Key inspection report

Care homes for older people

Name:	Eastfield Farm Residential Home Limited
Address:	Eastfield Farm Halsham East Yorkshire HU12 0BP

The quality rating for this care home is:	one star adequate service

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

Lead inspector:	**Date:**							
Diane Wilkinson	3	0	0	6	2	0	1	0

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Author	Care Quality Commission
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Information about the care home

Name of care home:	Eastfield Farm Residential Home Limited
Address:	Eastfield Farm Halsham East Yorkshire HU12 0BP
Telephone number:	01964671134
Fax number:	F/P01964671134
Email address:	eastfield.res@neoeon.com
Provider web address:	

Name of registered provider(s):	Eastfield Farm Residential Home Limited
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	26

Conditions of registration:		
Category(ies) :	Number of places (if applicable): Under 65	Over 65
dementia	0	26
old age, not falling within any other category	0	26

Additional conditions:

The maximum number of service users who can be accommodated is: 26

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: Old age, not falling within any other category - Code OP and Dementia - Code DE(E)

Date of last inspection	0	2	0	2	2	0	1	0

Brief description of the care home

Eastfield Farm Residential Home is a privately owned care home that is registered to provide care and accommodation for 25 older people, including those with dementia related conditions.

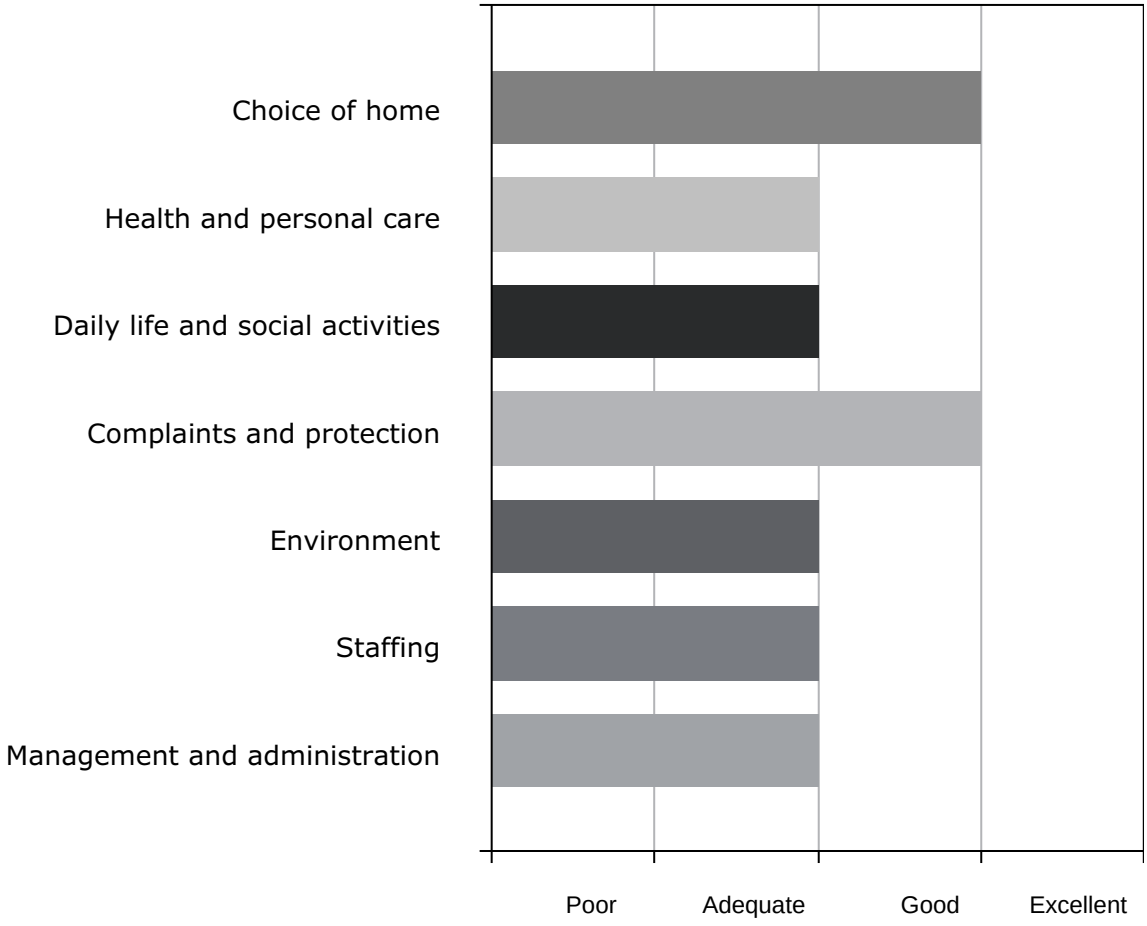
Brief description of the care home
The home is situated in a rural setting and local amenities are only accessible via public transport or car. Communal space comprises of three lounges and a dining room - some of these areas have views over open countryside. Private accommodation consists of seventeen single rooms and four shared rooms - eleven of the single rooms and one of the shared rooms have en-suite facilities. There is a lift to the first floor so all areas of the home are accessible to the people who live there. The garden is easily accessible for service users and in the summer benches, tables and parasols are placed outside. There is ample parking space at the front of the building.

