

Key inspection report

Care homes for adults (18-65 years)

Name:	39 High Barn Close
Address:	39 High Barn Close Rochdale Lancs OL11 3PW

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

Lead inspector:	Date:
Sylvia Brown	0 4 0 3 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 Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	39 High Barn Close
Address:	39 High Barn Close Rochdale Lancs OL11 3PW
Telephone number:	01706648535
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Pendleton Care Ltd
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	3

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	3	0
Additional conditions:		
<p>The registered person may provide the following categories of service only. Care home only - code PC, to people of the following gender:- Either. Whose primary care needs on admission to the home are within the following categories: - Learning Disabilities - Code LD The maximum number of people who can be accommodated is: 3</p>		

Date of last inspection									
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Brief description of the care home
<p>High Barn Close is a large, semi-detached house set in a cul-de-sac, in its own grounds and can accommodate up to three younger adults with learning disabilities. The organisation specialises in the care of young adults with autism. The home provides roomy communal accommodation in a lounge, separate dining room and kitchen. All bedrooms are single and one is situated on the ground floor in order that service users with physical disabilities may also be accommodated. Access to the main door is via four steps. A lift to the first floor accommodation is not provided.</p>

A post office and corner shop are in walking distance and Rochdale town centre,

Brief description of the care home

supermarket and other amenities are within half a mile radius. Buses to and from Rochdale and other local towns pass close by. A car park is not provided although on-street parking is available.

The owner makes information about the service available upon request in the form of a Service User Guide and Statement of Purpose, which are given to new service users and available upon request.

The weekly fees are dependent upon the assessed needs of the individual. No additional extra charges are made.

