

## Key inspection report

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

<b>Name:</b>	Liberty House Care Homes
<b>Address:</b>	55 Copeley Hill Erdington Birmingham West Midlands B23 7PH

**The quality rating for this care home is:**

zero star poor 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.

<b>Lead inspector:</b>	<b>Date:</b>
Lisa Evitts	0 5 0 8 2 0 0 9

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

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

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

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

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

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

Judgement:

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

Evidence:

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

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

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

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
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Internet address	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>

## Information about the care home

Name of care home:	Liberty House Care Homes
Address:	55 Copeley Hill Erdington Birmingham West Midlands B23 7PH
Telephone number:	01213270671
Fax number:	F/P01213270671
Email address:	liberty55@btconnect.com
Provider web address:	

Name of registered provider(s):	Liberty House Care Homes Ltd
Type of registration:	care home
Number of places registered:	6

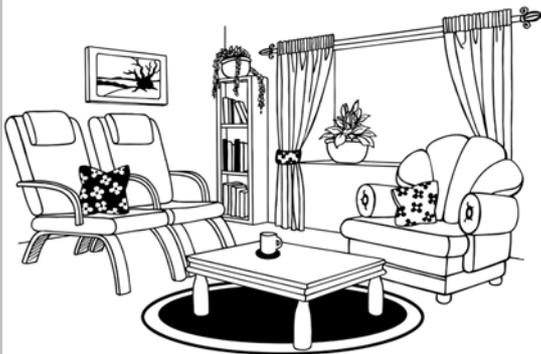
Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	6	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 6		
The registered person may provide the following category of service only: Care Home Only (Code PC); To service users of the following gender: Either; Whose primary care needs on admission to the home are within the following categories: Learning disability (LD) 6		

Date of last inspection	0	7	0	8	2	0	0	7

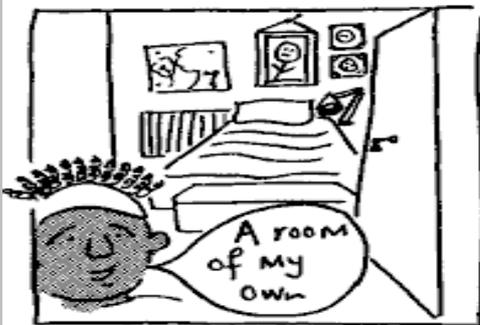


## A bit about the care home

Six people who have a learning disability can live at the home.



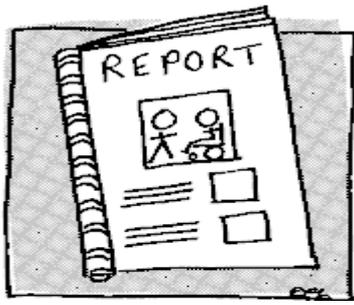
The home has a lounge, dining room, kitchen, laundry and bathroom.



Each person has their own bedroom.



There is a large garden at the back of the home.



Our reports are in the home for people to read if they want to.

