



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	Bromley Road (44)
Address:	44 Bromley Road Beckenham Kent BR3 5JD

The quality rating for this care home is:

one star adequate service

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

Lead inspector:	Date:
Wendy Owen	0 6 0 4 2 0 0 9

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

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

Outcome area (for example: Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk 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 Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Bromley Road (44)
Address:	44 Bromley Road Beckenham Kent BR3 5JD
Telephone number:	02086587829
Fax number:	
Email address:	maxine.shaw@bromley.gov.uk
Provider web address:	

Name of registered provider(s):	London Borough Bromley
Type of registration:	care home
Number of places registered:	7

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	7	0
Additional conditions:		

The registered person may provide the following category/ies of service only: Care Home Only (CRH - PC) to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Learning disability - Code LD

The maximum number of service users who can be accommodated is: 7

Date of last inspection									
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A bit about the care home

44, Bromley Rd is a purpose built care home owned by Broomleigh Housing Association. The Registered Provider is the London Borough of Bromley Adult Division and the home is managed and staffed by their employees. It is located within a residential area of Beckenham and is close to transport links and Beckenham town centre, with its range of shops and leisure facilities. The home has recently been registered to provide respite care to a total of 7 adults. The home provides care to adults within the following groups; 6 with a learning disability; 6 with a sensory impairment and 3 with physical disabilities. One of the beds remains open for any emergency situation within the borough and there is one placement for residents in receipt of intermediate care for up to a period of six months. Communal and private accommodation is set on three floors accessed by stairs. The lounge/dining room and kitchen are located on the ground floor as are three of the bedrooms, one bathroom and one shower room. The home has a registered Manager and support staff working during parts of the day and all night. No ancillary staff are employed. The fees for respite care are #8.82 per night. The Service Level Agreement details that accommodation, staffing to the agreed level and food is included in the fees charged. Residents are expected to pay for all toiletries; magazines and activities. In some cases, transport to day centres, is included in the service level agreement. Full information is available on referral and the inspection report can be provided by the home on request.

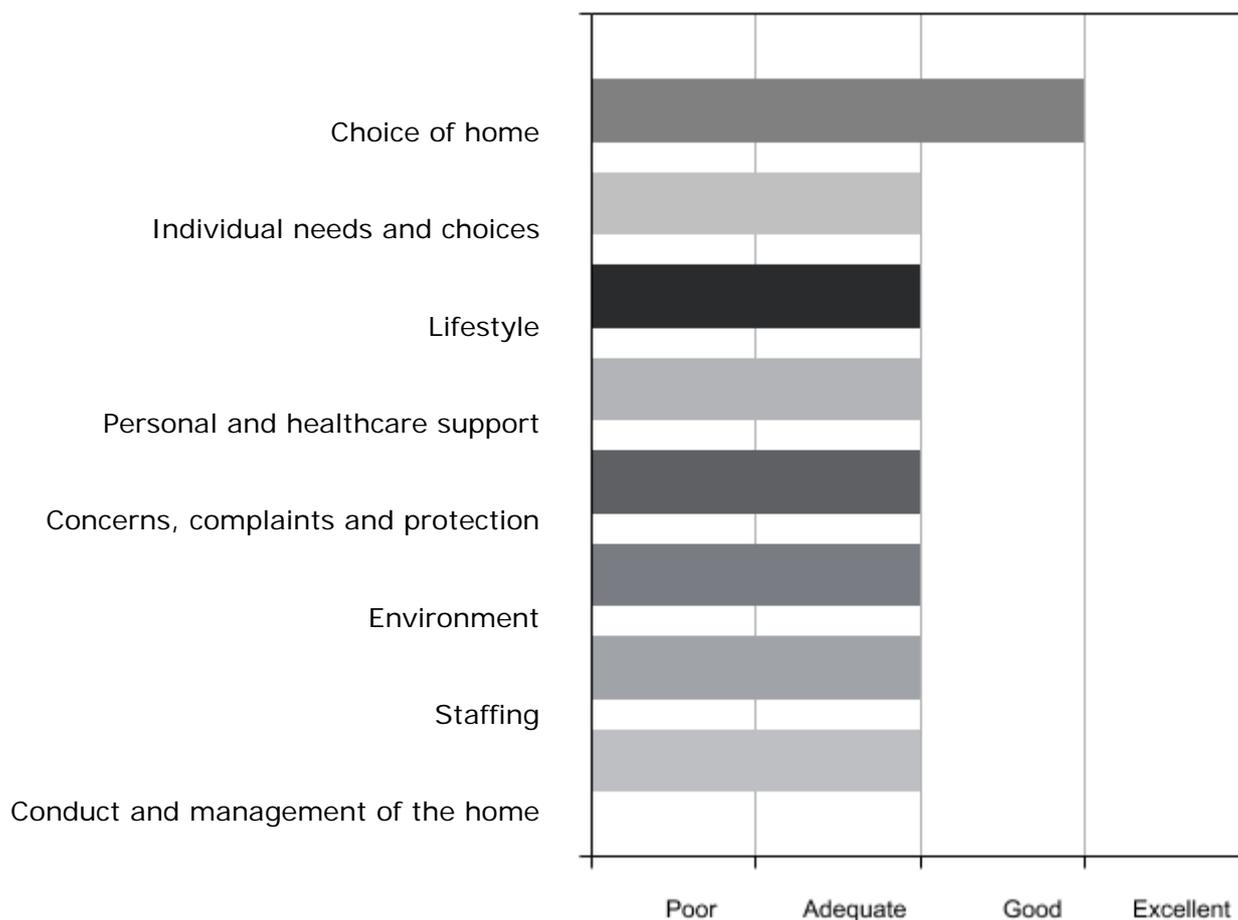
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