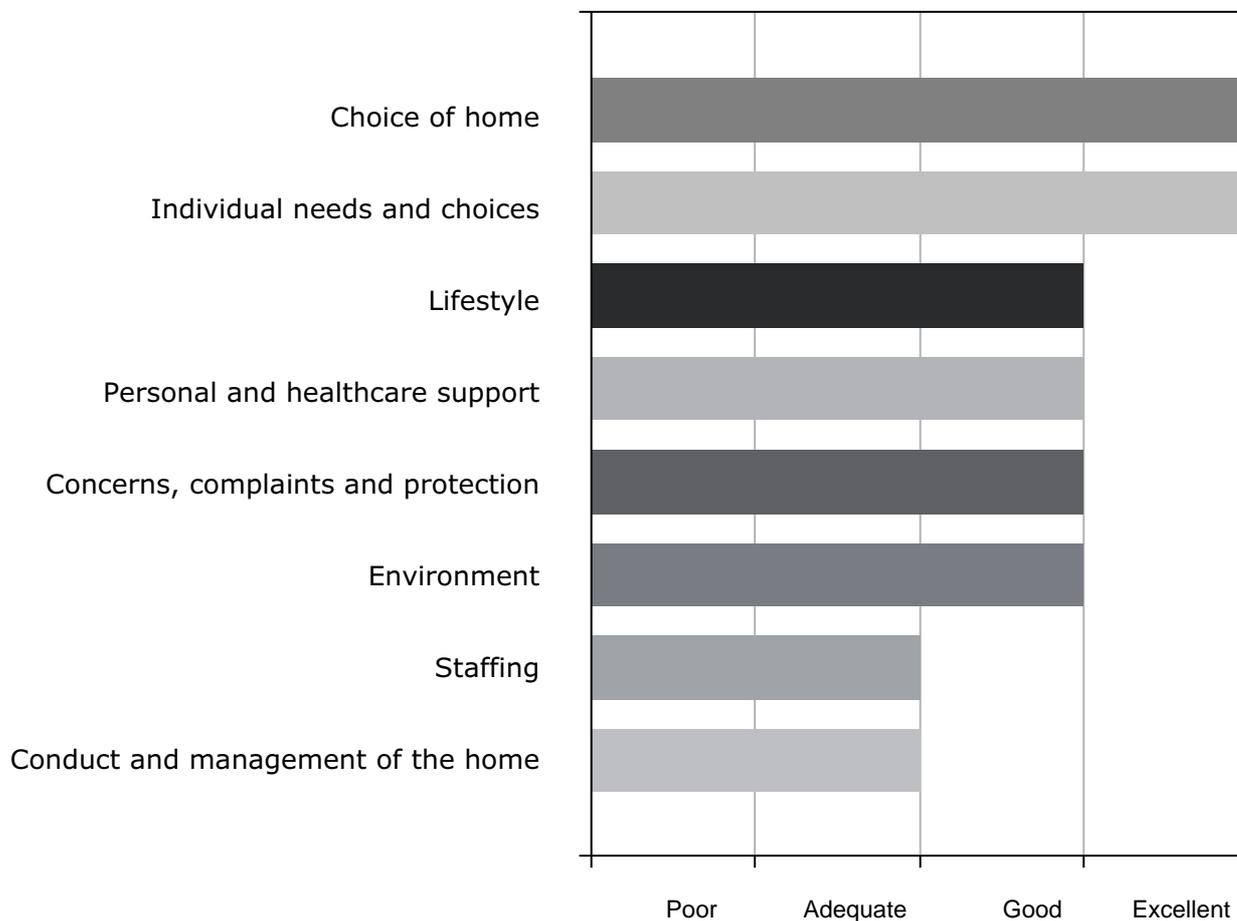
Summary

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:

The quality rating for this service is 1 star. This means the people who use this service would experience adequate quality outcomes.

The inspection report is based on information and evidence gathered by the Care Quality Commission (CQC) since the last key inspection, which was completed in April 2007. This was a key inspection which included a site visits to the service. The site visits were unannounced which means the manager and staff were not told that we would be visiting.

Since we last inspected a new manager has been appointed and although not on the premises at the start of the inspection, came to the home and made themselves available for the inspection. For reporting purposes the preferred term to be used for people living and receiving a service at High Barn is service users.

As part of the inspection process we gathered information from a number of people which included talking with and seeking the views of service users. Prior to the site visits we also sent out surveys to service users and members of staff. This gave them an opportunity to tell us about their opinions on the services provided at the home. Though we met with both service users during the inspection, they were unable to communicate their feelings on the services they received. We were able to watch how they were supported by staff members and have made our assessments on their general conduct at the time of the inspection, from consulting with members of staff, the manager and through looking at records.

We had not at the time of writing the report received any surveys from service users, their relatives or members of staff.

We case tracked two service users which means we looked in depth at their records, observed them as they went about their daily routines and evaluated the support they received from members of staff.

In March 2009 the registered manager completed a self assessment form, which is called an Annual Quality Assessment Audit(AQAA).This document should tell us in detail what they and the registered provider have done since the last key inspection to meet and maintain the National Minimum Standards. It should also tell us what they felt they were doing well, how they had improved within the past 12 months and plans to develop in the next 12 months. The AQAA received was completed well giving us detailed and comprehensive information and told us what we needed to know. We also gathered information from general contact with the home through their reporting procedures which are called 'Notifications' and information we may have received from other people, such as the general public and professional visitors.

We have not received any complaints about this service within the previous 12 months. There has been one safeguarding alert made at the home which was investigated under Local Authority procedures.

For reporting purposes the term 'we' is used when referring to representatives of the CQC.

This report is a public document and should be on display within the home and can be made available for reading upon request.

What the care home does well:

The service users at High Barn have multiple, complex needs and require routines which are familiar to them. From looking at records, consulting with members of staff, the manager and observing service users at home, we think they get a good level of support. Service users appeared genuinely happy in their home and were relaxed with the company of staff members.

Preparations were underway for the planned admission of a new service user. The detailed pre admission records, assessments and planning processes were very good. This means prospective service user was being supported well to make decisions about moving in and will have individual plans made to make sure the moving in process suites the needs of the service user.

Care planning for service users is also of a good standard. This means service users are supported to develop their own care and activities as far as possible. They are encouraged to plan for meaningful day time activities including some self care routines as well following their chosen hobbies and interests.

Whilst the home is in need of upgrading in parts, it is homely and suitable for the needs of service users. They have their own rooms which are personalised according to their own tastes and preferences which offers them the comfort and security they require.

Since we last inspected there have been significant changes in the management of the home and staff team. This has led to the recruitment of more male staff which is of benefit to the all male service user group.

What has improved since the last inspection?

During the course of the inspection it was evident that new recording systems were being introduced to make sure best practice for administration was in place for the benefit of service users.

We can confirm that budgets are in place for improving some areas within the home. This means service users will have better safer surroundings once upgrading has been completed.

What they could do better:

To make sure that the home is run by a fit person an application for registration of the manager should be submitted to us.

