Key inspection report

CARE HOMES FOR OLDER PEOPLE

Wear Court

Rock Lodge Road
Roker
Sunderland
SR6 9NX

Lead Inspector
Irene Bowater

Key Unannounced Inspection
11th December 2009 09:00
This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

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

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.
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<th>Reader Information</th>
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<tbody>
<tr>
<td><strong>Document Purpose</strong></td>
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<td><strong>SERVICE INFORMATION</strong></td>
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| **Address**             | Rock Lodge Road  
                          | Roker  
                          | Sunderland  
                          | SR6 9NX |
| **Telephone number**    | 0191 5496441 |
| **Fax number**          | 0191 5485305 |
| **Email address**       |             |
| **Provider Web address**|             |
| **Name of registered provider(s)/company (if applicable)** | Moorlands Care Homes (N.E.) Limited |
| **Name of registered manager (if applicable)** | Manager post vacant |
| **Type of registration**| Care Home |
| **No. of places registered (if applicable)** | 30 |
| **Category(ies) of registration, with number of places** | Old age, not falling within any other category (30) |
SERVICE INFORMATION

Conditions of registration:

Date of last inspection  
30th July 2009

Brief Description of the Service:

Wear Court Nursing Home provides nursing and personal care for 30 older people.

The home is situated in a residential area of Sunderland approximately 50 metres from the sea front and within easy reach of public transport facilities.

The three-storey house was originally a residential dwelling and was converted to a care home in 1993. There is a passenger lift, which provides access to most areas of the home. A stair lift provides access to several bedrooms on the first floor that are inaccessible via the passenger lift.

There are twenty-seven bedrooms, four of which are double and are currently used as single rooms. Eight single and two double rooms have en-suite toilet facilities however, some are not of a suitable size to allow access for wheelchair users or people with mobility difficulties. Corridors and door widths are wide enough to allow access for wheelchair users.

The laundry, kitchen, dining room and lounge areas are all on the ground floor with the majority of bedrooms on the upper floors.

There is a conservatory to the rear of the building, which overlooks the private and mature gardens.

The costs of newspapers, hairdressing, and toiletries are not included in the fees.

Fees vary depending on people’s circumstances, further details can be found in the homes Service User Guide.
SUMMARY

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

The quality rating for this service is 0 star. This means that the people who use the service experience poor quality outcomes.

Before the visits:

We looked at:
- Information we have received since the last visit on the 30 July 2009.
- How the service dealt with any complaints and concerns since the last visit.
- Any changes to how the home is run.
- The provider’s view of how well they care for people.
- The views of people who use the service and their relatives, staff and other professionals.

The Visits:

This inspection was undertaken following Safeguarding meetings which raised concerns about people’s health, welfare and safety.

Unannounced visits were made on 11 and 29 December 2009. The first visit took two inspectors seven hours to complete and two inspectors completed an early morning visit on the 29 December 2009 and this took four hours.

During the visits we:
- Talked with people who use the service, staff and the manager.
- Looked at information about the people who use the service and how well their needs are met.
- Looked at a sample of other records, which must be kept.
- Checked that staff had the knowledge, skills and training to meet the needs of the people they care for.
- Looked around the building to make sure it was clean, safe and comfortable.
- Checked what improvements had been made since the last visit.

We told the manager what we found.

What the service does well:

The people who live in the home like the staff and the atmosphere was relaxed and friendly.

Staff were kind and sensitive when supporting and caring for people.
Visitors are welcomed and there are links with the local community.

There was a choice of food which was nicely cooked and presented.

Recruitment procedures are followed so that people living in the home can be protected as far as possible.

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

There is a four week menu which shows that people can choose from a balanced nutritious diet.

On the visit of the 11 December 2009 an immediate requirement was made to replace the carpets in the communal areas and replace the broken pane of glass in the door entrance. This was complied with within the timescales given.

**What they could do better:**

The home must have an effective manager to improve the standards and to make sure that there is effective leadership in the day-to-day management of the home.

This will also improve the standard of the care being given and will support people to have a good quality of life, taking into account their views and choices.

The staff must be supported so that they can feel confident that they will be able to meet peoples’ needs in a professional manner, taking the principles of a person centred approach to care into account.

People must have detailed risk assessments and an initial care plan based on care manager’s, other professionals and the home manager’s assessments, before being admitted to the home.

Work is needed with care plans so that they clearly detail the health care of individuals and be regularly updated and reviewed according to any changing need. Details of all professional visits must be recorded and their advice actioned.

People and their representatives need to be involved in planning their care with staff.