Summary

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

The quality rating for this care home is:	one star adequate service

Our judgement for each outcome:



How we did our inspection:

This inspection report is based on information received by the Care Quality Commission (CQC) since the last key inspection of the home on the 18th February 2010, including information gathered during a site visit to the home. The unannounced site visit was undertaken by two inspectors over one day. It began at 10.15 am and ended at 4.15 pm. On the day of the site we spoke to the responsible individual, the temporary manager and members of staff, and chatted to the people who live at the home. Inspection of the premises and close examination of a range of documentation, including three care plans, were also undertaken.

On this occasion we did not send an Annual Quality Assurance Assessment (AQAA) to the registered persons to complete and we did not send out surveys to people living at the home and staff.

At the end of this site visit, feedback was given to the responsible individual and

temporary manager on our findings, including requirements and recommendations that would be made in the key inspection report.

The current fee for residential care is from £369.25 to £418.39 per week.

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

What the care home does well:

Meal provision at the home is good; mealtimes are unhurried and people are encouraged to socialise. Staff have their meals with the people living at the home.

The home is maintained in a clean and hygienic condition. It is generally well decorated and furnished and is designed to give people views of the open countryside.

Most people have single rooms where they can meet visitors in private. There are also areas within the home where people can have private meetings with health care professionals and other visitors, including a dedicated treatment room.

There is an effective staff rota in place that records the role of each member of staff on duty and evidences that there are sufficient numbers of staff to meet the needs of the people living at the home.

Equipment and systems at the home are well maintained, including the fire alarm system and fire safety equipment. This helps to protect people from the risk of harm.

Visitors are made welcome at the home and are able to visit at any time.

What has improved since the last inspection?

Everyone living at the home now has a current care needs assessment in place. Care plans include appropriate risk assessments including those for pressure care, nutrition, behaviour and the risk of falls.

Everyone living at the home has a care plan in place that records their current care needs and how these will be met by staff.

People having respite care at the home also have a care needs assessment and care plan in place.

The guidelines issues by the Medicines and Health Care Regulatory Agency (MHRA) on the use of bedrails are being followed.

Staff who have responsibility for the administration of medication have undertaken appropriate training; this helps to ensure that staff administer medication safely and protects people from the risk of harm.

There is a new policy and procedure in place on the administration of medication. Staff also have clear guidelines in place to ensure that medication is administered as directed and we saw that specific instructions regarding this are included in a person's care plan.

Recording on medication administration record (MAR) charts has improved and medication that needs to be returned to the pharmacy is recorded appropriately. Photographs and personal information are now included with MAR charts.

People are supported to make complaints and any complaints made to the home are dealt with appropriately.

There is now a training and development plan in place. This evidences that staff have had training on safeguarding adults from abuse, infection control, fire safety, first aid, food hygiene and the safe administration of medication since the last key inspection.

Weekly in-house tests of the fire alarm system now take place consistently.

What they could do better:

Monitoring systems should be further developed so that the responsible persons can be certain that systems in place at the home are being following by staff, including the policies and procedures on the administration of medication and recording in care plans.

Although medication practices at the home have improved, more care must be taken with accurate recording so that there is no risk of people receiving an incorrect dose of medication.

Some members of night staff must be trained in the administration of medication so that they can take responsiblity for this task; this would ensure that people have continuity of care during the day and night.

Key workers should spend meaningful one to one time with people in addition to time spent with them undertaking personal care tasks.

Information about advocacy should be displayed in the home so that people are able to access it independently.

There is now a choice of main meal at lunchtimes.