Staffing levels should be determined by the assessed needs and dependency of service users, the lay out of the building and health and safety compliance. We found that at times staffing levels fell below the required minimum which may increase the risk of harm to both service users and members of staff. We have required the registered provider to make sure staffing levels are correct at all times.

From looking at records, we have identified that robust recruitment, induction and

supervision procedures have not always been followed prior to the new manager starting employment. This means service users may not always be receiving the support they require by safe, competent and trained staff. We have required the registered provider to make sure robust recruitment procedures are followed at all times.

We have made a number of good practice recommendations which are detailed at the end of the report. We advise the reader to read the full report for further details.

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

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

Details of our findings

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

Service users and their families can have confidence that the home can meet service users needs. This is because there is an accurate assessment of the service users needs that they and people close to them including professional care specialists have been involved in.

Evidence:

There have been no new admissions since we last inspected. The manager informed us that preparations were underway to assess a prospective service user and that assessments from various professionals involved with the service user were already being collated.

The AQAA stated that the home has a 'comprehensive admission policy in place which highlights the specific steps to be taken prior to admission. This would include such things as an initial assessment carried out by the Behavioural Psychotherapist for Potens or by another competent person from the Care Management Team'. We were told that the pre assessment process would include consulting with and finding out the views of important people to the service users such as family, friends and advocates

Evidence:

as well as medical and care professionals. We saw evidence of this process during the inspection, the manager presented initial records which were being completed and other documents which identified the individual needs and characteristics of the prospective service user.

The manager explained that admission processes were flexible. We were told that consideration has to be given to both the prospective service user and those already living at High Barn. The manager explained in great detail the processes undertaken for the introduction of a new service user into the group in order to make sure disruptions to routines, which is a very important part for service users, are minimised as far as possible.

The manager stated that High Barn Staff members will work in partnership with the prospective service users current support staff team until the service user is fully integrated into the home.

We were told that prospective service users often have many visits to the home as a way of introducing new routines into their lives, as they become adjusted to such routines and form relationships with those living at the home and members of staff, a routine for overnight stays are developed. The manager stated that the prospective service user is already known to service users at the home and some staff therefore it is not perceived that there will be any unforeseen difficulties in developing a smooth moving in plan which is suitable to all.

We were informed that there continues to be an adapted service users guide and statement of purpose suitable for service users. Because of the current service users complex needs and understanding, written information pictorial or otherwise is not suitable for the service users currently living at High Barn.

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

Service users are involved in making decisions about their lives and have an active part in planning their own care and support as far as possible.

Evidence:

We looked at both service users records and found them to be comprehensive. Every aspect of the service users lives had been assessed with a matching risk assessment and support plan for members of staff to follow. We could see from the records that service users were able to take everyday risks and live as independently as possible with support from members of staff.

The manager explained both within the AQAA and at inspection systems for supporting service users to gain control over their own lives. Members of staff are trained to support service users to make their own care plan which is personal to them and in a format they could understand. We saw records to confirm that service users allocated key worker meets with them regularly to assess the plan and find out what they have enjoyed ,achieved and any changes which need to be made to keep the plan current

Evidence:

and focused on what the service user wants and needs.

The AQAA stated 'we encourage our service users to set themselves achievable goals and monitor progress towards these using our Person Centred Pathway to Independence'.

We were able to observe how members of staff interacted with service users and spoke with members of staff to gain their understanding of the service users needs and support requirements. Because of this and from looking at extensive and comprehensive records we can confirm that the manager and staff team are following their stated aims and objects to a high standard.

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.

Service users are able to make choices about their lifestyle and are supported to develop their life skills as far as possible. Social, educational and recreational activities meet the service users individual expectations.

We observed that service users have meals they enjoy at times suitable to them and which can be varied to suit their individual lifestyles and routines.

Evidence:

The service users who live at High Barn have the complex needs and behaviours associated with Bi Polar Disorders and Autism. Because of this they need individualised and specialist support which they receive from the staff team. Service users records demonstrated that as far as possible service users are supported to live to their full potential, be involved within the local community and become valued members within society.

Evidence:

The AQAA detailed in part how this often complex support was provided. We were told 'we provide a varied range of opportunities for service users to pursue educational, vocational, community and leisure activities which reflect their interests, social and physical capabilities, thus increasing service user's levels of independence and self esteem'. The manager told us weekly meetings are held with the service user to discuss and agree a weekly plan of activities the service user wishes to do. Such plans are also linked to support plan objectives and preferences which is designed to provide, encourage and support service users to do what they want on a daily basis.