People must also be given the right to make choices about all aspects of their lives, including personal care needs. These details must be recorded in the care plan and then followed by all staff.

Qualified staff must have training to ensure that they can safely operate any new systems for the administration of medication. Systems for auditing medicines must be introduced.
Medicines must be handled according to the requirements of the Medicines Act 1968, guidance from the Royal Pharmaceutical Society and the requirements of the Misuse of Drug Act 1971.

Receipt, administration and disposal of Controlled Drugs must be recorded in a Controlled Drug Register, any gaps on the MAR must be explained and reasons for omission recorded and opening dates on eye drops and topical creams must be recorded.

Handwritten entries and changes to MAR charts must be accurately recorded and detailed. Entries should be signed, dated and countersigned by a witness to reduce the risk of error when copying information.

The medicine storage facilities must be reviewed and steps taken to provide safe and appropriate storage.

The home must make sure that people can be involved with a variety of activities both on an individual and group basis. A record of all activities must be recorded.

All food provision must be recorded. This is to include fortified and specialist diets. People who have weight loss or poor appetite must have weights regularly recorded and care plans put in place so that their nutritional needs are always met.

All concerns and complaints need to be listened to and all actions and outcomes must be clearly recorded. And, staff need to follow Local Authority guidance should there be any allegation or suspicion of abuse.

All specialist, safeguarding adults and mandatory training must be brought up to date.

All must staff have further training in how to respond to complaints and be given training in “whistle blowing” procedures.

The premises must have a plan of urgent and routine maintenance which includes refurbishment and redecoration throughout the home. This includes bedrooms, bathrooms and toilets.

The heating, lighting and water supply and ventilation on the home must meet the environmental and health and safety requirements. This includes emergency lighting and lighting to meet lux levels of 150.

All areas of the home must be kept clean and hygienic. This includes, communal areas, bedrooms, toilets, bathrooms the back corridors, sluices and laundry. Bins with lids, liquid soap and paper towels must be provided in all areas. And provide hot wash sterilisers to assist in prevention of cross infection.
Staffing levels must be reviewed based on the dependency levels and geography/design of the home. And review staffing levels during the night and at peak times. This is to include domestic, kitchen and laundry staff.

Quality assurance and quality monitoring systems must be fully implemented to include regular staff and service user meetings.

A programme of regular, formal supervision must be implemented to ensure all grades of staff are clear about their roles and responsibilities.

All records must be available, clear up to date and kept in accordance with the Data Protection Act.

All maintenance checks must be completed so that people are kept safe.

Staff must always have fire training three monthly and six monthly with detailed records kept.

The Commission must be informed of any event which affects the health, well being and welfare of people living in the home. This includes accidents and deaths.

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 INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1–6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection
Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

3. Standard 6 is not applicable to this service.

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

Without personalised needs assessment people’s diverse needs have not been identified and planned for when they move into the home which means there has been a shortfall in their care provision.

EVIDENCE:

Each person has a preadmission assessment which has been completed by the manager, care manager and where necessary the nurse assessor. Four people’s care was case tracked. None of the preadmission assessments were completed in detail.
The assessment tools include pressure ulcer risk, dependency, moving and handling, nutritional assessments using the Malnutrition Universal Screening Tool (MUST), continence and fall risk assessment.

The initial risk assessments did not show how the care was to be provided and in one instance the comprehensive care manager’s care plan was missing and vital information lost. This plan was eventually found but aspects of this person’s care had not been carried out for some time.

Assessments miss important information about life histories, likes, dislikes and cultural needs. Without this information a person centred approach to care delivery cannot happen and people’s needs will not be fully met.

The new manager has introduced a very detailed admission assessment which covers all aspects of individual’s health and social care needs. It is also being used to review and update all of the care plans in the home.
Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user’s health, personal and social care needs are set out in an individual plan of care.
8. Service users’ health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home’s policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9, 10.

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

The lack of detailed planning and recording of care means that people cannot be sure that their health and personal care needs will be fully met and puts them at risk of harm.

EVIDENCE:

Four people’s care plans were examined. Each showed incomplete risk assessments and care plans have not been evaluated since July 2009.

This includes pressure ulcer risk using the Braden Scoring system and the Malnutrition Universal Screening Tool (MUST), continence and fall risk assessment.
One person returned from hospital on a pureed diet and grade 2 thickened fluids and needs assistance with meals. This care plan had not been evaluated since July 2009.

Also there was evidence of weight loss from admission but weekly weights were not completed and it was difficult to evidence how fortified foods and supplements were provided.

And furthermore it was difficult to find GP and health care visits, including seeking advice about weight loss. Details of GP visits were later found in the daily progress notes.

