiving thorough pre-admission assessment information and therefore they have no way of knowing if staff have the skills and experience to meet their needs.

Evidence:

The home has published a service user guide which is made available to all people considering moving into The Heathers on either a temporary or permanent basis. The guide provides people with good information about some aspects of the service but the main purpose of the home is not made clear.

At the last inspection we were informed that the main aim of the home was to provide short term to medium term support to people with past or present alcohol dependency with a view to them being integrated back in to the community. Information provided by the manager in the self-assessment form completed for this inspection also states; 'We plan to to continue to develop our home to try and incorporate a more diverse programme that will suit our client group, this will enable them to take the opportunity to follow a rehabilitation programme within the home. We would also like to move

## Evidence:

towards independent living within the home, followed by independent living outside the home.' However, during the visit we were informed by the area manager that the main aim of the home was now to provide people with longterm care and although the home would monitor people's alcohol intake and encourage them to remain independence, the staff did not have the skills or experience to provide a programme of rehabilitation. This change in focus must therefore be made clear in the service user guide so that people are fully aware of the extent of the services provided.

The manager confirmed that the home always tries to plan admissions and pre-admission assessments are made to see people in their own home or temporary place of residence. People are also invited to visit the home before admission to see at first hand the facilities provided, meet the staff and other people living there and stay for a meal if they wish to do so. People are also able to move in to The Heathers for a trial period if they are still undecided if the home can meet their needs.

The assessment information we looked at for planned admissions was generally good and showed that people are supported through the admission process and care is taken to make sure they settle into their new environment.

However, the home also takes emergency admissions and in these instances it is reliant on the referring agency to provide them with the initial assessment information. We looked at the records relating to two people recently admitted on an emergency basis and found that in one instance the assessment information received was poorly completed and therefore the home was not in a position to decide if staff could meet the persons needs. In the second instance the only assessment information found was over eighteen months old had been completed when the person had been previously admitted to the home on an emergency basis. There was no information about why this person had been re-admitted to the home other than the fact that the area manager said that because of their behavioural problems The Heathers was the only home that could meet their needs.

Admitting people without an up to date assessment of needs is unsafe practice, which might mean that they do not receive the level care and support they need or might put other people living at the home and staff at risk.

## 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.

Care records do not always provide accurate and up to date information, which means that some people might not receive the level of support and care they require to meet their health, personal and social care needs.

Evidence:

Care plans are in place for all people living at the home and are initially generated from the information provided by the Social Service Care Management Team or the assessment of needs completed by the manager. The manager confirmed that wherever possible care plans are drawn up with the involvement of the person using the service and/or their relatives and form the basis for the care to be provided.

We looked at four care plans and found that although they were generally completed to a satisfactory standard further work is required before they provide staff with accurate and clear guidance on how to meet people's needs. For example in one instance the care plan for a person known to self harm simply stated that if they expressed a desire to self harm or expressed feelings of being depressed staff had to

## Evidence:

reassure them and report the matter to the manager or their GP. There was no guidance to staff on how they should manage their behaviour in the absence of the manager or medical assistance or what might trigger this type of behaviour. There was no clinical diagnosis recorded for this person and no evidence that they suffered from past or present alcohol dependency, the primary reason why people should be admitted to the home.

In another instance the care plan for a person recently admitted to the home with health problems related to alcohol dependency showed that they had agreed to do their own washing and to cook some light meals with staff supervision. However, there was nothing in the daily notes to indicate that they were being encouraged to do this. On discussing the matter with the manager we were told that the person would eventually like to do this but at the present time they were not physically well enough to do so. The manager was reminded that the care plan is a working document and must give clear guidance to staff on how to meet people's present care and support needs.

Behavioural charts and risk assessments are in place where areas of potential risk relating to people's behaviour has been identified and people continuing to drink alcohol while living at the home are put on a monitored drinking regime. As part of this process an agreement about the amount they are allowed to drink on a daily basis is put in place. However, through talking to people it was clearly evident that they were not being made aware of the consequences of breaking the agreements and therefore in some instances were not adhering to them. For example one person was found with a banned substance in their room and interviewed by the Police. However, there was nothing to indicate that the home had taken any action about the fact that they had not adhered to policies in place in relation to drug abuse.

Surveys returned by four staff shows that because no action is taken against people who constantly break their agreements about how much they are allowed to drink, there are at times problems with people consuming too much alcohol and becoming argumentative and aggressive. Comments included "understandably people are unhappy at times as they might want more alcohol than is agreed or they come home totally drunk, this causes severe distress as they can get very aggressive and loud. Many staff are unable to cope in such cases as they are not trained enough to do so."