The daily care plans we looked at for one service user identified that they took part in such activities as going out for lunch to various places , the cinema and walks to ensure outdoor exercise was built into their programme each week.

Because of some service users complex needs and comprehension, we saw that their care plans detailed actions to be taken by members of staff ways to communicate with the service user when their emotional state was heightened. During the sight visit we saw members of staff using such techniques and observed how the service users responded. We observed that service users understood and benefited from such techniques becoming less agitated and calm, enabling them once again to communicate and understand short conversations supported by hand non verbal techniques.

Service users as part of their overall package are entitled to an annual holiday, however because of their complex needs, detailed and comprehensive assessments are done to ensure that such activities are suitable to them. The manager explained that one service user would experience extreme difficulty should they be taken out of their daily and weekly routines. As a consequence day trips which were deemed more suitable for the service user therefore alternative arrangements were made to meet their individual requirements. This means all service users have enjoyable the opportunity of having enjoyable experiences away from their home.

On the day of the inspection one service user had chosen to go to Blackpool for the day and on their return was very happy with what they had done and enjoyed the day immensely.

Service users were able to maintain links with their family and were able to visit them and join in family celebrations with support from members of staff. They also receive support to use the phone to enable them to maintain contact with people who are close to them.

Evidence:

Service users as part of their overall package are entitled to an annual holiday, however because of their complex needs, detailed and comprehensive assessments are done to ensure that such activities are suitable to them. The manager

Care support staff are trained to assist service users with their benefit claims to make sure they receive what they are entitled to. Because of this system one service user, after experiencing much difficulty has obtained a mobility car due to the perseverance of care staff. This enables the service user to visit places of interest outside of the local community.

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.

Service users health, personal and social care needs are met. The home has a plan of care which identified that they receive the required support to maintain good health as far as possible.

Systems at the home make sure service users receive their medication as required and as prescribed, however not all staff who administered medications had received the required training to do so.

Evidence:

All members of staff with the responsibility for administering medication must receive accredited training in the management, safekeeping, recording and administering medications.

The manner in which service users receive support from care staff is of a high standard. Care plans and supporting documentation was very detailed and precise. Not only were their records which detailed the service users daily life and the individualised support they required, they also included how the service user perceives this, their emotional understanding, reactions to situations , triggers for behavioural

Evidence:

changes and how they should be managed.

We were able to observe the service users as they went about their routines. They were dressed age appropriately and wore clean well pressed and maintained clothing.

Members of staff were able to explained each service users capabilities to support themselves with personal care with prompts from members of staff. Though the service users ability to care for themselves with minimal support a flexible approach is required from staff as service users behaviours vary greatly according to the physical and emotional wellbeing.

All aspects of the service users health, wellbeing and safety were risk assessed comprehensively. Medical professionals remain involved with service users and extensive information about the service users individual health condition, treatments and medicines they were receiving was recorded. One service user told us, with support from a member of staff, that they had been to see a dentist. The member of staff reported that the service user had coped with the experience well.

Individual plans were in place which detailed the prescribed medication for the service users and how the service users should be supported to take it was recorded. The home has policies and procedures in place for the recording of medication . We looked at Medication Administration records and found them to be maintained correctly. A reference list of signatures should be in place for those members of staff who have responsibility for administering medication. We observed one administration process for one service user which was also completed according to correct procedures.

The rota of hours worked by care staff identified that there were many occasions when they worked alone and had responsibility to administer medication. Training records identified that one member of staff although had received medication training from the manager and had been assessed as competent, full certified medication should be in place where staff are to have responsibility for administering medications, particularly when working alone.

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

If service users have any concerns, they or people close to them know how to complain. There are policies and safeguarding procedures in place which means service users are protected from abuse and neglect.

Evidence:

Service users have direct access to the manager most days and the key worker system makes sure service users have someone they know and trust to talk to if they have any concerns.

Each service users care plan has behavioural indicators recorded which supports members of staff to recognise changes in a service users behaviour and the possible cause including if they are worried or concerned about anything. The statement of purpose which is available in different formats and which is provided to families of service users tells the reader how to raise any complaints or concerns they may have with the manager.

The training records did not identify any training in relation to managing and reporting of complaints and concerns. POVA training was not recorded as being undertaken for manager who should also undertaken Alerta training for managers and one member of staff. The manager has completed an up to date training audit and we could see that he had identified for himself that POVA training and up dates were required for a number of staff members.