The second plan had brief and incomplete admission details. The Braden scoring evaluation in July 2009 showed this person was at high risk of pressure damage but there were no further updates.

The MUST tool shows weight loss from admission to July 2009 but this person has not been weighed since. The moving and handling plan is not detailed for example "use full sling and hoist." This information does not show how this person is to be transferred safely.

Risk assessments for aspiration pneumonia, poor nutrition and contractures due to poor mobility have not been evaluated since July 2009. There were two care plans in use therefore it was not possible to evidence any input from the GP, Dietician or Speech and Language Therapist.

There is an assumption that the person has dementia, however there is no input from any psychiatric or mental health services. A Mental Capacity assessment has not been fully completed but states the person does not have capacity.

Another care plan has been rewritten taking the admission information into account. This care plan was not signed by the person, the next of kin and information was missing and there was no care plan for poor nutrition, incontinence, possible pressure damage and self neglect.

The preadmission care plan completed by the care manager and hospital staff was very detailed but was not initially used by staff to write a care plan for the person.

The care plan did not address how staff are to manage, self neglect and other behaviours that may affect this person’s health.

Since the first visit this person’s health and social care needs are starting to be met and the care plan updated, although staff still have not had any specialist training.
Staff said the reason care plans and other records were not up to date was that the plans had become the domain of the previous manager and any updates or changes were to be completed by her.

The new manager has changed this system and nurses are now accountable for record keeping in the home.

All of the care plans and related records are to be reviewed and updated.

Care plans still focus on the medical model of care by looking at clinical tasks rather than the whole person. A person centred approach to care has yet to be developed.

On the morning of the second visit it was unclear how people’s personal hygiene needs were being met. Staff said they did not use soap on anyone but put some shower gel in the water to wash them. Wet wipes were also in use.

There are no wash bowls so that hot water and soap can be taken to the bedside so people can have a thorough wash.

A check in five rooms showed that all of the persons’ soap was dry, sinks were dry and in two rooms the towels were still folded over the rail. None of the baths or showers had been used by late morning.

The forms to record that people’s hygiene needs have been met have not been completed for a month and there were gaps in recording before then.

Comments were made that people had showers at various times of the day and there is no certainty that anyone has a daily bath or shower.

The medicine storage room was locked. The storage area is very cluttered, small, dusty and messy. It is not cleaned on a regular basis and tiles are missing off the walls.

The room is very warm and the fridge was not locked.

There are no books to record when medicines are ordered or received into the home. There is one book which records when medicines are to be disposed of or returned to the pharmacist.

All medicine management is the responsibility of qualified nurses. The nurse on duty said ordering is done from the Medicine Administration Records (MAR) by ticking what they require on a monthly basis. When medication comes in they then put another line through the tick to evidence the drug has been received.
One person had been prescribed Temazepam. This was not recorded as received, or added to MAR, nor stored in the Controlled Drug (CD) cupboard or recorded in the CD book. Some initials are written in the controlled drug book rather than full signatures of witnesses.

There is a large yellow bin half full of a cocktail of medicines to be disposed of just inside the door. The sharps boxes have no identifying data.

Eye drops are not dated when opened and there are some gaps on MAR mainly eye drops, topical creams and Paracetamol. Also not all hand written directions have witness signatures.

Information regarding Warfarin medication was up to date.

Several people have been assessed for large specialist chairs. They were all sat in one lounge and had a fitted sheet over the chair. The sheets were worn and shabby.

When questioned, the nurse said the sheets were used as their skin was affected by the plastic on the arms and staff used the sheets for protection to prevent people’s skin from becoming sore.

Staff were sensitive and kind and made sure all personal care was completed in private. However the main focus for staff is managing daily routines with little or no time for individualised care provision.

Generally the physical environment remains poor and compromises the dignity and safety of people.
Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14,15

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

Opportunities to take part in meaningful activities and keep control of everyday decisions are limited and the mealtime experience is not always organised. This prevents people from leading full and active lives and could compromise peoples’ nutritional status.

EVIDENCE:

The new manager is recruiting an activities organiser for the home.

There was not much time during the day for any meaningful activity or 1:1 care. The nursing and care staff spent all of their time looking after people's nursing and personal care needs, with no time to spend chatting or give any one individual attention.
One person goes regularly down to the sea front and one person had a newspaper. Others were sat in the three lounges watching television.

Some people had no social interaction for most of the day. One person sat in sun lounge (conservatory) all day. He likes looking into the garden but as the room is used to store hoists and wheelchairs, his vision was restricted until the inspector moved the hoist.

