

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 is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Sean Healy	3 0 0 3 2 0 1 0

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

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

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

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

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

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

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

Outcome area (for example: Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983

- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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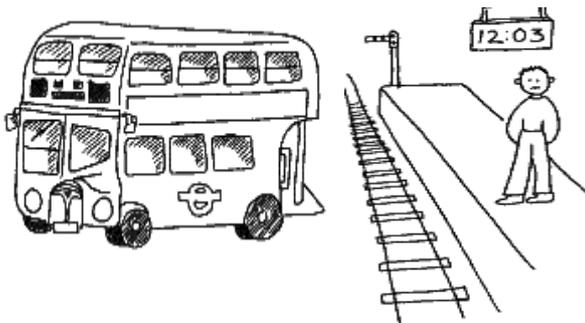
Information about the care home

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
Name of registered manager (if applicable)	
Mrs Maxine Shaw	
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 maximum number of service users who can be accommodated is: 7		
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		

Date of last inspection	0	6	0	4	2	0	0	9



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 is registered to provide respite care to a total of 7 adults at any one time but provides a service for approximately 50 service users giving them access to intermittent support at the home. 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 #10.16 per night. The Service Level Agreement details that accommodation and 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

	<p>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.</p>

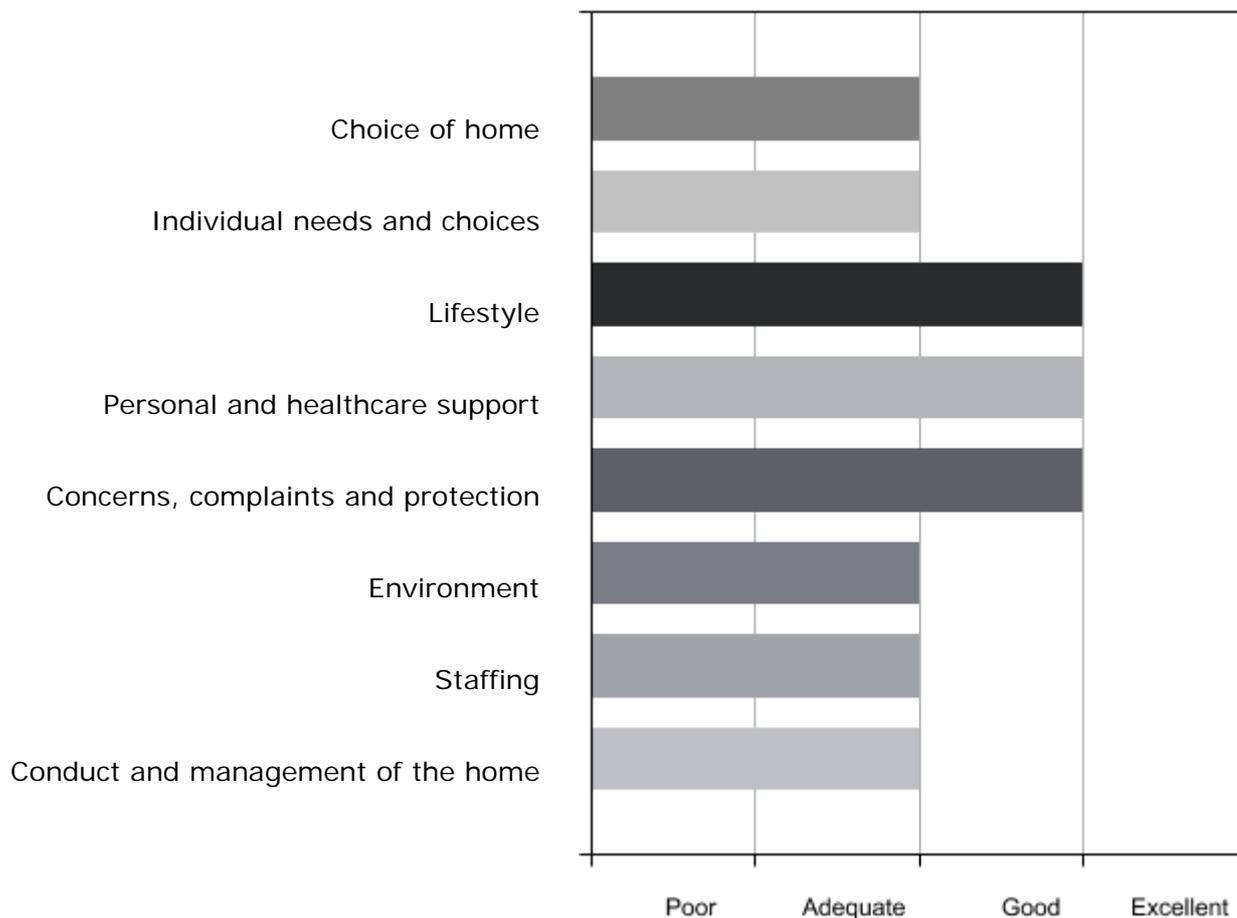
Summary

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:



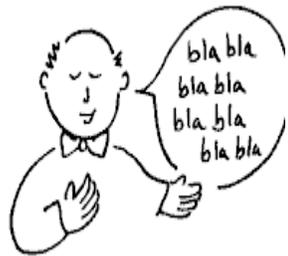
This is what the inspector did when they were at the care home

The Quality Rating for this service is 1 Star. This means that the people who use this service experience adequate quality outcomes.

This inspection site visit took place over two days on the 26th and 30th March 2010. It was unannounced and was facilitated by the assistant manager. The team manager is registered with the Care Quality Commission but was not available during the inspection.

During the inspection six residents were observed being helped by staff and their assessment and planning files were examined. Two support staff were interviewed and three staff files were examined to see recruitment supervision and training records. The inspection included examination of records and policies and procedures and a tour of the





building.

All 16 of the requirements made at the previous inspection have now been met. The main area lacking in progress is that the home does not yet tell residents in writing the cost of their service and care plans and risk assessments need to be reviewed at least every six months not annually. The home needs improvements in redecoration and upgrading and staff training planning needs to be improved and some staff and residents felt that staffing levels in evenings and weekends may need improvement to facilitate residents activities. Staff supervision needs to be more frequent too.

Residents seem to be generally happy living at the home and comments from them and from relatives suggest that staff employed are very caring and communicate well with them in the course of their day.

The atmosphere was relaxed and friendly. The manager and staff involved Residents and spoke with them regularly.

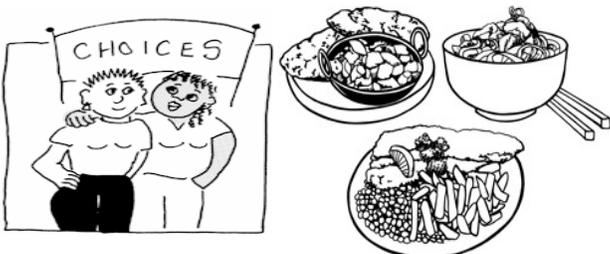
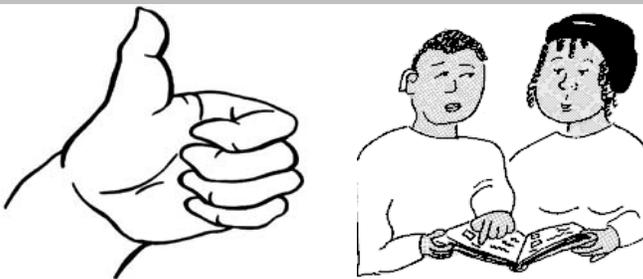
What the care home does well

Prospective residents have comprehensive needs assessments and can test-drive the home before receiving a service.

Residents are supported to make choices in their daily lives and are able to choose activities they like to take part in. They are supported to develop their daily living skills and are also enabled to follow their own chosen routines.

Residents are offered healthy food and can choose what they want to eat.

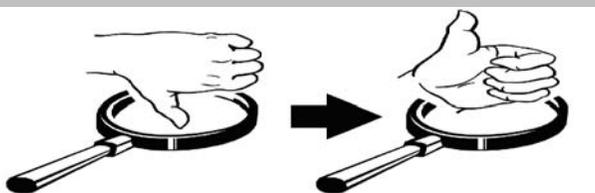
The people living in the home are





supported in a manner that protects their privacy and dignity. Staff deal with some difficult situations in a calm manner and communicate well with social services about residents incidents and safety issues.

Each person is supported to access professional healthcare based on their individual needs.



What has got better from the last inspection

There are now good support plans in place which reflect each residents individual support needs and there is information for staff in how to provide personal care for each resident. Each resident who needs one has an assessment about how to support them if they need help with their mobility.



Medication management has improved and there are now adequate supplies of medication held at the home and good practices



in place for keeping residents safe in using their medication and in recording medication when taken out of the home.

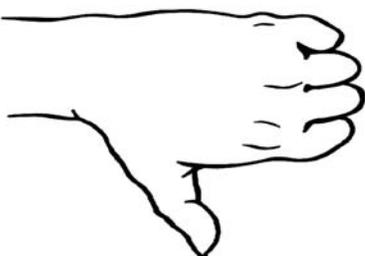
Some improvements have been made to the home with the replacement of flooring in the kitchen and in keeping the floors clear of things which might cause an accident.