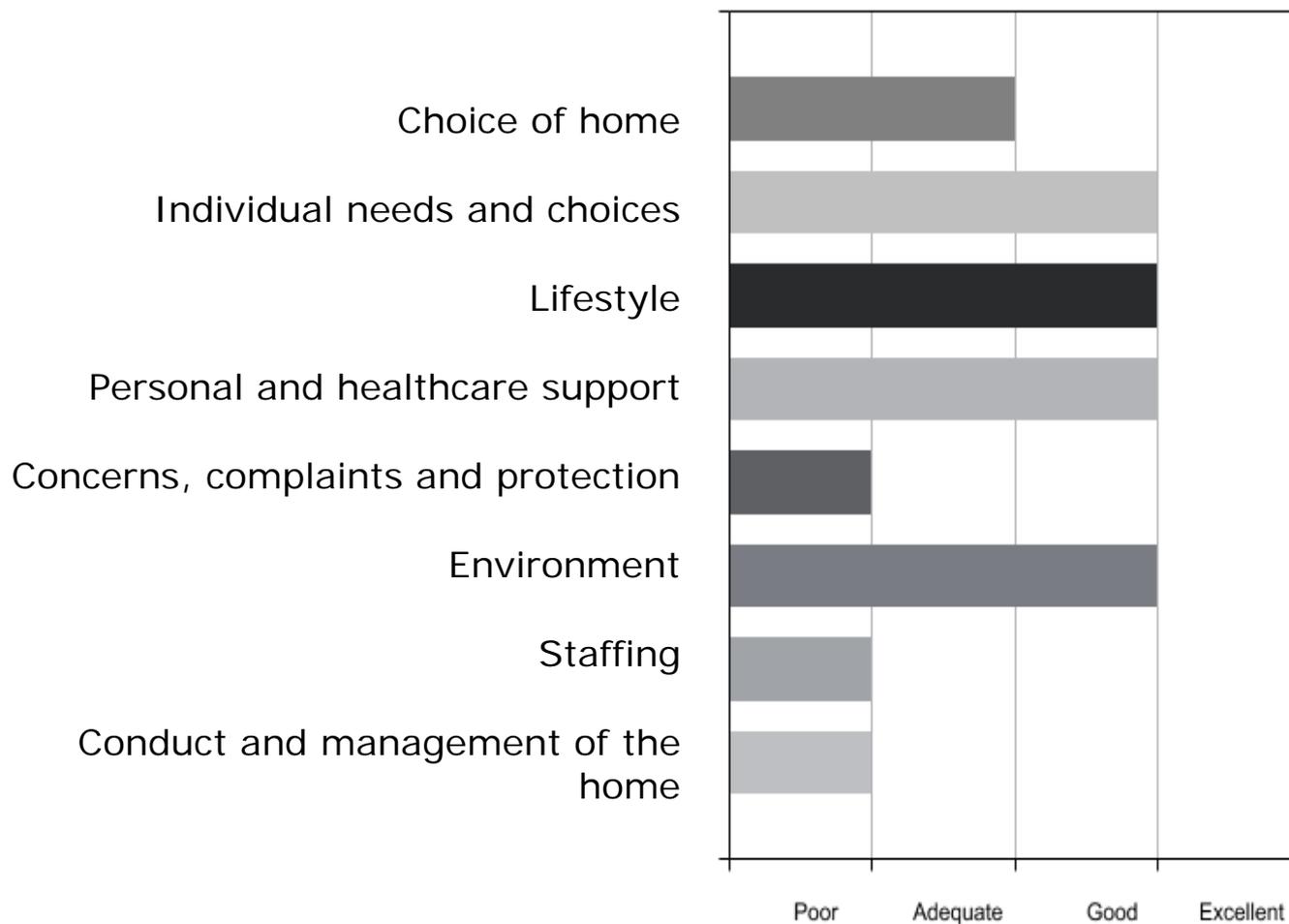
## Summary

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:



### **This is what the inspector did when they were at the care home**

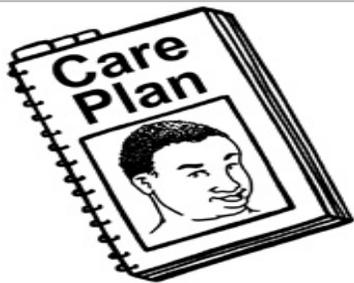
One inspector visited the home and did the inspection in one day. The home did not know we were going to visit.



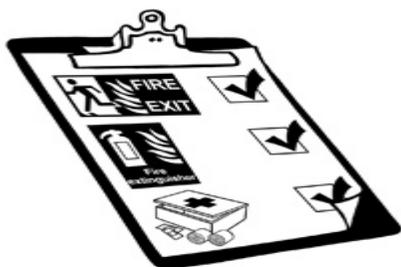
We sent out surveys, observed and spoke to people who live in the home.



We spoke to staff who work there and looked at how they help the people who live there.



We looked at two care plans of people who live there.



We looked at some paperwork the home has to keep. This included medication charts, menus, staff rotas and fire records.



We looked around the home and at records about staff and health and safety.



**What the care home does well**



The staff know the people who live there very well. One person told us "they make sure that people are well looked after".

The staff support people well and treat people with respect.