This matter was discussed with the manager who confirmed that the home is currently working with Piccadilly Project, an organisation providing support to people with alcohol dependency problems and they were providing training on a new care planning format, which will include information on goals and consequences. Once implemented

Evidence:

this will hopefully address this matter and make sure that people are made fully aware that there are consequences to their actions and that they will be enforced.

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

The home needs to provide more opportunities for people to participate in a wider range of appropriate educational, social and leisure activities both within the home and the wider community.

Evidence:

The manager confirmed that people are encouraged to make choices and decisions about how they spend their time whilst living at the home and wherever possible they are supported by staff to follow their own daily routines.

However, the expert by experience found that during the time she was at the home it seemed very chaotic and completely unstructured with residents wandering around the building with nothing to do or in their rooms asleep. Staff members were around but it didn't seem like they were doing anything organised or structured with people.

## Evidence:

The home employs a part time activities co-ordinator who is responsible for providing people with the opportunity to join in a range of social and leisure activities. Although we could find no individual social care plans for people, the activities co-ordinator does keep a record of the activities and outings organised for them. Records show that organised activities include such things as games nights, shopping trips, and walks in the park. One person also told us that he had enrolled on a computer course at the local college and had been supported by staff to do so. People are also encouraged to keep in close contact with their family and friends and visitors are welcome at any reasonable time.

Generally the home's approach to providing social care is not individualised or person centred, which means people might not be able to pursue interest and hobbies they had followed before admission. Feedback from people living at the home confirms that they feel that more could be done to provide them with a more stimulating environment and to help them consider other options rather than sitting in their rooms worrying about their problems. One person told the expert by experience that they had lived at the home for over two years and never joined in any activities during this time. They also stressed to her just how bored and lonely they felt at times and how they isolated them self in their room as they felt uncomfortable sitting in the lounge area as other people sat in there drinking cider. Another person told her that the only thing they had been offered was an outing to Leeds to see the Christmas lights being switched on but they had declined the offer and stayed in bed drinking instead.

Feedback from staff also clearly shows that they feel that more could be done to improve people's quality of life and help them integrate more in the local community. Comments include "more thought should be given to providing people with alternatives to drinking in their rooms, a lot of the behavioural problems we see are caused by people being bored with nothing to look forward to - they need to get out more and start to rebuild their lives" and "many times days and weeks go by without people having the opportunity to to go out or participate in activities, they stay in their room all day living for the moment their cigarettes and drink arrive from the shop. It would be lovely if The Heathers could provide them with more opportunities to fulfill their potential."

On discussing this matter with the manager he acknowledged that the home has still some way to go before people's social and leisure needs are fully met. However, he also said that in reality while some people say they want a more varied and active social life when they are offered the opportunity to take part in different leisure activities either on an individual or group basis they often refuse to do so. In an attempt to involve people in planning future events the manager is encouraging them

Evidence:

to make suggestions about the type of things they would like to do and so far two people have done so. Information in the self-assessment form also shows that the manager is currently liaising with local educational services in an attempt to provide people with access to appropriate educational opportunities.

Meals at the home were described by people as very good and they confirmed that there was a good choice at mealtimes and they had access to one area of the main kitchen where they could make hot drinks for themselves and visitors during the day.

Following a kitchen inspection by the Environmental Health Department the home was awarded a three star rating for food safety and hygiene out of a possible five.

## 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's health and personal care needs are generally met in a way that respects their right to privacy and dignity although this is not always reflected in the records and reports completed.

#### Evidence:

The manager confirmed that the daily routines of the home are flexible and based around the needs of the people living at the home. People spoken with said that they could generally plan their own day and restrictions were not placed on them unless they formed part of their agreed care and support plan.

All people living at the home are registered with a general practitioner and are supported in having access to the full range of NHS services. The input of other health care professionals is clearly recorded in the documentation available, which shows that staff are seeking advice if they have any concerns about an individual's health care.

People confirmed that they were generally happy with the health care and support they received. Comments included "If I am poorly the doctor is called for straight away" and "all the staff are friendly, approachable and try their best to make sure we

Evidence:

are well cared for."

However, we had concerned that the home had not notified us that a person had been recently admitted with grade 3/4 pressure sores, which were being treated by the district nursing service in conjunction with the tissue viability nurse. The manager was reminded that he must notify us immediately if someone is admitted to the home or develops a pressure sore at grade 3 or above while living at the home.

We also had concerns that the care plans we looked at for three people clearly showed that they were taking a poor diet and their weight was to be monitored on a regular basis. In all three instances no nutritional risk assessment was in place and the weight charts had not been completed as required. For example for one person the care plan showed that they should be weighed on a weekly basis. However, there was no record of the person being weighed between March 2009 and September 2009. This is unsafe practice which might compromise people's health and well-being.