People have brought items with them to personalise their rooms. The homeliness is detracted by the generally poor state of the rooms and soft furnishings, including carpets, curtains and bedding.

The new manager has started to change the menus. They are now laminated and colourful and used, as previously they were very sticky. They show what is available for each meal and includes snacks and supper choices.

The food is ordered on a Monday with delivery on a Tuesday. The meat is ordered separately and staff make trips to a local supermarket for “bits and pieces”.

There were sufficient food stocks in the kitchen.

A male member of staff discussed what was for lunch and explained what it was “corned beef hash your favourite”. He made sure that the person was comfortable before assisting with the meal.

There are no records of food provided. The cook has the “information in (her) head”. There is no information about any special dietary or specialist needs although at least three people need soft or pureed food and some people have lost weight.

The dining room is pleasant although there is old food debris up the walls by the serving hatch.

The new manager has bought tableware as previously there was little in the way of matching crockery.

Several people have difficulty eating their meals and plate guards and other specialist equipment is needed so that they can continue to maintain their independence.

Breakfast on the second visit consisted of various cereals, grapefruit, porridge fruit juice and a cooked breakfast of bacon, tomatoes and egg. Bread butter, toast and tea and coffee were provided.

The management of breakfast timings should be reviewed as some people waiting a considerable time for a cup of tea and something to eat. This was
made worse as one carer had phoned in sick just before the start of the morning shift.

Mealtimes take some time as the majority of people need staff to take them to and from the dining room and there is a waiting period before everyone is settled before the meals are served and people are supported.
Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.

17. Service users’ legal rights are protected.

18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

16,18.

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

Complaints and safeguarding issues have not been well managed and leave people at risk of harm.

EVIDENCE:

There are complaint and safeguarding policies and procedures for staff to follow.

Two complaints have been recorded in March 2009. One says that the complainant is satisfied with the outcome and the other does not give details of the action taken and if the complainant is satisfied or not.

There are no training records to show when staff completed safeguarding training which links into the Local Authority procedures. Staff said they had completed some training but could not remember when.

Five safeguarding alerts are currently under investigation with external agencies.
Although staff have said they have had concerns over the last eight months they have not used the “whistle blowing” procedures to raise concerns formally with the provider.

This means concerns about care practices and management have not been acted upon until a safeguarding alert was raised with the Local Authority.
Environment

The intended outcomes for Standards 19 – 26 are:

20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users’ own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

19,20,21,24,25,26.

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

The poor state of the environment compromises the dignity and safety of people living in the home and places them at risk of harm.

EVIDENCE:

The three-storey house was converted to a care home in 1993. There is a passenger lift, which provides access to most areas of the home. A stair lift provides access to several bedrooms on the first floor that are inaccessible via the passenger lift.
There are twenty-seven bedrooms, four of which are double and are currently used as single rooms. Eight single and two double rooms have en-suite toilet facilities however, some are not of a suitable size to allow access for wheelchair users or people with mobility difficulties. Corridors and door widths are wide enough to allow access for wheelchair users.

The laundry, kitchen, dining room and lounge areas are all on the ground floor with the majority of bedrooms on the upper floors.

There is a conservatory to the rear of the building, which overlooks the private gardens.

It is acknowledged that the requirement timescales of 01 February 2010 given at the Key Inspection of 3 July 2009 have yet to be reached. However there were concerns raised during the first day of the inspection regarding the continuing poor state of the environment.

An Immediate Requirement Notice was issued to replace or repair the communal carpets and the window pane in the front entrance window. This was because the carpets were rippled and split and causing a tripping hazard.

The pane of glass was help together with duck tape and, although comments were made that it would not fall out, was a serious health and safety risk. The Care Quality Commission (CQC) were informed by e-mail that the carpets and window had been replaced within specified timescales. And this was verified at the site visit of the 29 December 2009.

A tour of the home found the following:

The toilets were dirty; all plug holes were dirty and ingrained with debris.

Toilets did not all have liquid soap and paper towels. Not all had foot operated bins with lids.

Bins for disposal of incontinence pads are the “nappy sack” type with a lid that has to be twisted to put pad in. These were dirty and stained.

Several areas had blocks of soap and none had been used. Several light cords were very dirty and out of reach.

Toilet 5 had no hand wash, no bin, and packs of clean incontinence pads were stored on the floor around the toilet. This toilet was dirty.

Bathroom 4. The flooring is damaged. A pack of clean incontinence pads were being stored on the floor. The Rotor Wash floor cleaner is stored next to the bath. There was no plug or bath thermometer to check water temperatures.
Bathroom 3 This bathroom had a foul odour. Two small plastic bins were in the
domestic bath which was damaged. The wallpaper was hanging off the wall,
the radiator and light cord dirty and the flooring lifting.