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

We visited the home for brief periods during the morning before people went to their day centres, in the afternoon on their return and during the course of a day.

Prior to the visit we received the Annual Quality Assurance Assessment (AQAA) which tells us about the changes to the service over the last twelve months and any improvements made.

As part of the inspection we sent out surveys and visited the home. During the visit we spoke to people living there, staff and the manager. We also looked at records, observed practice and toured the home.

we were informed prior to the inspection that the Local Authority are planning to close the home during 2010 and a new respite service developed.



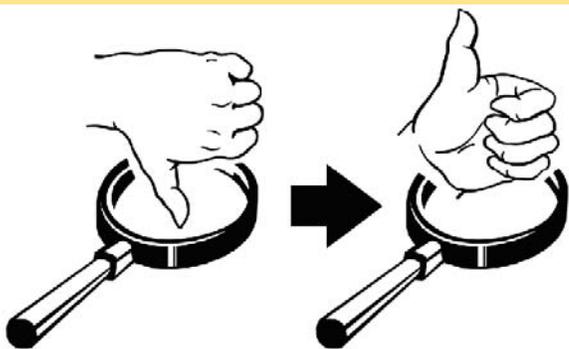
What the care home does well

44 Bromley Rd provides a relaxed, warm and friendly environment for people making visits to the home as part of their respite care.

People have the information they need to make a decision about the service and whether it is right for them. Staff have some good information which they need to provide care and support to meet individuals' needs and people generally felt that staff were competent and understood their needs.

Healthcare needs are adequately addressed.

Staff generally have a positive approach and support people in decision making, wherever possible.



What has got better from the last inspection

Since the last inspection the manager has improved the way in which they record complaints to ensure that there is a clear record trail of how complaints are managed. Adult protection procedures have also been reviewed by the Local Authority to ensure staff understand their role in protecting people from abuse.

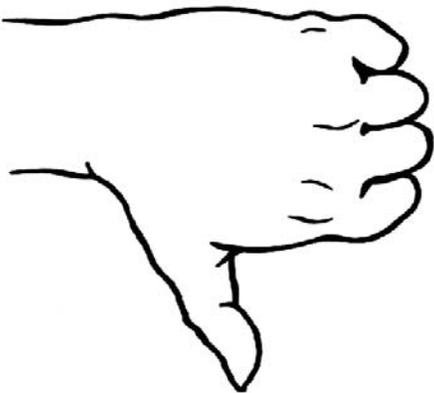
Some aspects of medication practices

have improved making them safer for residents.