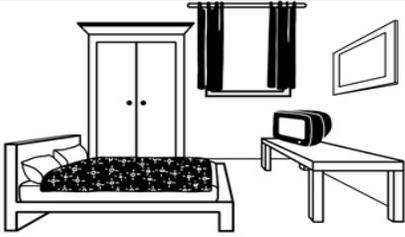
The people living there are asked what things they like and do not like.

People go out and do the things that they enjoy.

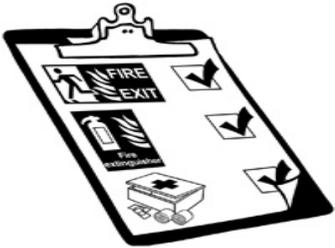


Each person has a care plan. This tells staff how to help the person.

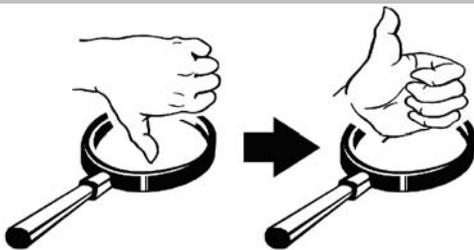




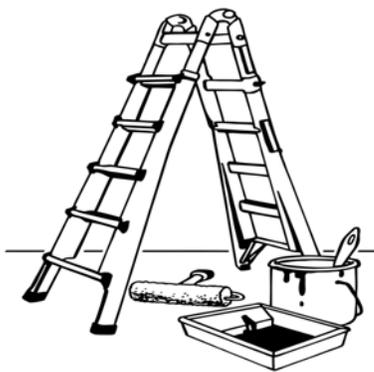
People have things they like in their bedrooms.



Staff do health and safety checks so the home is safe for the people who live there.



### **What has got better from the last inspection**



Parts of the home have been redecorated and had new carpets, so the home is comfortable to live in.



People are growing their own plants and flowers in the garden project.



People make decisions about what they want to do.



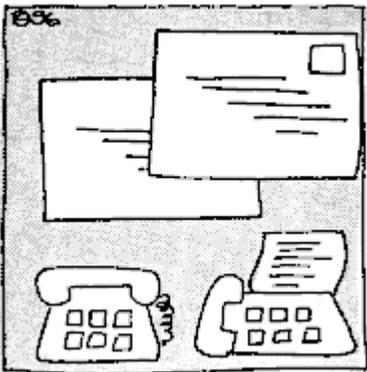
**What the care home could do better**



Medicines should be stored safely.



Staff should receive training so they know how to meet peoples needs and keep them safe.



Staff must be checked before they work at the home, so people are safe.



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

Lisa Evitts

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

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

## Details of our findings

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

People have information to enable them to make an informed decision about whether they would like to live at the home.

Evidence:

The statement of purpose and the service user guide was available in each person's bedroom. The documents contained most of the information people would need to know about the home and had been reviewed in February 2009 to ensure that the information was up to date. The Annual Quality assurance Assessment (AQAA) told us that the documents could be made available in alternative formats so that individual people would be able to understand the information. On the day of our visit staff told us that this was the only format available and they had not produced any pictorial formats. This should be considered so that people who have communication difficulties can access the information. Fee rates were not included in the documents and this information should be available so that people would know what they had to pay if they lived at the home.

The certificate of registration is displayed so that people can see this when visiting and a copy of the last inspection report is available for people to read if they want to.

Evidence:

People who live at the home have lived there since it opened about eleven years ago, therefore we could not assess the pre admission process. The AQAA told us that prior to moving in people would have a assessment completed and would be able to visit the home to see what it would be like to live 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 **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff have the information they need so they know how to support people safely to meet their needs and make choices about their day-to-day lives.

Evidence:

Each person had a written care plan. This is an individual plan about what support is required from staff so the person's needs can be met. We looked at two people's care files. These stated how staff are to support the person with their personal care including promoting their independence, leisure and social needs, sleep, eating and drinking and health needs. The plans also stated what people's likes and dislikes were. This meant that staff had all the information they needed to know how to support people. Records sampled and observations showed that staff followed the plans so that people were supported appropriately. The plans had recently been reviewed to ensure that they had current information about people's needs.