Evidence:

All complaints and concerns are recorded at the home. The AQAA identified that no complaints have been received within the last twelve months. One safeguarding alert has been raised which was investigated using Local Authority procedures appropriately.

There have been no complaints about this service made to us since we last inspected.

The manager told us that it is necessary for the safety of both service users that restraint has to be used when service users behaviour deteriorates into self harm or uncontrolled behaviour which may harm others. The service operates a BILD accredited programme of Physical Intervention (MAPA) which is used only by suitably qualified staff. We looked at records of restraint and found that they were maintained well. The manager follows through all actions in respect of restraint to make sure there were no issues arising as a consequence.

From talking with members of staff and the manager it is clear that restraint is very much seen as the 'last resort' with other techniques and strategies always being employed before restraint is considered as an option.

The rota of members of staff working hours did not support best practice in relation to the use of restraint. There were many occasions prior to the inspection that members of staff worked alone with two service users. This means that restraints are not always witnessed or supervised and that the service users not being restrained may become unduly anxious without support. It is also far from best practice for members of staff to routinely be dealing with the pressure of deploying techniques to calm clients down and then carry out restraint procedures without support from other members of staff. Both the service user and the member of staff should have support after such events. The manager took immediate action to increase staff levels at the home. We have dealt with staffing issues within the staffing section of this report.

The manager said that the new framework for implementing the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA DOLS) had been discussed with staff and at the time of our visit no one living at the home was subject to an application being made under these requirements. Training records confirmed that some members of staff have received training in MAC DOLS.

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.

Service users live in a safe and fairly well maintained home which is homly, clean and pleasant.

Evidence:

During the insection we looked around the home. We found that ti was nicely furnished, clean and homely.

The AQAA stated that there is continuous replacing of fixtures and fittings to make sure they home is maintained correctley.

Clients bedrooms were individually decorated and their lay out was individual to the client. It was clearly evident that clients were supported well by family, friends and members of staff to make sure their bedrooms were nice places to be and where they could pursue their own hobbies and interests privately if they desire.

The kitchen area is in need of total refurbishment, many cupboards and work surfaces need replacing. The ceiling had cracks and peeling plaster or emulsion and draw fronts were broken. Plans were underway to replace and make good all areas within the kitchen and a budget was set aside for all works required.

Evidence:

The upgrading of the kitchen should include fixtures and fittings which support service users engagement whilst also keeping them safe.

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.

Service users are not always supported by members of staff who have been recruited following robust procedures, been trained or who have received personal support and supervision. This means service users may be being supported by people who do not have the experience and skills necessary to support people with complex needs.

Evidence:

In the last twelve months there has been a significant high turn over of staff members including the registered manager. Six of the seven members of staff commenced their employment in 2009 and all before the current manager was appointed.

Inspection of two staff files identified that not all the required records and initial training was in place. Whilst all statutory checks had been completed and interview process conducted the file did not contain two references, the one submitted lacked enough information and best practice would have been on that occasion to get three references for the prospective member of staff as they had not previously worked in the care sector or with people with a learning disability.

A contract of employment was not evident and the job description was dated several months after employment appears to have commenced. The organisations own induction had not been completed and neither had any Skills for Care induction and

Evidence:

foundation training. There was no information about probationary periods, temporary contracts which such periods were completed or what the staff members was required to achieve to attain a permanent position.

The home could not demonstrate sufficiently what support was in place to the member of staff to work supernumerary until they had gained sufficient knowledge and experience to work with people who present complex and challenging behaviours.

There was only one supervision session recorded within an eight month period, which was conducted by the new manager. The training matrix identified that many aspects of their training was outstanding including, fire safety, health and safety first aid values and principles of care, learning disability awareness challenging behaviour and infection control.

The second file we looked at evidenced that the then prospective member of staff completed and application form and attended for interview and had all statutory checks in place including two references. There was no letter of appointment on file and though the organisations own induction had been completed Skills for Care inductions and foundation training had not.

Though the member of staff works alone and is therefore required to administer medication training records indicated that training had not been completed to enable them to do this. Many aspects of their training was not recorded as completed including fire safety, health and safety, first aid, values and principles of care, challenging behaviour and infection control. As with the previous member of staff we found that only one supervision was recorded within an eight month period which was provided by the new manager.

Neither members of staff had training and development plans on the files not was their any information about them progressing their learning through NVQ training. The manager informs us that one member of staff has achieved an NVQ at level three and two members of staff are about to commence NVQ training at level two. This means the standard to have at least 50% of staff members trained to such a levels is not reached.