The number of people with NVQ qualifications has improved considerably since the last inspection which means most staff have the skills and knowledge to support this client group.

A new information pack has been developed and a complaints procedure, specifically for those with learning disabilities, has been introduced to make it easier for people to raise concerns.

Some of the requirements from the last inspection have been met including regular monitoring of the service and the undertaking of a review. This gives the Providers an opportunity to ensure the service is consistent and, where required, improved to meet peoples' needs.



What the care home could do better

There are a few requirements still outstanding that we cannot confirm have been adequately met. This includes the need to improve the risk assessment processes, redecoration of areas of the home and the improvement in activities for those in the younger age group and at weekends.

Whilst we acknowledge some improvements in the medication practices there are still some areas that need to be improved.

Care planning and risk assessment information must also be improved to ensure staff have the information they need to meet peoples' needs and ensure their safety and wellbeing.

We are concerned about the recruitment procedures and procedures and training, specifically relating to the use of bank and agency staff. The current practices are not adequate or robust enough to ensure people are protected or cared for by people who are competent to do so.



If you want to read the full report of our inspection please ask the person in charge of the care home

If you want to speak to the inspector please contact

Wendy Owen
33
Greycoat Street
London
SW1P 2QF

02079792000

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

The report of this inspection is available from our website www.cqc.org.uk. 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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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The people using the service have the information they need to help them make a decision on whether the home is able to meet their needs. There are systems in place for ensuring staff have the information they need to provide individuals with the care and support they require.

Evidence:

Information is available in the form of a Statement of Purpose and Service Users' Guide telling people what the home has to offer and what it provides. This is done in a words and pictorial format and given to individuals or their relatives. We were told that a new information pack has been developed giving people all the information they need about the service. A more user- friendly format such as a dvd/video format is also being planned, as is a pictorial book. This would be beneficial for a number of the residents.

The last report stated a younger age-group is also being provided a service. This makes a respite service with a wide ranging age-group and with differing needs to the older age group still being catered for. The feedback suggests that there is a difficulty in ensuring the needs of both groups are difficult to meet.

Evidence:

There are comprehensive procedures for the referral, assessment and admission of new and continuing respite residents. There is evidence from the three files viewed that referral and assessment processes are in place ensuring the home is able to meet individuals' basic needs.

Visits to the home are also encouraged and vary from a brief tea visit to overnight stays. This gives people the opportunity to feel comfortable and get to know staff and other people who could be staying there with them. There is some evidence of people receiving short-term respite contracts.

We noted that the home continues to provide long term placements which is outside of its actual remit. There are currently four people residing there with some living there for a year or more. This restricts people using the service who are in need of respite care and also alters the dynamics of the home and how people are cared for. This has been an ongoing issue and despite the Service Users' Guide stating we will be kept informed of these occurrences, this has not been the case.

Individual needs and choices

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

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

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

This judgement has been made using available evidence including a visit to this service.

Whilst some staff understand the individual needs of those people living there this is not always the case with the high use of agency staff.

People are encouraged to make basic choices and decisions during their stay to ensure they have a say in what goes on.

Evidence:

We looked at the files of three individuals who are receiving a service. The admissions information, assessment and care/support plans were viewed and we had a brief discussion with one resident who told us about their care. A number of residents were also observed with staff during the course of the visits. All appeared to be content and relaxed in their environment and showed positive signs of well-being. They all looked reasonably well presented and groomed.