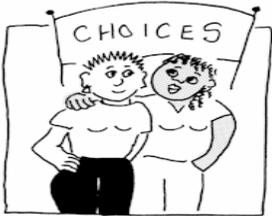
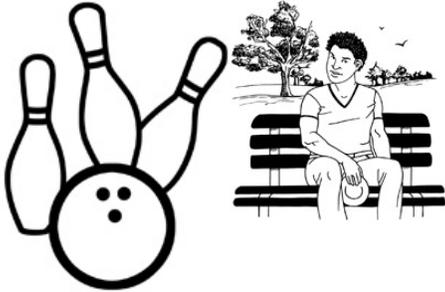
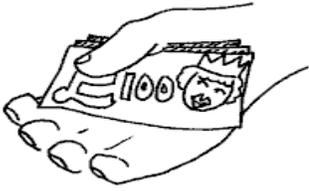
There are far less agency staff used now and there is good information to show that the bank staff are being trained to do their jobs.

Health and safety is well managed and fire safety practices have improved to keep residents safe.

What the care home could do better

The residents and their relatives need to be given better written





information about the fees and charges made by the home so that they will know their rights.

Care plans and risk assessments need to be reviewed much more often so that residents are always kept safe.

Some residents and families said they would like to have some changes in the activities in the home such as games they play and also have more outings. Residents should be asked about whether they feel that the activities they do in the home are what they would like and their opinions about outings so that they feel they are able to do the things they would like to.

Some residents and families said they do not know how to complain if they need to and the home should remind them how to do this.

There is a need to do a lot of decorating in the home and to

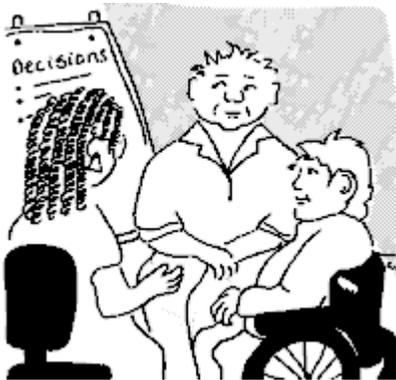


improve the garden for residents to enjoy.

Some residents and staff said that they feel that there may not be enough staff available in the evenings and weekends when they want to go out to activities and the homes management should look into this.

Staff supervision is not happening often enough and needs to be better planned.

The system for the senior management to ask the views of service users about how the home is run needs to be improved.





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

Sean Healy

4th Floor Caledonia House

223 Pentonville Road

London

N1 9NG

02072390330

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

<http://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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Conduct and management of the home (standards 37 - 43)

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

Quality in this outcome area is Adequate.

This judgement has been made using available evidence including a visit to this service. Prospective residents do not have all the information to make a choice about where they live. The residents needs assessments are in place and up to date. Residents are provided with contracts (statements of terms and conditions) but more information about costs are needed.

Evidence:

The home provides a respite service for residents with learning disabilities. There are approximately fifty individuals who receive a service from the home but only a maximum of seven of these can be resident at the home at any one time. There is a Statement of and Service Users Guide available at the home both of which were reviewed in 2004. These documents contain the right areas of information describing the respite service for adults with learning disabilities which the home provides. However during the last six years since these documents were written there have been some changes important changes which now require some updates to these documents to be made. The following paragraph describes some of the amendments needed and the register must review and update these documents to include these and any other changes needed. (Refer to Requirements YA1)

The Statement of Purpose says that the home is a respite home to enable people to stay for between one and 28 nights after which a seven night break is required before any individual can stay again. However it has been the practice of the home to allow some residents to so far longer periods for example one has stayed for more than two years.

Evidence:

The fees mentioned in the Service Users Guide show the nightly charge to be £9.99 these fees have now increased to £10.16 per night. Residents are expected to pay towards the costs staff incur when supporting them going out in the community but this is not mentioned either in the Service Users Guide or in residents contracts. The Statement of Purpose and Service Users Guide still refers to the regulator as the CSCI and this needs to be changed to reflect the regulator as being the Care Quality Commission. The Provider needs to clarify the homes position regarding the provision of long-term care so that adequately flexible staffing arrangements can be reflected in the homes staff rota for the provision of social and leisure and educational activities.

Three residents files contained good assessments of their care needs including health and personal care social and leisure care and risk assessments. These assessments were clear and up-to date. Residents support needs included learning disability support physical disability personal care support with bathing and dressing. Some residents have significant levels of personal care support needs including use of a hoist and this is clearly described in the care assessments.