Staff should continue to work towards National Vocational Qualifications (NVQs) to evidence that there is a well qualified staff group. Staff should also have training on health and safety and moving and handling as soon as possible.

The quality assurance systems at the home need to be fully operational so that people are able to comment on the care they receive and influence the development of the service.

Ideally, everyone should be provided with a lockable facility in their room to hold money, valuables and medication.

Some health and safety issues must be addressed; there must be window opening restrictors on windows accessible to people living at the home and water temperatures must be tested on a regular basis to ensure that there is no risk of scalding.

Some private areas of the home are in need of refurbishment and redecoration.

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

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

Details of our findings

Contents

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

We looked at outcomes for Standard 3. Standard 6 was not assessed as there is no intermediate care provision at the home.

People's care needs are assessed prior to their admission and people are only offered a place if it is felt that their needs can be met at the home.

Evidence:

No new people have been admitted to the home since the date of the last key inspection. However, we did see that staff from the home had visited the hospital to re-assess someone who had been admitted for treatment and wished to return to Eastfield Farm. A new assessment had been completed for this person and we saw that updated care needs assessments were in place for all of the people whose files we checked.

Where the placement has been commissioned by a local authority, the home obtains a

Evidence:

copy of the community care assessment and care plan produced by them.

All of the information obtained as part of the assessment or re-assessment process is used to begin to develop an individual plan of care for the person concerned.

Health and personal care

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

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

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

This is what people staying in this care home experience:

Judgement:

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

We looked at outcomes for Standards 7, 8, 9 and 10.

People have care plans in place that reflect their individual needs and ensure that their health care needs are met. Medication practices have improved but more care must be taken with accuracy of recording to ensure that people receive the correct dose of medication.

Evidence:

Care plans in place for people at the home have been re-written and now include information about personal care needs, diet/nutrition, mobility (including the risk of falls), medication, toileting/continence, pressure care, behaviour and social interaction. All of these areas are supported by appropriate risk assessments, such as those for pressure care/skin integrity, assistance with personal care, diet/nutrition (including the MUST nutritional tool) and moving and handling. Care plans record the persons abilities and their need for assistance in these areas.

Care plans include a photograph of the person concerned - this is useful in assiting

Evidence:

new staff with identification and to help the emergency services should someone go missing from the home.

Although the care plans have only been re-written recently, we saw that a monthly review of each area of the care plan had taken place. We saw that any changes in a person's social or health care needs are recorded in care plans, for example, one person's behaviour changed and medication was altered by the GP to try to manage these changes. This was recorded in detail in the person's care plan.

Information about the assistance needed by people with moving and handling, with personal care and to manage behaviours is very detailed. Daily records are now held with care planning documentation and this results in a complete and up to date record of the care provided for each person.

Some discrepancies were seen in recording in care plans - weight charts include both imperial and metric entries so are difficult to monitor, and one care plan had not been updated to reflect a person's need for bed rest. In another instance, it was recorded that the person had difficulty with swallowing but there was no record of the action being taken to alleviate this problem, and there was no food and fluid chart in place. However, in general, records in care plans were much improved since our last visit to the home.

The manager told us about someone who had just returned to the home from hospital and records showed that they had lost a lot of weight. They are concerned about some of the advice given by the hospital and are going to follow this up with the dietician. They have introduced a food monitoring chart and are planning to check the person's weight every week so that it can be closely monitored.

There is a risk assessment in place for people who require bed rails to be fitted to their bed to prevent them from falling out. We saw that these risk assessments had been undertaken using guidelines produced by the Medicines and Health Care Regulatory Agency (MHRA). The acting manager told us that bed rails are checked for safety each week, although we did not see these records on the day of the site visit.

We saw that people have appointments with health care professionals as needed, such as hearing tests, sight tests, chiropody and mental health assessments. This information is recorded in care plans, including any advice given by the professionals concerned.

Any equipment needed to promote pressure care/skin integrity and continence is

Evidence:

requested by staff at the home and provided by health care services.

On the day of the site visit we checked the arrangements in place for the administration of medication, the storage of medication and the arrangements for returning medication to the pharmacy, and observed a member of staff whilst they administered medication to people living at the home.