The AQAA details the implementation of new support plans which have been developed

Evidence:

over the last few months along with skills teaching and STAR plans. We viewed three of these which we found were varied and included a basic assessment and support plan developed in a pictorial and simple word format. Whilst containing some good information we found gaps in these so they were not as personalised as they could be. An example of this is when one person comes to the home has cream applied to their skin and special gel for their hair. Another required food supplements but this information had not been recorded as part of their care needs. The same person had problems sleeping but this had not been recorded as part of their identified needs. We understand the need for these documents to be in a format for individuals so that they can be involved and understand what is written about them. However, this must be balanced with ensuring there is specific information for staff to ensure all their identified needs are met.

STAR plans have also been developed for some people and we viewed three of these. They include skills teaching such as cooking and using the washing machine. This gives them the skills to undertake daily living tasks.

Few of these care/support plans had been signed and dated or reviewed despite the AQAA stating that all people have a review every six months. This was misleading as it implies the home reviews the care plans whilst it is the day centres that do so. It is important that people who have respite care have their needs reviewed regularly by the home as between visits there may be significant changes to the support required. The manager does ask if there has been any changes before each visit but this is not a review of their full needs whilst in the home. It may be that needs have significantly changed and staff need further training etc to ensure they can meet that person's needs.

It is also important that the way in which personal monies are managed is recorded as part of their identified care needs. For example one person has bank cards held securely by the home. Some staff have access to these and withdraw money on their behalf. This support must be documented with the risk assessments in place for ensuring monies are protected.

Listening to staff and observing what goes on in the home it is clear that permanent staff are aware of individuals needs. This is not so for the agency staff who are used regularly (although there are exceptions to this). We were told of a number of concerns about the competency of the agency staff used and the care provided to the very dependent people in the home.

General risk assessments are developed that identify possible risks with guidance in place to ensure people are protected. These are not not specific enough though. For example there is no risk assessment for a person who is not eating as they should be. Although in another case, risk assessments had been developed around the safeguarding of an individual were in place for a number of areas.

We could see that staff encouraged individuals to tell them about what they wanted to do or other choices. Whilst these were quite basic choices this showed staff wanting

Evidence:

to involve them in their care during their stay.

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

This judgement has been made using available evidence including a visit to this service. Staff encourage residents to be involved in daily living tasks, continuing day centres and community activities to ensure active participation. However, staff should be more proactive and activities should be more reflective of age groups as required at the last inspection.

Meals are varied with residents given choice on what is on the menu and involved in the preparation and cooking of the meals.

Evidence:

Respite users of this service generally attend their usual day centres during the course of the stay. However some residents do not have regular day centres to attend. There are currently four people on long term care and therefore arrangements have been made for various activities. There is also one person who is receiving one to one care

Evidence:

during the day enabling various activities to be involved in.

The support plans detail people's preferred form of address and have the opportunity to have a key to their room where assessed as able. However, they do not have keys to the front door and gate due to their dependency.

Observations made during the inspection showed that the permanent staff generally have a good rapport with the people living there and interact well. This was not the case for some (not all) of the agency staff used. We observed one agency staff just sitting next to the person without speaking or interacting for quite a while. We looked at some of the activities undertaken by people living there and these appeared satisfactory during the weekdays. However, feedback through surveys received and the recent survey completed on behalf of the service shows that there continues to be a need to ensure activities are age-related and should be improved at weekends. The AQAA tells us that they are reviewing the provision of day care activities so that they can provide varied activities for the individual.

During the evenings there are two carers plus the one to one carer and activities revolve around preparing meals and watching TV etc. There are occasions when they go out in the evening such as pubs or shops.

It is positive that the staff support individuals with daily activity tasks and they are encouraged to undertake domestic tasks, shop for, prepare and cook meals. Lowered kitchen worktops make it easier for those with disabilities, especially for wheelchair users to join in the preparation of meals.

Accessing community activities is made easier by the home being located close to the bus, train and tram links, as well as being close to Beckenham High Street and its shops bars, restaurants and park.

We looked at the quality of the food provided. In general residents take breakfast in the home and those that attend the day centres either take a packed lunch or they pay for a meal at the centre. For those in the home they have a snack at lunch-time or, if they wish, they can eat out at their own expense. Staff have meals paid for at residents expense in certain circumstances.