All residents were provided with written contracts with the home showing their rights and responsibilities. These were adequately written and where signed and up to date with the following exceptions. The nightly fees need to be updated to reflect the current charges of £10.16 per night. Residents are expected to pay towards the costs staff incur when supporting them in the community but the residents contracts make no mention of this arrangement. The registered provider must update residents contracts to reflect these and any other changes needed.

(Refer to Requirement YA5)

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.

Quality in this outcome area is Adequate.

This judgement has been made using available evidence including a visit to this service. Care plans and risk assessments are in place and are of a good standard but are not being reviewed by the home six monthly presenting potential risk to residents.

Evidence:

All of the residents have complete care needs assessments on file which are used to develop a care plan for their support. All care and support needs are clearly recorded in detail covering all areas of health and social care needs and these are detailed and describe well the care and support needed by each individual residents and also there are helpful written guidance for staff to follow in how to provide this support. There was a requirement made at the last inspection for the home to ensure that these plans be updated to reflect individual residents care needs. I inspected three residents care plans and risk assessments and found that they now do reflect individual care needs particular to each resident and that care is taken to include a range of appropriate health and social care needs for each resident from information provided in the assessments and from discussion with each resident and their families or advocates.

There was a requirement made at the last inspection for the home to ensure that risk assessments are put in place for residents who have areas of risk in nutrition and eating. The files I examined showed that this area is now being included in risk assessments for residents who need it. The assistant manager and another member of staff also confirmed this.

Evidence:

However the files I examined and discussion I had with the assistant manager and staff showed that care plans and risk assessments are not being reviewed as required every six months as a minimum baseline. Part of the reason for this may be that it has been traditional for the home to follow the lead of the day centre in carrying out these reviews and they have been facilitating the reviews annually. Many of the residents receive support three days a week from the day centre which is managed by the same provider Bromley local authority. It is often the case that the day service provides more regular support for many of the residents than the home does as the role of the home is to provide respite. However the home does have a responsibility to make sure that all areas of support and risk careered for by the home are reviewed by the homes management at least every six months and this is currently not the case. The registered provider and the manager must make sure that the home takes full responsibility for these areas of support and risk through discussion with residents and their families and advocates where they are available. (Refer to Requirement YA6 and YA9)

The majority of residents receive support from the home for a few days weekly or monthly and for many this is usually at weekends. I spoke with two residents and observed three others being supported by staff. These residents said they are happy with the support they receive from the staff and that the staff are very helpful and know them well. They said they are asked about the support they need and that the staff take the time to listen and to speak to them in a way they understand most easily. I observed the staff to be very respectful and to regularly engage each resident in discussion and in playing board games or preparing food. The staff always allowed the residents to speak over them and to take the lead in conversation.

Comments from some staff and residents suggest that there are not always enough staff on at peak times to meet residents activities and leisure support needs. There may be a need at times for there to be more flexibility in putting on extra staff to facilitate outings particularly in the evenings to shops or parks and residents said this is particularly important in the longer spring and summer evenings. Added to this the current state of the outside area used by the residents which is not a comfortable or pleasing space to spend time in it is important that the provider looks at gaining a clear understanding of the impact of the current staffing levels and the state of the outside leisure space on residents support needs and make plans to make any improvements identified. (Refer to Requirements under Standards 24 and 33 in this report)

Residents are treated with respect by the care staff and residents I spoke to commented that the staff are very friendly and helpful. There was a good atmosphere in the home and good communications between staff and the residents. A number of residents felt at ease in coming in to the sleepover room to speak with the assistant manager during the inspection. Most residents have family involvement and there is also involvement from citizens advocacy in care planning and in any important life decisions. Each resident has a private bedroom and there are no restrictions in place. Residents finances and bank accounts and benefits are managed by themselves or by their families and any money held by the home for small expenses is by agreement with them and receipts are kept and checked by the management.

Evidence:

There are a range of appropriate risk assessments in place such as preventing falls burns use of chemicals medication and moving and handling. These are clearly written with involvement from residents and relevant health professionals. Given the high support needs of some residents in response to the homes fire alarm system it is recommended that each residents file is updated at their next review to include any specific risk to them in responding to the need to evacuate the premises urgently. The homes fire risk assessment currently addresses this issue in a more general way but given the large number of residents who may from time to time stay at the home it is recommended that these areas of potential risk be on a more individual basis.

(Refer to Recommendation YA9)

Lifestyle

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

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

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

Quality in this outcome area is Good.