Sluices were unlocked. There is one on each floor. The upstairs sluice was
filthy with a horrendous smell. The small sink was overflowing with dirty
commodes.

Clean packs of incontinence pads were on the floor. This was cleaned before
inspectors left but was still unlocked and needed a good scrub.

The sluice disinfecter is still not working although timescale for repair
replacement is February 2010. This room was also dirty. The open hopper was
stained, the light not working and commodes stacked on top of each other with
clean packs of incontinence pads stored on the floor. There was no hand wash
liquid soap or paper towels.

Bedroom 23. This was unkempt. The bedding was thin; there was no
headboard for the divan. The sink and plug hole was filthy with dripping taps.
There was a hole in the wall. A dirty crash mat was wedged at the end of the
bed.

Bedroom 22. The bedding was soiled and not changed at 11:30 am. A blue
bottle was in the very warm room, cobwebs were on ledges and the room
generally dusty.

Bedroom 21. The person was still asleep. When the door was opened two blue
bottles came into the small passage way. The manager was asked to
investigate the source of this.

Bedroom 11. This person had nursing profiling bed. The bedding was shabby
and on the floor and the carpet worn. The door was chocked open.

Bedroom 30. The curtains were hanging off the rails, bedding was left on floor
to be put back on bed. The carpet was frayed at the door edges and there was
no bin.

Little thought as been given to where furniture and fittings go. Beds are not
always near lights and call bells. One wardrobe was behind the bedroom door
making it totally inaccessible to the person living there.

Corridor paintwork is chipped and worn. The wallpaper stained and damaged.
 Carpets need a good clean and communal areas are dusty.

 Carpets are frayed at edges to doors and handrails are now devoid of varnish.
 Lighting in corridors is dim and some lights have no shades.
Window catches in most areas are missing or broken and some windows cannot be opened as they have been painted shut. It is unclear if thermostatic mixing valves are fitted to prevent risks of scalding.

Water in unused bathrooms is not run on a regular basis. The heating system needs to be looked at as on both days radiators was noisy and the heat excessive.

Extractor fans are working but are dusty and noisy.

The sun room is used to store wheelchairs and hoists and slings. One person sat there all day by himself as he likes looking out into garden but could not for some time as a hoist had been put in front of window. This room is sparsely furnished, dusty and cobwebs and fly dirt are on all of the edges.

The laundry was messy and untidy. Two red bags of soiled linen had been left on floor to be washed. The sink was ingrained with debris and dirty mops and buckets are stored. A black rubbish bag was tied to linen skip full of rubbish. Windows are cracked from a stone or air gun pellet.

The back passage which leads to the kitchen, staffroom and laundry had a filthy floor with no one taking responsibility for cleaning it. There are rust marks on floor from the large fridge which has no handle.

The steps into kitchen were dirty and there broken tiles. The area is used to store paint and maintenance equipment. Cardboard boxes were stacked ready to be put into outside bin although there was no urgency to do this.

It remains unclear how the commodes are cleaned and sterilised. They apparently are rinsed and then sprayed with domestic cleaner and cleaned out with a separate jay cloth. There was little use of protective clothing when cleaning or assisting people when they needed personal care.
Staffing

The intended outcomes for Standards 27 – 30 are:

27. Service users’ needs are met by the numbers and skill mix of staff.
28. Service users are in safe hands at all times.
29. Service users are supported and protected by the home’s recruitment policy and practices.
30. Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

27,28,29,30.

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

Staffing levels and systems around supervision and training of staff are inadequate to meet the range of needs of the people using the service. This means that people’s lifestyles are restricted and overall detrimentally affects their quality of life.

EVIDENCE:

The previous manager was employed in February 2009 and left in October 2009.

A new manager has been in post for approximately four weeks but it is not clear if she is to be employed here or at a sister home. No details have been given to show that she is supernumerary or if she is to apply to CQC to be registered.

On the first day of the visit the manager, a qualified nurse and three carers were on duty. Domestic and cook hours have increased although there was
only a cook and one domestic on duty. The maintenance person was not on
duty as he only works three days a week.

There is no on site administrator, administrative duties are completed from
another home.

The domestic who has been employed to cover the evening shift 4-6pm is off
sick and no one is employed for the laundry.

A second visit was made at 7:00 am on the 29 December 2009. There was one
qualified nurse and two care staff on duty.

Staff said since our first visit the staffing levels on night duty were to be
increased .It was not clear if this was to be a permanent arrangement.