During the evening residents generally eat together, except where they express a desire not to. The home has information about residents likes and dislikes which enables them to have a good idea what choices to offer. We noted from an individual care plan that one person has a poor appetite but there is no information about this nor a risk assessment in place. No nutritional assessments had been developed for any person. This is important to ensure staff have the information and ensures people are encouraged to eat appropriately and are provided with foods that are good nutritionally. Whilst people are there for short terms only the more longer stay residents require more input in these areas.

People are also able to attend church if they wish and, whilst the manager stated that

Evidence:

staff would escort them in this feedback suggests that staffing levels may not support this statement. We are aware that levels have improved over the last few months. Therefore it may be that staff need to be more motivated in this area.

Personal and healthcare support

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

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

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

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service. Generally permanent staff understand the individual support required by those using the service and ensure their health needs are being met. This is not always the case with agency staff used and therefore people do not receive a consistent service. Medication practices are satisfactory and if improvements are made the people using the service would be less at risk of any potential harm.

Evidence:

Support plans and risk assessment detail some of the health needs of individuals and also detail the personal support. They are currently working with the Community Health team to develop health action plans for each individual. At the last inspection we commented on the need to produce moving and handling risk assessments for each person so that staff are clear about their personal support needs. This has not yet been done and so a requirement has been made regarding this.

There are specialist aids and adaptations for those with physical disabilities along with rooms on the ground floor. A number of residents have epilepsy and there are risk assessments and guidelines in place for how these are to be managed and action to be taken. Staff spoken to were aware of these and we viewed records relating to one

Evidence:

person in particular who has severe epilepsy. This is being monitored by the Community Learning Disability team. Sensor pads which alert staff to individual movements and possible seizures are also used where necessary.

Support plans details personal care needs and it is clear that residents are encouraged to undertake personal care tasks as much as they are able. Therefore the support provided to each individual varies greatly.

For those residents on respite, healthcare is the responsibility of the relatives, although temporary arrangements are in place if GP support is required. For those on longer stays registration is with a local GP. It is clear that this aspect of care has improved over the last year with evidence of GP and other healthcare appointments for those staying for longer periods.

Residents bring in their prescribed medication with them and the procedures for this are clearly laid out for relatives to adhere to. The GP confirms prescribed medication prior to an individual visiting the home. Medication entering the home is recorded on the admissions sheet and then recorded on to the specific medication chart. Medication is recorded by hand onto the medication administration record (MAR) with two staff signing to ensure the accuracy of the hand transcriptions. Each MAR had been filled in and there were photos attached with records of allergies recorded or "none known", where appropriate.

Generally the records were satisfactorily completed, although there was a lack of clarity on some which makes auditing very difficult. One record showed two bottles of eye drops coming into the home when in fact it was one and one other carried forward. Medication prescribed to be administered "as required" had guidelines in place. Where medication such as eye drops has an end date after opening, the date of opening had not been recorded on one bottle viewed but had on another. This raises the risk of infection as staff may use the medication after its "use by" date.

Records showed medication being carried forward from one period to another and checks being made on the amounts in stock to the records.

Records did not show where one person's medication required in the event of possible seizures is taken out of the home. Possibly the guidelines need to make this clear. One person also wished to administer one medication themselves and took it out of the home with them. This had not been made clear in a risk assessment and raises the issue that if they were able to administer one medication outside of the home why were the home taking full responsibility in the home when the person could have more independence.

There is some evidence of staff receiving medication training and taking a competency assessment but none regarding accredited training. There is also evidence of staff receiving specific training for more invasive administration by staff.

We also noted that for one individual they had only enough medication for that night

Evidence:

and no more. We could find no evidence that it had been ordered or when it was to be collected. This presents a risk to the individual's health and action taken before that date to ensure an adequate supply of medication is in stock.

Concerns, complaints and protection

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

People living in the home feel safe and are listened to if they raise concerns or issues about the care they are receiving.