Medication administration record (MAR) charts are accompanied by a photograph of the person concerned plus a record of their GP, any allergies and any special notes. In addition to this there is a record of how each person prefers to take their medication. One person prefers to take their medication on a spoon and we were told that another person likes to take their medication in yoghurt. This has been agreed by the GP and there is a note of this in the person's care plan. We noted that recording on MAR charts is usually correct and that appropriate codes are used when people do not take their medication. However, we noted that one service user is prescribed Oramorph and we saw that there were two record sheets in place for this drug. This creates the potential for harm, as the drug could have been administered twice.

The home is now using a different pharmacy to provide their medication. They have been loaned a medication trolley; we noted that this is not fixed to the wall when stored but it is stored in a locked cupboard. The manager told us that, when the home receive their own cabinet, it will be fixed to the wall within the cupboard. The senior member of staff on duty is the key holder for the medication room and trolley - these are 'signed over' at the end of each shift. We saw the documentation to record that any unused medication is returned to the pharmacy.

The pharmacy has arranged for staff to be trained on the new medication system and medication training was also arranged via a training company for team leaders (the staff with responsibility for the administration of medication at the home); this took place in April 2010.

There is a new policy and procedure in place on the administration of medication and we noted that relevant staff had signed to record that they had read this information. The home has a copy of the Royal Pharmaceutical Society guidance and there is also a 'standard operating procedure' in place for the receipt and ordering of medication.

There is a cabinet in place for the storage of controlled drugs; on the day of the site visit it was not fastened to the wall but the handyman fixed it to the wall whilst we were still present. We checked recording in the controlled drugs register and found this to be accurate.

Evidence:

At the last key inspection we were concerned that the home kept some 'spare' medication for pain relief in the staff room. This was for night staff to use should someone express the need for pain relief, as they did not have access to a person's medication records or the home's medication. At this inspection we were told that a senior carer is always 'on call' should someone request medication for pain relief during the night. Some members of night staff must have medication training so that they are able to continue to meet a person's care needs during the evening and overnight by administering any required medication.

People are able to see visitors in their own room, and there is also a lounge area that is set slightly apart from the main lounge area where people can hold private meetings. A new treatment room has been created so that people can see health professionals and others in private.

On the day of the site visit we observed that staff respect a person's privacy and dignity, that they use the term of address preferred by the person concerned and that they knock on doors before entering.

Daily life and social activities

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

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.
There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

We looked at outcomes for Standards 12, 13, 14 and 15.

People enjoy some social activities but more effort should be made to make sure that these reflect people's hobbies and interests. Visitors are made welcome at the home and people have good wholesome food.

Evidence:

Care plans now include a document that is entitled 'About Me' - this records more personalised information about the person concerned, including their family history, employment history, hobbies and lifestyle choices (although these are still in the early stages of development). Some family members have been asked to contribute to this information.

Daily records include information about assistance with personal care tasks, fluid and food intake and behaviour. However, there is little information to evidence that a person's social needs have been met.

We saw that daily routines are flexible - people can spend the day in one of the

Evidence:

lounges or in their own room, and people can choose to take their meals in the dining room or elsewhere.

There is no activities coordinator working at the home so care staff try to include people in activities throughout the day; this is not always easy due to the number of people living at the home who have dementia related conditions.

The home employs someone who comes into the home to run a 'Movement, music and memory' session each week. Records evidence that people enjoy taking part in this activity; the facilitator writes a report on each person's participation and progress for each session they attend. The hairdresser also attends the home each week and we saw that this was seen as a social occasion by people living at the home.

Key worker records were seen; key workers do spend time with people but, as seen at the last key inspection, this tends to consist of chatting whilst undertaking personal care tasks rather than spending meaningful one to one time with people.

We saw that people have visitors throughout the day and we saw no evidence that visits are restricted. As previously recorded, people can see their visitors in private if they wish to do so. Most staff live locally and told us that they are able to keep people living at the home up to date with events to maintain their interest in the local community.

There are various leaflets displayed in the home providing people with relevant information relating to care issues, including some from the Alzheimer's society. We did not see any information about available advocacy services. It would be useful to display this information in the home so that people could access it independently. There have been occasions when Best Interest meetings have been held so that professionals and family members could help people to establish their ability to make decisions and to assist with any decisions that need to be made.

We saw that people are able to personalise their bedroom with small items of furniture, pictures, ornaments and photographs.

We had lunch with the people living at the home. We noted that there is a daily menu on display and that this records a choice of meal at lunchtime and at teatime, both for the main meal and the dessert. We saw that people did choose alternatives on the day of the site visit.