Through discussion with staff it was clear that they generally have a good knowledge and understanding of people's needs and encouraged them to take control of their own health care if possible. Questionnaires returned by two staff did however raised concerns about the lack of appropriate moving and handling equipment, which puts both staff and people using the service of risk of injury. Comments included "we have asked the manager to get the equipment we need but it never arrives" and "we only have one mobile hoist and it will not fit through all doorways - its a real problem." This matter was discussed with the manager who confirmed that he would review the equipment in place and make sure it is appropriate to people's needs.

We reviewed the medication system in place and found that medicines are managed safely. Policies and procedures are in place relating to the receipt, safe storage, administration and disposal of medication and all staff receive appropriate training. Some staff have attended a training course on diabetes and the district nursing service have provided training on how to administer insulin, which is updated on an annual basis. This means that people can be confident that their medication is being given as prescribed.

## Concerns, complaints and protection

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

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

There are no additional outcomes.

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

Judgement:

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

There are suitable systems in place to make sure that complaints are dealt with appropriately and people are protected from any form of abuse. However, safeguarding procedures are not always being followed, which might put people living at the home at risk.

Evidence:

There is a complaints procedure in place and feedback from people living at the home shows that they would have no problem in approaching the manager or senior member of staff if they had concerns about the standard of care and support they receive. Information provided in the self-assessment form shows that the home has received two complaints in the last year both of which have been dealt with within the agreed timescales.

Adult protection policies and procedures are in place and information provided by the manager shows that the majority of staff have attended a training course on the recognition and reporting of abuse. However, we had concerns that the policy on the involvement on the Police following an alleged assault is not clear as it appears that it is left to the victim to decide if they should be contacted them or not. This matter was discussed with the manager and he was advised that that the Police should always be contacted following an alleged assault or any act of criminal activity as the victim still has the option of not pressing charges if they wish to do so.

**Evidence:**

Information provided in the self-assessment form shows that four referrals have been made to the Bradford Social Services Safeguarding Team in the last year and the manager confirmed that the home is pro-active in seeking advice from other professional agencies to make sure that people are protected from any form of abuse.

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

The ongoing programme of refurbishment must be continued to make sure that standards are improved and people are able to live in a safe, pleasant and comfortable environment.

Evidence:

Some areas of the home are still in need of upgrading and there is an ongoing programme of refurbishment and renewal in place.

All the communal areas including lounges and the dining room are situated on the ground floor of the home close to toilet facilities. Since the last inspection a new conservatory has been built adjoining the dining room and the whole area now looks bright and airy. The building of the new conservatory has also improved access to the rear of the property as before it was built staff and people living at the home had to go through the main kitchen to access this area.

Bedrooms are located on three floors of the home and consist of fifteen single and seven double rooms, the majority have some en-suite facilities. On admission people are encouraged to bring personal possessions into the home to personalise their room and it was evident during the tour of the building that many people had done so. The standard of decor and furnishings in the bedrooms we looked at varied but generally it

## Evidence:

was found to satisfactory although some rooms would benefit from decoration and old tired furniture replacing. People spoken with said that they were happy with the accommodation and pleased they had been able to furnish their rooms with personal possessions. We did however notice a strong smell of cigarette smoke in a number of rooms and the area manager confirmed that although people living at the home are made aware of the rules on smoking they continued to smoke in their rooms instead of using the smoke room on the ground floor. The home must continue to monitor this situation and make sure that people's health and safety is not compromised.

The providers are in the process of creating two independent living flats on the top floor of the home, which will be used to assess and improve people's daily living skills. An automatic washing machine also has been installed in a room on the first floor so that people can wash their own personal clothing if they if they want.

Bathroom and toilet facilities are located throughout the home and following consultation with people living there the providers are looking at ways of installing a shower/wet room on the first floor of the building.

Externally the grounds are well maintained although the area to the rear of the property could be improved to make it a more attractive and pleasant place for people to sit out during the summer months.

## Staffing

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

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

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

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

Judgement:

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

Staff recruitment policies and procedures are generally thorough although there are not always sufficient staff on duty to meet people's personal and social care needs.

More emphasis needs to be put on staff training and development so that people can be confident that their care and support is being provided by a skilled and experienced staff team.

Evidence:

The home has a thorough staff recruitment and selection procedure, which includes obtaining at least two written references and a Criminal Record Bureau (CRB) before new staff start work unsupervised. Survey questionnaires returned by staff show that they feel the recruitment procedure was thorough and carried out fairly.

We looked at the recruitment files for two recently employed staff and found that the recruitment process had generally been thorough although there was a lack of interview notes. The manager was also informed that it is good practice to carry out a risk assessment if a person makes a serious declaration at interview, which might affect their suitability to work with vulnerable people.