Whilst there are procedures in place for safeguarding individuals the practice when using of agency staff and lack of information regarding managing individuals' monies places vulnerable people at risk.

Evidence:

The home has a copy of the current Bromley-Inter-agency guidelines and these are used in the service rather than individual procedures for the home. There is a "flow chart" for staff to follow if they wish to know their role in raising concerns. At the last inspection we viewed recruitment procedures that were also developed for Bromley Social Services. We required these to be more specific and include the procedures required for registered services. On viewing them on this inspection we still found them to be lacking information on the checks required under the Care Home Regulations.

We also found that the manager does not have any information regarding the agency staff used prior to them working in the home. This includes proof of identity which is required when new agency staff arrive to work in the home. All information is kept by the personnel department but the manager is not made aware of this information. She therefore cannot assure herself that these checks have been completed or that individuals have the training, skills and understanding required for working in this home. We were made aware of the changes to the system in place for the Local Authority use of agency staff. However, the current system is not robust enough to

Evidence:

ensure people receive a good standard of care. This places very vulnerable people at risk.

The manager is very aware of the need to refer any allegations to the relevant authorities including the adult protection officer, police and CQC. There are out of hours telephone numbers for any allegations issues made whilst the manager is not available.

We spoke to three staff about their role in protecting people from abuse and they had a sound knowledge of this and what they should do. We are also aware that the home has acted appropriately in the past and referrals have been made to ensure the allegations have been investigated. There is one current safeguarding investigation ongoing.

Complaints procedures are also in place and are in a pictorial format and simple language. The manager also tells us that she wishes to put this into a audio format. There has been one complaint since the last inspection and the manager has taken on board the need to ensure they are fully recorded with an audit trail showing the investigation outcome and any action to be taken as a result of the complaint.

An audit of three individuals' personal monies were made and found to be satisfactory. The amounts reconciled with the records and there were receipts in place for individuals' expenditure. We have highlighted earlier in the report for the need to ensure care plans reflect the financial support required by individuals, including the role of staff in this area.

Environment

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

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

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

This is what people staying in this care home experience:

Judgement:

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

This judgement has been made using available evidence including a visit to this service.

The home provides a clean and comfortable environment for people living there although work is required to ensure standards are maintained.

Evidence:

44 Bromley Road has had very little redecoration or refurbishment since it was first opened. It continues to show signs of looking tired and worn with areas needing a very good clean. Whilst we are aware of the planned changes occurring next year people being offered a service must have a comfortable and safe environment until that time. The kitchen and ground floor bathroom floors need to be either thoroughly cleaned or to be replaced. The laundry area is overfilled with mops and buckets and open boxes of detergent making it dangerous for staff and people living there to use. We also noted the door was left open and could therefore be entered by people who are quite vulnerable and have access to the detergents.

The lounge and dining room are quite homely and comfortable and the bedrooms used by those on long stays are very personalised and kept the way they preferred. Those I spoke to felt their rooms were suitable for them.

Evidence:

The kitchen has lowered worktops enabling those in wheelchairs to participate in activities in the kitchen. One of the cupboard doors was broken and, as said earlier, the floor is in need of some work.

Bathrooms and toilets are adequate in number although quite basic in decoration and furnishings. They also need to ensure that finishing touches are in place such as toilet roll holders. The ground floor bathroom had a number of items not used stored at the side of the parker bath. This makes the area look untidy and, once again, potentially dangerous if people need to use that side of the bath.

Whilst the home was generally clean there were areas in need of a more thorough clean. We appreciate that residents are involved in this activity but communal areas do need much greater staff support in maintaining the cleanliness.

Areas throughout the home had handwashing facilities and the laundry had appropriate washing machine and drying facilities for the size of the home.

We also reminded the manager of the need to ensure appropriate "no smoking" signs were in place as required by the smoking regulations.

People have access to appropriate equipment and these are maintained through appropriate service arrangements.

Grab and hand rails are also in place and, as said earlier, kitchen worktops have been lowered for wheelchair users. People also benefit from two rooms which have alarms fitted and where necessary bed alarms to monitor those people most at risk.