Inspection of the rota of hours worked identified that members of staff frequently are rotated on to work alone with two service users. From the information within service users files including assessments and summaries of their conditions, both have fluctuating behaviours including aggression, hysteria, depression self harming behaviour and motor skills limitations. Because of this both are assessed as requiring

Evidence:

one to one support when at home which is increased when they leave the building.

Immediate action was taken by the manager to secure additional members of staff to make sure the home was appropriately staffed and service users received the one to one support they required.

Notwithstanding the above comments about staffing levels and training we observed members of staff to be competent and skilled at supporting and managing both service users. They gave good accounts of service users care plans and the support requirements when asked. Furthermore it was evident that service users appeared relaxed and comfortable with staff members and had formed a positive relationships with them.

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

Service users live in a home which is run for their benefit. The manager of the service is not registered with us, which we do not know if he is fit to run a care home.

Evidence:

Since we last inspected there has been a new manager recruited and commenced employment in November 2009. The manager had not fully completed the organisations induction programme or had a job description on file. The manager confirmed that he had not been given a job description or received an induction to make sure he is fully aware of his roles and responsibilities.

Although the manager has a nursing qualification which is not relevant to this service he has not completed an NVQ at level 4 or a qualification in Leadership and Management. We have not received an application to commence the registration process for the manager therefore we do not know if he is a fit person to run the care home.

Evidence:

Notwithstanding the above issues, the manager at inspection was able to give a good account of the actions he has taken since becoming the manager and we could see that some aspects of the service were improved. He was familiar with the service users conditions and his expectations of staff members to support them.

The AQAA stated that the manager 'implements company policies and procedures which are regularly reviewed to make sure they accurately reflect best and current practice.

The manager told us that systems were in place to consult with service users and their family about the service every three months, however this did not demonstrate that quality assurance procedures were carried out as detailed within Regulation 33 and Standard 39 which required the views of friends, family, advocates and stakeholders in the community such as those who support the service users medical well being and education.

We were told of and have been provided with copies of Regulation 26 visits conducted by the area manager. Though these were completed monthly there was little evidence to confirm that the area manager had checked records as required. The inspection process has identified some areas of improvement where the area manager has assessed them as being correct. Though there was good detail of outcomes the Regulation 26 visits should include details of where information came from for example , records checked including fire safety, various health and safety, medication and staff files.

Health and safety records were checked and we can confirm that servicing to equipment and facilities are carried out at the required frequency.

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	32	18	<p>The registered provider must make sure at least 50 % of staff should using the Learning Disability Award Framework accredited training to underpin their knowledge for progress towards achieving NVQ's.</p> <p>This is to make sure they are trained and competent to care for service users with complex needs.</p>	29/10/2010
2	33	18	<p>The registered provider must make sure there are appropriate numbers of qualified and experienced staff on duty all at times to meet the assessed needs of service users including night times.</p> <p>This is to make sure both service users and members of staff are kept safe as far as possible.</p>	31/03/2010

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
3	34	19	<p>Robust recruitment and selection procedures must be carried out at all times.</p> <p>This is to make sure all members of staff are safe to work with vulnerable adults.</p>	31/03/2010
4	37	19	<p>The registered provider must make sure an application for registration of the manager is submitted to us without delay.</p> <p>This is so we can assess if the manager is a fit person to run and manage a care home.</p>	15/04/2010

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	20	A list of reference signatures should be in place for those members of staff who have responsibility for administering medication.
2	20	All members of staff with the responsibility for administering medication should be trained appropriately and be competent to do so.
3	22	All members of staff should receive training in receiving, recording and managing complaints
4	23	All staff should have current and up to date training in POVA including the manager who should also undertake training specifically designed for managers and those with responsibility for following procedures and contacting relevant agencies.

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
5	32	All members of staff should complete required and essential training in a timely manner.
6	32	All new staff members should complete thorough and detailed inductions including Skills for Care Common induction and Foundation training.
7	36	All staff should receive regular and recorded supervision no less than six times a year.
8	39	To make sure robust self monitoring procedures are in place, Regulation 26 visits should be completed in accordance with Regulation 26 and subsequent guidance provided by us.
9	39	Quality Assurance procedures should be carried out seeking the views of service users , their family and other stakeholders. Outcomes should be made public the report of which is submitted to us.

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