Staff were observed to talk to people and spend time with individuals. One person was shouting and staff were observed to go to them straight away and offer them a choice of crisps and tea in order to minimize their behaviour. It was clear that people in the home

Evidence:

had built up good relationships with the staff and that staff knew peoples needs. Only two of the people living at the home were able to communicate their needs verbally due to their learning disability. People were offered choices such as what activities they could do and were showed different foods so they could choose what they wanted.

People are supported to make their own decisions about their lives and individual records showed how people had made the decisions.

Records included risk assessments for individual needs. These detailed what staff needed to do to assist each person to be independent whilst keeping them safe.

## 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.

The people living there experience a meaningful lifestyle. They are offered a varied diet of their choice so ensuring their well being.

Evidence:

Sampling of records and observations show that people who live at the home have opportunities to participate in a wide variety of activities. On the day of our visit three people had gone out to a day centre, and one person had gone for a drive with a carer. One person at the home spent their time walking around and drawing and another person occupied themselves with various activities.

People have the opportunity to take part in activities at the home and in the local community. Two people had work placements at a local shop and golf club. People go out with staff shopping, for meals, to the cinema and art museums. One person goes to an adult centre to a card making class and has enrolled onto a drama course at the local college. Records indicated that people were encouraged to use their skills around the home and helped with laundry and domestic duties such as tidying rooms and vacuuming

Evidence:

the floor. One person was involved in the Midland Mencap Asian project which enables people to relate and interact with people who have the same cultural needs.

The home had set up a gardening project, where people at the home were growing plants and flowers. Volunteers from the local community were involved in this project and people were enjoying this. There were photographs in the dining room of when people made jam, from fruits grown in the project and sold them at a summer fete. One person involved in the project was responsible for watering the homes plants and kept the watering can in his room. The home has purchased the property next door and plans to extend the garden area.

People at the home had held a meeting and discussed where they would like to go on holiday. Some people wanted to go to Blackpool and others to the Isle of Wight. People had discussed which staff they wanted to go with them and the home were in the process of making the arrangements.

People are supported to maintain contact with family and friends. Some people go home at the weekends to stay with their family. This means that people can continue to have relationships that are important to them.

On the day of our visit one person had prepared their own breakfast of cereals, tea and toast. People have the option of a cooked breakfast at the weekend. There is a choice of meals available to people. Lunch is a choice of a warm light meal or sandwiches and at teatime there is a choice of two cooked meals. The menus show a range of food choices including sausage and chips, lamb, mashed potatoes and vegetables, pizza, omelets, pastries, chicken balls, rice and peas and a roast lunch on Sunday. Fresh fruit and snacks are available. The home is able to cater for meals to meet personal preferences and religious needs. Daily menu sheets record what people have eaten each day so that staff can monitor their dietary intake.

## Personal and healthcare support

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

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

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

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

Judgement:

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

The personal care and health needs of the people living there are met so ensuring their well being.

Evidence:

Care plans included how staff are to support people to ensure that their personal and healthcare needs are met in a way that they prefer. The plans told staff what people could do to maintain independence and identified what staff needed to do to support people. Attention had been paid to people's personal care and people who there were well dressed and their clothes were appropriate to their age, gender and the time of year. Records sampled included individual health action plans. This is a personal plan about what a person needs to be healthy and what healthcare services they need to access. Health records indicated that people are receiving access to general practitioners, epilepsy specialist nurses, dentists and opticians. People living at the home have all recently seen a nurse for a health check.

One persons plan stated that they preferred female staff to help with their personal care needs and that they preferred to dress in native clothing when they went home. Female staff were assisting with care on the day of our visit and this means that peoples

Evidence:

preferences are supported by the home.

People had plans in place to tell staff how to manage any difficult behaviour. For example one plan said "I will bite my hands if I feel threatened, when I scream staff should offer me tea". This was seen on the day of our visit and the screaming behaviour ceased, when the person was offered tea and crisps.

We looked at the management of medication. All of the audits undertaken were correct. Copies of prescriptions were kept so that staff knew what medication each person should have received and medication was signed for upon receipt into the home. One person had a very detailed protocol in place for the management of their epilepsy and this included information about the type of epilepsy, how it would present, when to give medication and when to call for further assistance from emergency services. One staff member spoken to could tell us about the protocol. It was of concern that a drug for epilepsy had been placed in a lockable tin, inside the medication cupboard for safety. However this tin could be carried away and there were no records to monitor and check that the correct amount was in the home. It is required that this medication is stored in a secure controlled medication cabinet and that records are kept to ensure that it is held safely in the home.