The day staff arrived at 8:00 am. There was an agency nurse and two care
staff. One carer had phoned in sick and although some attempts were made to
cover the shortfall, this had not happened.

The night nurse is to be commended for staying to assist people have their
breakfast and was still on duty at 11:00 am.

Twenty people with high dependency needs live over three floors. Domestic
staff do all the cleaning, including bedrooms, toilets, bathrooms, sluices,
commodes, dining room, making beds, and assisting in the laundry. This
workload is having a detrimental impact on attempts to keep the home clean.

As there are insufficient domestic, laundry and kitchen staff, care staff will
have to assist with these routines which then compromises care provision.

The senior carer has National Vocational Qualifications (NVQ) level 3 within last
12 months.

He was the Fire Warden but not had up to date training and staff have not
completed fire training. This role was taken away from him during 2009.

A maintenance person has been employed part time. He has not had any
induction and has not been given any direction regarding his work.

There was no evidence of specialist training and mandatory training is not up
to date.

One person has been admitted with mental health problems but staff have had
no training to care for complex needs.
Staff say they have completed safeguarding and moving and handling training. Records checked show dates of 2006. Staff said they had completed a twelve week dementia care course but there was no evidence to confirm this.

Staff files were not in order and it was difficult to find relevant information. Files did show that the recruitment procedures had been followed.

No one has formal supervision and nursing staff have had no clinical supervision since February 2009.
Management and Administration

The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users’ financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users’ rights and best interests are safeguarded by the home’s record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

31,32,33,36,37,38.

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

Lack of consistent leadership and management has placed people who use the service at risk of harm.

EVIDENCE:

Although managers have been appointed no one has applied to become registered with the Commission. There has not been a registered manager employed since 2006.
The last manager had been in post from February to October 2009. Another manager has been employed but she is not to be permanently employed at this home.

A letter has been sent to the provider regarding the lack of long term management arrangements in the home.

There has been a lack of leadership and staff have had little direction and supervision and have been unsure what is expected of them and then doing what they think is right.

This means the focus has been the task, getting the job done without looking at the individual needs of those using the service.

The new manager is a qualified nurse and has management experience. She has an understanding of all of the issues but is currently prioritising the major concerns in the home.

A clear plan, with timescales is needed so that the quality of care for people living in the home improves and includes the promotion of equality of opportunity, diversity and people’s rights.

Staff need to be given clear direction about the aims of the service and be informed through supervision and training of the policies, procedures and ethos of the home.

Quality assurance and monitoring systems have not been completed. Staff and people using the service cannot be confident that their views are listened to or valued. There is little evidence that regular meetings have been held for some time.

The provider has sent out surveys, comments include:

Concerns about staffing levels,
Room is average,
Activities average,
Would like a new bed and go out more,
Would like new curtains, carpet, cups and crockery.
Staff are good.

Personal allowances were not audited. Audits are being completed externally following recent safeguarding information.

Many of the records were not available up to date or in good order. They, along with accident recording were not kept in line with the Data Protection Act 1998.
Accidents are recorded, however there is no analysis to track trends, which would prevent the same incidents happening.

Staff have not had up to date infection control, moving and assisting, food hygiene, first aid or fire training.

The fire risk assessment and fire evacuation plan was found to be out of date on the second visit. And the manager confirmed the update had been completed the following day. She was advised to contact the fire officer regarding the fire risk assessment.

Information about lack of fire training and evacuation plans have been shared with the fire officer.

Health and safety procedures and risk assessments are not up to date. Weekly checks of hot water temperatures, nurse call systems, bed rails and checking that window restrictors are safe have not been done.

There are no thermostatic mixing valves to control the hot water temperatures in the home.

Service certificates for the fire alarm, gas boiler, hoists and electrical testing were up to date.

Not all information has been reported to the Commission under Regulation 37, this includes four deaths in June, July and August 2009.
SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

4 Standard Exceeded (Commendable)  3 Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls)  1 Standard Not Met (Major Shortfalls)

“X” in the standard met box denotes standard not assessed on this occasion
“N/A” in the standard met box denotes standard not applicable

<table>
<thead>
<tr>
<th>CHOICE OF HOME</th>
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<th>ENVIRONMENT</th>
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<tbody>
<tr>
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<th>DAILY LIFE AND SOCIAL ACTIVITIES</th>
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<th>MANAGEMENT AND ADMINISTRATION</th>
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Wear Court
Are there any outstanding requirements from the last inspection? Yes

## STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>OP3</td>
<td>14(1)(2)</td>
<td>The registered person must ensure the needs of each person be fully assessed before they move into, or return to the home following hospital admission where there has been a change in their needs. This will ensure that the service can meet their needs. <strong>Timescale of 01/11/09 not met.</strong></td>
<td>30/01/10</td>
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<tr>
<td>2</td>
<td>OP7</td>
<td>12,15</td>
<td>The registered person must ensure that the care plans are up to date, detailed, reviewed at least monthly, are person centred and reflect how current and changing social and health care needs will be met. This is to make sure that staff plan and review how they work with people so that everyone works in the same way to ensure people’s needs are being met.</td>
<td>30/01/10</td>
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<tr>
<td>3</td>
<td>OP8</td>
<td>12,13</td>
<td>The registered person must ensure that risk assessments be in place for individuals and updated to show any changes.</td>
<td>30/01/10</td>
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</table>
This will ensure that people are cared for safely.

**Timescale of 01/10/09 not met**

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| 4 | OP8 | 12 | The registered person must ensure that staff maintain people’s personal hygiene needs on a daily basis with records kept.  
This will make sure people’s hygiene needs are met according to their expressed wishes. | 30/01/10 |
| 5 | OP8 | 12,14,17 | The registered person must ensure that nutritional screening is completed and a record maintained of nutrition, including weight loss maintained.  
This will make sure people’s nutritional status is met. | 30/01/10 |
| 6 | OP8 | 12,13 | The registered person must ensure that all visits from other professionals are recorded in detail and their recommendations actioned.  
This is to make sure that the home promotes and maintains people’s health | 30/01/10 |
| 7 | OP9 | 13 | The registered person must ensure that medicines are handled according to the requirements of the Medicines Act 1968, guidance from the Royal Pharmaceutical Society, the requirements of the Misuse of Drug Act 1971.  
This will make sure medicines are kept safe | 30/01/10 |
| 8 | OP9 | 13 | The registered person must ensure that receipt, administration and disposal of Controlled Drugs are recorded in a Controlled Drug Register. | 07/01/10 |
This will ensure compliance with legislation and maintain security.

| OP9 | 13 | The registered person must ensure that any gaps on the MAR are explained and reasons for omission recorded. Opening dates on eye drops and topical creams must be recorded. Handwritten entries and changes to MAR charts must be accurately recorded and detailed. Entries should be signed, dated and countersigned by a witness to reduce the risk of error when copying information. This makes sure that the correct information is recorded so that the person receives their medication as prescribed. And reasons for omission are reviewed and medical advice sought as necessary. | 30/01/10 |

| OP9 | 13 | The registered person must provide staff training to ensure that they can safely operate any new systems for the administration of medication. Systems for auditing medicines must be introduced. The facilities in the treatment room must be reviewed and steps taken to provide safe and appropriate storage. **Timescale of 01/10/09 not met** | 30/01/10 |

| OP12 | 12,16 | The registered person must ensure that people are able to exercise choices regarding daily routines and social activities which are recorded. | 30/01/10 |

<p>| OP14 | 12 | The registered person must ensure that people’s personal choices about aspects of their | 30/01/10 |</p>
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<td>care recognised and implemented.</td>
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<td>This will ensure that people are supported to have some control over their lives and their rights respected.</td>
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<tr>
<td></td>
<td>OP15</td>
<td>OP16</td>
<td>OP18</td>
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<td>13</td>
<td>12</td>
<td>22</td>
<td>12,13</td>
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<td>The registered person must ensure that records of all food provided are recorded. This is to include fortified and specialist diets.</td>
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<tr>
<td>This will ensure people receive a wholesome diet that meets their assessed needs.</td>
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<tr>
<td>The registered person must ensure that staff have further training in how to respond to complaints and be given training in “whistle blowing” procedures.</td>
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<tr>
<td>All concerns and complaints must be recorded and details of actions and outcomes recorded within 28 day timescale.</td>
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<td>This will ensure that people will be confident that their views are listened to, recorded and acted upon</td>
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<tr>
<td>The registered person must ensure that all grades of staff complete safeguarding training which links into the Local Authority Procedural Framework.</td>
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<td>This will ensure people living in the home are protected from harm.</td>
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<tr>
<td>The registered person must continue the work to audit and improve the environment in line with the plans already submitted to CQC. This must include all of the items identified in this report.</td>
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<td>30/01/10</td>
<td>01/02/10</td>
<td>31/03/10</td>
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</table>
This is so that people who live in the home have an acceptable level of comfort, hygiene and safety.