We saw that soft diets and diabetic diets are catered for and that staff offer

Evidence:

appropriate assistance with eating and drinking; staff have their lunch with people living at the home after they have offered them the assistance they need. Lunch is a social time for people and is not hurried. The meal served on the day of the site visit looked appetising and people told us that the meals are good.

On the day of the site visit seven people had a meal taken to them on a tray - staff told us that some of these people needed assistance and others did not. Prior to serving these meals staff helped the other service users to sit at the dining tables. We noted that people had to wait up to 20 minutes to be served. Some people became agitated and tried to leave the dining room. We suggested that staff could take out the meals on trays and then help the other people into the dining room so that they do not have to sit waiting for a long time.

We saw that service users were given a cold drink in plastic, brightly coloured and child-like beakers, whereas inspectors were given a drink in a glass. We suggested that more age appropriate beakers could be sought for people living at the home. The managers told us that they had identified this and were trying to find more appropriate glasses or beakers.

As part of this site visit we toured the premises. We noted that the cooks prepare sandwiches for tea mid afternoon and that these are left in the kitchen, covered in cling film, until tea time between 4 and 4.30 pm. We suggest that the registered persons should contact the Environmental Health Officer to check that these arrangements are satisfactory. We saw that fridge temperatures are checked and recorded and that food temperatures are also checked and recorded.

Complaints and protection

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

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.
People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

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

We looked at outcomes for Standards 16 and 18.

We are confident that people are supported to express concerns and complaints about the service they receive and that these are handled professionally by the registered persons. People are protected from the risk of harm by the training undertaken by staff, and managers and staff understand the need for safeguarding allegations to be investigated.

Evidence:

There is a complaints policy and procedure in place and it is displayed within the home. We checked the complaints log and saw that the information about any complaints made to the home is recorded in detail, including the details of the complaint, the investigation and the outcome. The records identify whether the person sharing the information wishes to make a complaint or is expressing a concern, but all issues are investigated. The information we saw evidences that staff, people living at the home, relatives and visitors all feel able to express their concerns and make complaints.

The manager told us that all staff (apart from those who are on long term sick or maternity leave) have now undertaken training on safeguarding adults from abuse. This includes domestic staff, catering staff and the handyman: this is good practice.

Evidence:

At the time of the last inspection we were concerned that safeguarding alerts were not always sent to the local authority when there had been an incident of suspected or alleged abuse at the home. We are now confident that managers and staff know when it is appropriate to make safeguarding alerts, and that they understand that it is good practice to send alerts to the local authority for investigation.

Environment

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

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

This is what people staying in this care home experience:

Judgement:

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

We looked at outcomes for Standards 19 and 26

People live in a home that is maintained in a clean and hygienic condition and staff have had training on infection control. Some areas of the home are due for refurbishment, opening restrictors are needed on all windows and water temperatures need to be monitored to ensure that the home is safe for the people who live there.

Evidence:

We toured the premises on the day of this site visit. The manager told us that they have just devised a form to be used to undertake a maintenance audit and plan for each room in the home; we were shown a blank copy of the form. They recognise that they need new bedding and that some carpets, curtains and furniture are in need of replacement.

The home employs a handyman and he was present on the day of the site visit undertaking repairs and maintenance of the property.

The home is situated in pleasant surroundings. The grounds are well kept and the premises allow ample access to sunlight, with views over the open countryside.

There are no opening restrictors in place on windows at the home. This leaves people

Evidence:

living at the home at risk of harm by either falling from or climbing out of windows. The registered persons must undertake risk assessments on the need for window opening restrictors; it may be appropriate to obtain advice from the local Fire Officer or Environmental Health Officer about this issue.

Laundry facilities at the home are satisfactory. Most staff have now had training on infection control and we observed good practice being followed on the day of the site visit. The person who administered medication at lunchtime used disposable gloves and we noted that toilets were provided with paper towels and disinfecting hand wash rather than soap and towels. No unpleasant odours were detected at the home.

Staffing

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

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.
There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

We looked at outcomes for Standards 27, 28, 29 and 30.

People are cared for by sufficient numbers of staff who are recruited properly. Progress has been made on staff undertaking core training courses but further NVQ achievement and completion of moving and handling training by all staff will ensure that they are fully trained to carry out their role.

Evidence:

We examined the staff rota on the day of the site visit. This records that there are three care staff on duty in the mornings, two care staff on duty in the afternoons (plus a senior carer) and two care staff on duty during the night. In addition to this there is a cook and one or two domestic staff on duty every day plus the home's administrator and a handyman.