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

Arrangements are in place to listen and act upon peoples concerns. Systems may not ensure that people are protected from harm, which could impact upon their well being.

Evidence:

The complaints procedure is displayed in each person's bedroom in the home and is included in the service user guide. The procedure had been produced in a pictorial format which may help some people to understand this better. Surveys returned to us by people living at the home told us that they knew who they could speak to if they were unhappy and that they knew how to make a complaint.

We have not received any complaints or concerns about this home since the last inspection. We looked at the homes complaints file and the home had not received any complaints.

The poor recruitment processes at the home do not ensure that people are protected from harm. For example one person who worked the night shift on their own, started work at the home in February 2009 but had no POVA first check (Protection Of Vulnerable Adults). The Criminal Records Bureau (CRB)check was dated June 2009 and references were dated May and July 2009. This means that people were not protected by the homes recruitment procedure. We looked at the adult protection policy which said that people would be subject to a CRB check before they started work at the home. The home were not following this policy. The policy also stated that "They should provide the manager" with a CRB, but these are not transferable and should be sought by each employer.

Evidence:

Three of the four staff who had recently been employed at the home had not received any safeguarding training and one person had not had any training since 2007. This does not ensure that staff have the knowledge to protect people from harm. We spoke to a senior member of staff about what they would do in the event of an allegation being made. It was of concern that they did not say they would contact a social worker as the lead agency but would contact us at the earliest opportunity. This could result in a time delay should the allegation be serious and may not protect people from harm.

The manager and a senior carer had received a half day training regarding the Mental Capacity Act and Deprivation Of Liberty Safeguarding. We were told that the manager was arranging training for other staff on these subjects, and we will review the progress of this at our next visit.

The home is able to hold small amounts of personal monies. Financial records were seen for two people who live at the home. Receipts were available for all money spent and individual balances were correct.

# 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.

People live in a homely and comfortable environment which meets their individual needs.

Evidence:

The home has a dining area and separate lounge. People choose where they want to spend their time, either in the communal areas, their own rooms or out in the garden. The lounge had large settees and one person had left their slippers at the side of the chair promoting a homely environment.

The home was clean and free from offensive odours and there was a calm, friendly and relaxed atmosphere. New wooden flooring had been placed in the reception area and there were plans to extend this flooring into the lounge. The stair carpet had been replaced. One person's room needed a new carpet and this had been identified on the homes action plan for improvements. Other actions identified by the home were for the laundry floor to be replaced and the lean to outside to be demolished and replaced. This shows that the home look for ways to improve so that people are provide with a homely environment in which to live. A relative told us "It has all been decorated throughout. The garden is nice and tidy".

Each person has their own bedroom and these were all personalised to meet the person's individual needs and choices. People had certificates and arts and crafts displayed, along with personal photographs to make the home as comfortable as possible.

Evidence:

The bedroom doors all had locks so that people could lock them if they chose to but no one wanted to do this. A pay phone is available in a separate area so that people can make and receive calls in private.

There is a garden at the back of the home, which the people who live at the home are involved with. The garden was tidy and there is a handrail up the side of the steps so that people can use this if they need to, to assist with their mobility.

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

The recruitment procedure and lack of staff training in some areas does not ensure that people are safe from harm.

Evidence:

The home has two staff on duty during the day and one person on duty throughout the night. Staff rotas confirmed that these were the staffing levels. Staff are responsible for assisting people to keep the home clean, go food shopping and to do their laundry as well as assisting them with personal care. The home did not have any vacancies and has a core group of staff who know peoples needs well.

Staff were observed to interact well with people and supported them in a warm, friendly and patient manner. Two people who live at the home and returned the surveys told us that the staff always treated them well. A relative said "staff make sure that all their clients are well looked after".

Over 50 per cent of staff have a National Vocational Qualification (NVQ) in care and others are working towards this. This exceeds the standard that a minimum of 50 per cent of staff should have this qualification to ensure that a knowledgeable and skilled workforce meet peoples needs.