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<tr>
<td>17</td>
<td>OP24</td>
<td>16,23</td>
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<tr>
<td></td>
<td>The registered person must continue to implement the action submitted to CQC to provide suitable furniture and fittings in all bedrooms. This will provide a comfortable environment for people to live in.</td>
<td>01/02/10</td>
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</table>

| 18 | OP25 | 23 |
| The registered person must ensure that the heating, lighting and water supply and ventilation on the home meets the environmental and health and safety requirements. This includes emergency lighting and lighting to meet lux levels of 150. This will ensure people live in a safe home. | 01/03/10 |

| 19 | OP26 | 13,18 |
| The registered person must ensure that all areas of the home are kept clean and hygienic. This includes, communal areas, bedrooms, toilets, bathrooms the back corridors, sluices and laundry. Bins with lids, liquid soap and paper towels must be provided in all areas. This will ensure people are protected from risk of infection | 07/01/10 |

| 20 | OP26 | 13 |
| The registered person must ensure that the staff in the home be provided with the facilities to adequately clean and disinfect equipment being used for personal care including the provision of adequate numbers of hot wash sterilisers. This will minimise the risk of cross infection. | 01/04/10 |

| 21 | OP27 | 18 |
| The provider must complete the | 01/02/10 |
recruitment process for domestic and laundry hours in the home.

This will promote the welfare of the people living in the home by ensuring that they get the full attention of the nursing and care staff. **Timescale of 01/12/09 not met.**

<p>| 22 | OP27 | 18 | The registered persons must review the staffing levels in the home based on the dependency levels and geography of the home. And review staffing levels during the night and at peak times. This will make sure people receive appropriate levels of health care and they are kept as safe as possible | 31/01/10 |
| 23 | OP30 | 18 | The registered person must ensure that staff are provided with appropriate training for the work they are to perform. This is so that people living in the home receive the care and support they need. <strong>Timescale of 01/11/09 not met</strong> | 01/03/10 |
| 24 | OP31 | 12,18 | The registered person must recruit an experienced manager and apply for him/her to be registered with the Commission. | 01/02/10 |
| 25 | OP32 | 12,18,24 | The registered persons must develop systems to ensure that there is a clear sense of direction and leadership, which staff understand and are able to relate to the aims and purpose of the home. | 01/02/10 |
| 26 | OP33 | 24 | The registered persons must implement the quality assurance and monitoring systems. This will make sure that the quality of the service is regularly monitored. | 01/02/10 |</p>
<table>
<thead>
<tr>
<th>OP</th>
<th>Code</th>
<th>Requirement</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>OP36</td>
<td>The registered person must ensure that all staff receive formal supervision at least 6 times a year with records kept. All staff must be supervised and directed as part of everyday practice. This will ensure people receive consistent, proper care delivered by trained experienced staff.</td>
<td>01/03/10</td>
</tr>
<tr>
<td>28</td>
<td>OP37</td>
<td>The registered persons must ensure that all records including home and care plans are kept up to date, secure and in good order in accordance with Data Protection Act 1998 and other statutory requirements</td>
<td>31/01/10</td>
</tr>
<tr>
<td>29</td>
<td>OP38</td>
<td>The registered persons must ensure that all staff complete first aid, infection control, first aid, food hygiene, moving and assisting and fire training. This is to ensure the health safety and welfare of people working living and visiting the home.</td>
<td>01/02/10</td>
</tr>
<tr>
<td>30</td>
<td>OP38</td>
<td>Arrangements must be reviewed and action taken to safeguard the health, safety and welfare of residents and people working in the home. Timescale of <strong>01/11/09 not met</strong></td>
<td>07/01/10</td>
</tr>
<tr>
<td>31</td>
<td>OP38</td>
<td>The registered person must ensure that the Commission is informed of any event which affects the health, well being and welfare of people living in the home. This includes accidents and deaths.</td>
<td>07/01/10</td>
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<tr>
<td>32</td>
<td>OP38</td>
<td>The registered person must contact the fire officer to ensure that there are suitable fire prevention and risk assessments</td>
<td>07/01/10</td>
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</tbody>
</table>
The registered person must ensure that all maintenance checks are carried out as required with records kept. These include monitoring hot water temperatures, checking emergency lighting, nurse call systems, window restrictors, bed rails and fire systems.

This will ensure the safety of those in the home.

### RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

<table>
<thead>
<tr>
<th>No.</th>
<th>Refer to Standard</th>
<th>Good Practice Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>OP12</td>
<td>It is recommended that improvements are made to the social activities programme to make it more person centred and reflect the interests, abilities, previous lifestyle choices and preferences of people living in the home.</td>
</tr>
<tr>
<td>2</td>
<td>OP25</td>
<td>It is highly recommended that thermostatic mixing valves are fitted to prevent risk of scalding.</td>
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</tbody>
</table>