Six care staff have achieved National Vocational Qualification (NVQ) Level 2 in Care and one person is working towards this award. One member of staff is continuing with training by working towards NVQ Level 3 in Care. In addition to this, domestic staff are undertaking NVQ Level 2 in Housekeeping and one of the cooks is working towards and NVQ in Food Preparation. The home should continue with training plans so that 50% of care staff achieve NVQ Level 2 in Care.

Evidence:

No new staff have been employed at the home since the last key inspection apart from the temporary manager. We did not see details of the manager's Criminal Records Bureau check on the day of the site visit but details were sent to us within the next few days. We saw one written reference and were told that another written reference was obtained. We reminded the registered persons that all recruitment information must be available for inspection at all times.

Old recruitment records evidence that, on occasions, incomplete application forms were accepted from prospective employees but that two written references, Protection of Vulnerable Adults (POVA) first checks and CRB checks were in place. Discussion with the registered persons indicated that there is now a clear understanding of the process that should be followed when recruiting new staff, including the need for new staff to be supervised if they are appointed following the receipt of an Independent Safeguarding Authority (ISA) First check but before a CRB check is received. This is to ensure that only staff who are considered safe to work with vulnerable people are employed.

The registered persons have put together a pack to be given to all new employees. This contains information about the Deprivation of Liberty, the Mental Capacity Act/Independent Mental Capacity Advocates, prevention and control of infection, confidentiality and the rights of vulnerable people including whistle blowing. Information from the General Social Care Council is also included.

There is now a training and development plan in place at the home. This evidences that all staff, apart from those on sick leave or maternity leave, have completed training (or have started this training via e-learning) on fire safety, infection control, first aid, food hygiene and safeguarding adults from abuse. One of the team leaders has recently completed 'training the trainer' for moving and handling so that they will be able to train the rest of the staff group. This training should be arranged as soon as possible so that there is evidence that all staff are conversant with the latest guidelines on safe moving and handling.

There is little evidence of induction training that meets Skills for Care specifications but the registered persons have now obtained this information and assured us that it would be used for any new employees; they have included this information on their training and development plan.

Management and administration

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

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

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

This is what people staying in this care home experience:

Judgement:

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

We looked at outcomes for Standards 31, 33, 35 and 38

Good progress is being made on improving the polices, procedures and practices in place at the home and action is being taken when areas for improvement are identified. The quality assurance systems need to be further developed so that people are able to affect the way in which the home is operated and some health and safety issues need to be addressed.

Evidence:

The home has appointed a temporary manager who has agreed to remain at the home until a new manager is appointed. The registered persons have kept the Care Quality Commission informed of management arrangements at the home; these include one of the directors of the company now being involved in the running of the home on a day to day basis. It is evident that a lot of work has taken place since the last key inspection - medication practices, staff training and care planning have all improved. Now that there are effective systems in place, managers intend to introduce

Evidence:

monitoring systems to ensure that all staff are following the homes policies and procedures; there is already such a system in place to monitor the effectiveness of care plans.

We checked some of the quality assurance information in place at the home. Staff meetings were held in February 2010 and April 2010 - we saw the notes taken at this meeting but there were no typed minutes available for staff. Every effort should be made to ensure that all staff have read the minutes of the meeting so that managers can be certain that all staff are working with the same information. At the meeting in April notes taken evidence that the requirements of the CQC inspection report, commissioning, disharmony and manager responsibilities were amongst the issues discussed. In addition to these staff meetings, a team leader meeting was held in March 2010.

No meetings have been held with people living at the home or their relatives - staff need to consider ways of obtaining the views of these people, either by meeting with the appropriate people or by sending our satisfaction surveys. It would also be useful to obtain the views of other people who visit the home such as health and social care professionals.

Information obtained in audits, from meetings and in satisfaction surveys should be used to produce an annual develpment plan for the home that focuses on continuous development of the service they provide.

The registered persons told us that they do not handle any monies on behalf of people living at the home. If the home pays for any item or service on behalf of people, this is added to the account for residential care at the end of each month. Some people have small amounts of money, either in wallets or handbags, and we were told that one person has a lockable facility in their bedroom so that they could hold money and valuables safely. This facility should be offered to everyone living at the home, as it is also needed for anyone who keeps medication (including creams) in their own room.