We looked at four staff files and were concerned about the recruitment process.

## Evidence:

References were not dated when they were received so it was not possible to determine that they had been received prior to the person starting work. One person had been working at the home since February 2009 but references seen had been written in May and July 2009. There were no POVA first checks (Protection Of Vulnerable Adults) and three of the four people did not have CRB (Criminal Records Bureau Checks) undertaken by the home. Some people had copies of previous CRBs but they did not match the work history and are not transferable. Some files had gaps in the work history which had not been explored and there were no interview notes kept of any discussions held. One person's health questionnaire was not completed. Another file did not have any evidence of how a reference of concern was followed up and there were no risk assessments written when a CRB raised some previous concerns. We discussed our concerns with the person in charge and she contacted staff who did not have all the relevant checks in place and told them that they would be unable to work until these had been completed. The home has vulnerable people who may not always be able to communicate their needs and this poor recruitment practice does not ensure that they are safe from harm.

We looked at training records for the same four staff and found that staff had not received training in areas such as moving and handling, fire and safeguarding of vulnerable people. This does not ensure that staff have the knowledge and skills to protect people from harm. Some staff had completed basic first aid, food hygiene, medication and infection control training.

Staff meetings are held and minutes of these were available. These meetings enable staff to discuss the people who live at the home, any areas for improvement and any changes that may affect the home.

## 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.

The home is not always run in the best interests of the people living there as they are not always protected from harm.

Evidence:

The registered manager/owner has experience of caring for younger adults and in management roles. She has completed NVQ (National Vocational Qualification) level 4 in care and in management and continues to update her knowledge by attending training courses so that she has knowledge and skills to support the staff. The registered manager was on leave on the day of our visit and the senior carer assisted us throughout the day.

The manager monitors the quality of the service provided by sending out surveys to the people who live at the home. A recent survey on culture and diversity had been sent out and there was evidence on peoples files that they had completed these. We were not able to review the annual quality assurance report of the home as it could not be located on the day of our visit.

Staff meetings are held so that staff have the opportunity to raise any concerns and make any suggestions. In a staff survey returned to us, one person said "staff have

Evidence:

always been told if we have any ideas about the home to bring them forward". People who live at the home attend meetings to discuss various things and this shows that they make some decisions about how the home is run.

The registered manager returned the AQAA (Annual Quality Assurance Assessment) to us in the required timescale and this was detailed with information about the home. Information recorded was consistent with our findings, except for recruitment and staff training, where we found concerns. The poor recruitment process does not ensure that people are safe from harm.

Health and safety and maintenance records were sampled and we found that the home undertakes checks to ensure that equipment is safe and in working order.

Fire equipment is regularly checked and staff attend training and drills so that they know what to do to safeguard people in the event of a fire. When staff attend fire drills their names should be recorded, along with the outcome. This is so that the manager knows who has received the drill and they can be confident that people knew what to do to in the event of a fire. We were unable to find any fire training records and the senior carer told us that the manager was trying to arrange this. The last fire training records we could find were for June 2007. We contacted West Midlands Fire Service following our visit to inform them of our concerns of lack of staff training. They are liaising with the home and advising them about staff training and will monitor this. This will ensure that staff receive the training they need so they know how to keep people safe.

Are there any outstanding requirements from the last inspection?

Yes

No

### Outstanding statutory requirements

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

No	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection

### Immediate requirements:

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

No	Standard	Regulation	Description	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	Description	Timescale for action
1	20	13	Some medications must be stored in a secure drug cabinet and have records maintained.  To ensure that people are safe.	31/10/2009
2	23	13	The registered person must ensure that staff are aware of and can follow the safeguarding procedures.  These must be updated to ensure that people are safeguarded from harm.	23/09/2009
3	34	19	Recruitment procedures must be robust.  To ensure that people are safe from harm.	16/09/2009
4	35	18	Staff must receive fire and safeguarding training.  So that they have the knowledge to meet peoples individual needs and keep	07/10/2009

### Statutory requirements

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

No	Standard	Regulation	Description	Timescale for action
			them safe.	

### 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	All of the information needed about the home should be made available in a way that people can understand.
2	42	Records of fire drills should give more information so that people can be confident that staff know how to keep people safe.

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