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. Recruitment procedures and practices do not ensure the safety of the people living there.

Staff are trained and competent to provide the care to individual according to ensure their specific needs are met although the lack of records regarding bank and agency staff used means that staff may not have the skills and experience to provide adequate support to those living there.

Evidence:

The home is staffed by six permanent members of staff including the manager with two vacancies at present. There are a number of agency staff used mainly for one to one care. The staffing level is flexible depending on how many people are in the home whilst others are attending day centres. This is particularly pertinent with four long stay residents currently residing there and no formal day centre activity. In general there are two staff on duty with one resident also requiring one to one care.

The manager told us that there had been no recruitment of permanent staff since the last inspection. They have employed agency and bank staff to work there and so we looked at the checks completed for those. The manager did not have any information about the staff used as all recruitment is undertaken by the personnel department. As stated previously the recruitment procedures do not cover the areas required by the

Evidence:

Care Homes Regulations. In our view the manager cannot be assured that the staff entering the home to care for people have had the required checks completed or training to ensure they are able to meet the persons' needs. We were provided with some information a few days later regarding the agency staff used but this did not include anything about their training, skills or experience in caring for people with learning disabilities etc. This service provides care to some very dependent people who have very specific care needs. In our discussions with staff we also found that agency or bank staff could arrive in the home (never have been seen before) and not asked for any proof of identity etc. We also noticed that the agency staff observed in the home over the two days did not have a badge stating who they were and their agency. This is very worrying and leaves people very much at risk from unsuitable people caring for them.

We looked at the training provided to staff by viewing records, surveys received from staff and discussions with staff. This is generally satisfactory with induction, core training and more specific training provided. However, some staff have not had moving and handling training since 2006. This needs to be updated yearly unless a risk assessment determines otherwise. Some staff also feel that they would benefit from more training in learning disabilities and autism. Bank staff are able to attend training provided by the organisation although the records relating to this is very limited. If the manager received confirmation in writing that recruitment checks have been completed this could also include the training that they have been provided with and when. This would also confirm whether new staff have had induction training.

All but one of the permanent staff have achieved the NVQ qualification which is much improved on previous inspections.

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

This judgement has been made using available evidence including a visit to this service.

The manager of the home is experienced and qualified and provides an open and inclusive environment for people living and staff working in the home.

There is still a need to ensure procedures and practices are monitored more effectively as there is a potential for risks to individuals.

Evidence:

The manager has been in post for a number of years and is qualified and experienced. She has completed the Registered Manager's Award and NVQ 4 in care. She also updates her training to ensure she is aware of current practices.

At previous inspections we required evidence of the monitoring processes in place, specifically the Regulation 26 visits to be undertaken by the Providers and reviews of the service which include consultation with service users and relatives. This has improved with evidence of monthly reports and a recent survey with the outcome recorded.

Evidence:

We are still concerned about the recruitment procedures, specifically the checks made regarding use of agency staff. The current practice places people at risk.

Equipment and services are maintained, although the fire alarm servicing is serviced annually rather than as the procedures state "quarterly". The fire risk assessment also needs to be reviewed so that it makes clear what service users are to do in an emergency. Writing on the fire signs around the home had become illegible and therefore need to be changed.

The comments made in relation to the environment also details some areas that need to be addressed to ensure risks to people are reduced.

We looked at the training records for staff and found that core training is provided and includes moving and handling, fire, first aid, health and safety and food hygiene. Some of the moving and handling is well out of date (2006) and needs to be provided as soon as possible unless a moving and handling risk assessment has determined a lesser frequency than a year.

It is clear from discussions with staff and from viewing the supervision records that staff are supervised regularly and appraised annually. However, it is not as frequent for some and so should be addressed.

We noted the required Employer's Liability in place as is a current registration certificate reflecting the service provided.

Are there any outstanding requirements from the last inspection?