There is a recognition that staf have not had regular supervision with a manager to give them the opportunity to discuss their progress, any training needs and any concerns they have about their day to day work. This is currently being addressed and we saw that most staff have now had supervision with a manager. It would be useful at these sessions to check a person's understanding of any recent training that they have undertaken.

We checked a sample of health and safety documentation at the home on the day of

Evidence:

the site visit. There is a fire risk assessment in place and we saw that annual checks of the fire alarm system are undertaken by a contractor. In addition to this, there are in-house checks of the fire alarm system, emergency lighting and fire appliances each week; we saw that these tests were all up to date.

The nurse call system is checked in-house on a regular basis. Hoists and stair lifts have been serviced within the last twelve months and the portable appliance test is valid until April 2011.

Whilst touring the premises we noted that some people have steredent tablets in their bedroom. As this creates a risk of swallowing a toxic substance or choking, extra care must be taken with the use and storage of steredent. The responsible person told us that they do not currently have risk assessments in place and they agreed that they would carry these out as soon as possible.

One toilet had a lock that did not work and we noted that the water temperature at the wash basin was far too high. The water temperature in a bathroom was also found to be too high. The handyman made sure that the toilet could not be accessed until the water valve had been fixed. The responsible person told us that they are in the process of fitting temperature control valves to water outlets and that they only have 2 or 3 to fit. This process must be completed as soon as possible and there must be a monitoring system in place to check that water temperature valves are working correctly.

We did not see any risk assessments on safe working practices and these should be completed by the registered persons to evidence that all areas of the home and all tasks undertaken by staff have been assessed and risks minimised.

Good progress has been made on staff undertaking training on health and safety topics; this includes fire safety, first aid, infection control and food hygiene. As previously recorded, staff must undertake training on health and safety and moving and handling as soon as possible.

Are there any outstanding requirements from the last inspection?				
	Yes	☐	No	☑

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	8	17	More care must be taken with recording on monitoring charts in care plans. This is needed to ensure that staff are always working with up to date information and that a person's current care needs are met.	06/08/2010
2	9	13	Night staff must have training on the administration of medication so that they can take on this responsibility. This is needed to provide continuity of care for people during the day and night.	06/08/2010
3	9	13	There must be only one recording sheet in the MAR book for each drug that has been prescribed.	06/08/2010

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
			This is to reduce the risk of someone being given more then their prescribed dose of medication.	
4	19	13	Risk assessments must be undertaken on the need for window opening restrictors. This is to needed to prevent an accident occurring i.e. a service user falling or climbing out of a window.	31/08/2010
5	30	13	Training on moving and handling and health and safety must be arranged for the whole staff group. This is to ensure that staff are conversant with the latest guidelines on safe moving and handling, and to protect people living at the home from the risk of harm.	31/08/2010
6	38	13	The registered persons must undertake risk assessments on safe working practice topics and the use/storage of Steredent. This is needed to evidence that any risks have been assessed and minimised.	31/08/2010

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
7	38	13	There must be a system in place to check that water at all outlets accessible to people living at the home are at a safe temperature. This is to protect people from the risk of scalding.	31/08/2010

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	9	The new medication trolley should be fixed to the wall within the medication cupboard to provide robust storage arrangements.
2	12	The home should ensure that people spend time undertaking activities that reflect their hobbies and interests as recorded in their individual care plans.
3	12	Key workers should spend meaningful one to one time with people; this should not just be a record of time spent with people whilst assisting with personal care tasks. This was a recommendation at the last key inspection.
4	14	It would be useful to display information about available advocacy services so that people could access them independently.
5	15	The organisation of meal times should be reconsidered so that people are not waiting at the dining table for long periods of time.
6	19	The programme of fitting temperature control valves should be completed as soon as possible.
7	19	Some private accommodation is in need of refurbishment and some furniture and fittings need to be replaced.
8	28	The home should continue with their plans to ensure that 50% of care staff achieve NVQ Level 2 in Care.

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
9	29	Recruitment information must be available for inspection at all times so that there is evidence that people have been recruited safely.
10	33	There should be a robust and effective quality assurance system in place at the home that gives people the opportunity to affect the way in which the home is operated and encourages participation. This was a recommendation at the last key inspection.
11	35	People should be offered a lockable facility in their bedroom for holding money, valuables and medication safely. This was a recommendation at the last key inspection.
12	36	Staff should have supervision with a manager six times per year. It would be useful to use these sessions to check out a person's understanding of any training sessions recently attended.

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