The staff rota showed that sufficient staff are employed on day and night duty to meet

## Evidence:

people's needs. However, questionnaires returned by four staff indicates that this is not always the case and at times the home is short staffed or staff are expected to work long hours to provide cover for sickness and leave. Comments include "it is normal for staff to have to work ten days before a day off and some are double shifts, which can be thirteen hours long." This matter was discussed with the manager who said that the home had experienced some staffing problems but these had now been resolved and staff would now only be working their contracted hours with the option of working overtime if the need arises.

All new staff receive induction training in line with the Skills for Care Common Induction Standards. These are nationally agreed induction standards designed to help new staff get the skills and knowledge they need to care for people. Following induction there is an expectation that staff will study for a National Vocational Qualification (NVQ). Information provided in the self-assessment form completed by the manager shows that currently seven staff out of a permanent staff team of seventeen have achieved a NVQ at level two or above depending on the post they hold.

The manager provided us with a staff training matrix and a training and development plan for 2010. The training matrix showed that there is still gaps in the training needs of individual staff and the staff team as a whole and while a lot of training had been completed by staff from September 2009 onward but very little was recorded for the early part of the year. The training and development plan for 2010 does however show a commitment to staff training and to making sure that staff have the skills and experience to meet the complex needs of people living at the home. Feedback from staff varied and while some were generally happy with the level and standard of training provided others felt that due to staffing problems there had been fewer opportunities to attend training courses in the last year.

The manager confirmed that all staff receive formal one-to-one supervision on a regular basis however on the day of the visit we were unable to evidence this as the manager did not have access to the supervision records. We will therefore look at staff supervision and appraisal records at the next inspection.

## Conduct and management of the home

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

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

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

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

Judgement:

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

There are no clear lines of communication or accountability either within the home or with external management, which means that the home is not being managed effectively and in the best interest of people living there.

Evidence:

A new manager was appointed about one year ago although he has still to complete the registration process. The manager is a qualified nurse, has a positive attitude to the inspection process and during the course of the inspection showed a willingness to work with us to maintain and improve standards at the home.

The manager confirmed that staff meetings are held on a regular basis throughout the year to keep staff informed of any changes in policies and procedures and are also used as a forum for discussion.

However, questionnaires returned by four of the six staff that completed them clearly indicate that the manager does not give them enough support or meets with them to discuss how they they are working. As the minutes of staff meetings are not always

## Evidence:

being recorded it was difficult for us to assess the frequency of meetings or the topics discussed. The minutes of the last recorded staff meeting were dated February 2009. We therefore recommended to the manager that in future records are kept of all staff meetings and minutes are circulated to staff that were unable to attend..

Concerns were also raised by staff about the lack of "people skills" shown by the senior management team. Comments include "management show no respect for staff and never listen to anything we have to say" and "there is a total lack of communication within the home, we are told nothing but expected to do everything."

There are some recognised quality assurance monitoring systems in place although they need to be developed further so that concerns highlighted in the body of the report are identified sooner and not brought to the attention of the provider through the inspection process. The management team must be clear about the aims and objectives of the home and make sure this is communicated to people using the service and staff. Without clear objectives it is difficult to see how any quality monitoring system can be effective.

As part of the quality assurance process survey questionnaires are sent out to people living at the home, their relatives and other healthcare professionals on an annual basis to enable them to express their views of the service. We have asked the manager to forward us the results of the next survey so that we can be sure that any concerns raised by people are dealt with appropriately.

Information provided in the self-assessment form completed by the manager shows that policies and procedures are in place to make sure staff follow safe working practices and all equipment is serviced in line with manufacturers guidelines. People can therefore be sure that their health and safety is not being compromised.

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
1	6	15	Care plans must give clear guidance to staff on how people's needs are to be met.  So that they receive the level of care and support they require.	27/02/2009

## 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	2	14	<p>A thorough pre-admission assessment must be carried out before people are admitted to the home.</p> <p>This will make sure staff have the skills, experience and training to meet their needs.</p>	31/01/2010
2	6	15	<p>Care plans and supporting documentation must give clear guidance to staff on how to meet people's needs.</p> <p>This will make sure that people receive the care and support they require and enable staff to use the the care plans as working documents.</p>	28/02/2010
3	39	24	<p>Effective quality assurance monitoring systems must be put in place.</p> <p>So that shortfalls in the service are identified sooner and people can be confident</p>	28/02/2010

## 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
			that the home is run in their best interest.	

## 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 service user guide should be amended to clearly show the main aims and objectives of the home and the level of care and support they can expect to receive. This will help people to decide if the home can meet their needs.
2	12	More should be done to assist people to access educational and training opportunities and/or take part in valued and fulfilling activities.
3	14	More should be done to provide people with the opportunity to participate in appropriate social and leisure activities both within the home and the wider community.

## Helpline:

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