Yes



No



Outstanding statutory requirements

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

No	Standard	Regulation	Requirement	Timescale for action
1	9	13	Risk assessments must be produced to identify possible risks to individuals and how they can be minimised to ensure they are safe.	01/06/2008
2	14	12	Activities and access to age resources must be provided for people using the service to ensure they reflect their age and abilities.	01/07/2008
3	24	23	There must be a plan for the maintenance and redecoration of the home to ensure it is safe, well maintained and homely for people living there. An action plan must be provided for the areas identified in the report including replacement of work- tops in the kitchen; refurbishment of the bathroom areas; redecoration of the communal and private areas. Please provide an action plan by the date recorded.	01/07/2008

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Requirements and recommendations from this inspection

Immediate requirements:

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

No	Standard	Regulation	Description	Timescale for action
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Statutory requirements

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

No	Standard	Regulation	Description	Timescale for action
1	6	14	Support plans must reflect the persons' individual needs and be kept under regular review. This gives staff with the information they require to ensure individual needs are met.	26/06/2009
2	9	13	Where a risk to a person's nutritional needs have been identified a risk assessment must be developed. Staff have the information they require to ensure the risk to a person's health is minimised.	29/05/2009
3	18	13	A moving and handling risk assessment must be developed for each person detailing the personal support they require.	29/05/2009

			This ensures that people are provided with appropriate and safe support.	
4	20	12	<p>where a person takes medication away from the home there must be a safe system in place with records detailing the person's requirements and amounts taken away from the home and returned to the home.</p> <p>This ensures any risks to a person's health is minimised.</p>	29/05/2009
5	20	13	<p>There must be an adequate supply of the individual's prescribed medication available in the home.</p> <p>People need to be assured that they have an adequate supply of their medication so that their health needs are not compromised.</p>	29/05/2009
6	20	13	<p>Where a person wishes to self medicate a risk assessment must be developed detailing the risks and actions taken.</p> <p>This ensures the person is able to take their medication without risks to their health, safety and well-being.</p>	29/05/2009
7	20	13	<p>Medication with a shelf life must have the date of opening recorded.</p> <p>This will minimise risk of infection to the individual.</p>	29/05/2009

8	23	15	<p>Support plans must provide clear details regarding the support individuals' require in respect of their personal monies.</p> <p>Staff will be able to manage individuals' monies in a safe way reducing the risk of abuse.</p>	29/05/2009
9	24	23	<p>All areas of the home must be kept safe from potential hazards. Specifically, the laundry area and ground floor bathroom must be cleared of items.</p> <p>The area can then be used without risks to individuals.</p>	29/05/2009
10	24	23	<p>The flooring in the kitchen and ground floor bathroom must be thoroughly cleaned or replaced.</p> <p>People will have a comfortable and clean environment in which to live.</p>	31/07/2009
11	33	18	<p>There must be at all times suitably qualified, competent and experienced staff on duty.</p> <p>To ensure that people living in the home receive adequate care and support to meet their needs.</p>	22/05/2009
12	34	19	<p>The manager must ensure that all staff including agency and bank workers who work in the home have had the required checks completed.</p>	29/05/2009

			People using the service must not be placed at risk by the employment of unsuitable staff.	
13	35	18	<p>There must be records in place to evidence that bank staff have received appropriate training.</p> <p>This ensures that people receive care and support from skilled people who understand their needs.</p>	26/06/2009
14	42	23	<p>Fire notices must be replaced to ensure they can be read.</p> <p>Staff and people living in the home need to be safe and able to know what to do in the event of a fire.</p>	29/05/2009
15	42	22	<p>The fire risk assessment must detail risks to individuals in the event of a fire and the actions taken to reduce the risk.</p> <p>People will not be placed at risk and will be made safe in the event of a fire.</p>	29/05/2009
16	42	13	<p>Staff must be updated annually regarding moving and handling training unless a risk assessment determines otherwise.</p> <p>People must not be placed at risk by staff who have not received appropriate training</p>	26/06/2009

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
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Helpline:

Telephone: 03000 616161 or

Textphone : or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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