This judgement has been made using available evidence including a visit to this service. Residents have appropriate activities and are part of the local community. They have good relationships with family and friends, and their rights are respected and responsibilities are recognised in their daily lives. A healthy diet is provided for and meals are provided at times which suit residents best.

Evidence:

All residents have assessments and care plans that clearly state their interests and preferred activities. These include education training and leisure activities. Care plans reflect these activities and these include residents views on desired new activities.

There are also good links with the local adult education system and the majority of residents attend a day centre a number of days weekly during their stay at the home. The majority of residents are short term respite residents who stay a few days over the weekend each week but two have been permanently resident at the home. The homes Statement of Purpose says that residents should only be short stay and I have made separate comments about this under Standard 1 of this report. Plans are in place for one of these residents to move to another more appropriate service and this is due to happen soon. In addition to this it is worth commenting that the home has also reduced the overall numbers of longer stay residents since the last inspection.

Evidence:

Daily records showed that staff do work well and creatively to involve residents in the daily running of the home in order to foster their abilities as much as possible. Activities include going to public houses cafes walks in the park swimming watching TV and writing. Residents said the staff and manager are very nice and helpful and support them to get out to meet other people.

Responses to the inspection surveys were received from four residents and four relatives. All were generally happy with the care at the home and with the staff attitude and abilities and all said that staff were very helpful. Four of the respondents said that they felt that agency staff used in the past did not know them well enough and that their activities were affected as a result. Staff who spoke to me and responded to the surveys also felt that this was true and should be avoided in future. Three service users or relatives said they felt that some in house activities could be improved and that more outings from the home would be a helpful as sometimes the residents would like to go out but the garden is not very nice at the moment and sometimes when you want to go out there are not enough staff. (See Requirement Standard 33 of this report) Some staff comments also supported these family and residents comments. The home should further seek family and residents views about the in house activities and outings provided and make any improvements based on findings from this. (Refer to Recommendation YA13)

Relatives said they are able to visit the home when they wish to and the home welcomes friends and family visits.

Good food is provided and choices are offered to residents each day. All residents said that the food is good and that they can choose what to eat.

Personal and healthcare support

These are the outcomes that people staying in care homes should experience.

They reflect the things that people have said are important to them:

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

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

This is what people staying in this care home experience:

Judgement:

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

Quality in this outcome area is good

This judgement has been made using available evidence including a visit to this service. Residents receive personal support in the way they prefer and their needs are being met in all other areas. Support with medication is appropriate for the service users assessed needs.

Evidence:

There was a requirement made at the last inspection for the home to ensure that a moving and handling risk assessment be put in place for all residents who require moving and handling support at the home. This has now been done. I inspected three residents care plans and risk assessments and all had an assessment on their file. In addition there is now detailed information for staff showing how to support these residents during personal care and in transferring from wheelchairs and hoists.

All Residents files examined showed health care needs are well managed with good input from a range of health care professionals. Residents are registered with a GP and regularly attend a dentist and chiropodist. There is support provided by psychology and psychiatry in the area of communications and motivation. Residents files showed pictures are used to help residents understand documentation if they were unable to read and also used in weekly activity plans. Healthcare and medication is being reviewed by the home every annually but this should happen at least every six months as part of the care planning review system. (Refer to Requirement made under Standard 6 of this report)

Many of the residents have learning disability support needs and more than half need support in washing and dressing. There are also communications support needed for some residents. There are some challenges presented in providing support in personal

Evidence:

care and in other areas of support. The personal care plans are well written showing what residents need support with and what they should be left to do for themselves. All of the staff showed a good knowledge of these areas and the care plans for residents in how to provide the support needed are very detailed. This enables a very good level of understanding by staff in the support needed. I observed staff providing support for two residents and they were very competent and communicated very well with the residents always reassuring them.

There were three requirements made at the last inspection about the management of medication. All three of these were found to be met at this inspection. There is now an adequate supply of medication needed maintained at the home. Self medication risk assessments are used where residents are able to self medicate in whole or in part and dates when opened for medication with a use by date are now being recorded.

I saw good medication signing out system in use for medication taken out by residents to the day centre or on outings. Medication is counted and checks are done on recording of medication given once a week. Good clear written information is received by the home from GPs regarding the medication needs of residents who come to the home for respite care.

There is a written and up to date medication policy available at the home and storage of medication is appropriately managed.

Overall health and personal care and medication is well managed by the home.

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience.

They reflect the things that people have said are important to them:

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

People using the service experience Good quality outcomes in this area.

We have made this judgement using a range of evidence, including a visit to this service. There is a complaints procedure in place and staff understand the process for taking action on concerns or complaints. Procedures and training on safeguarding vulnerable adults are in place to help protect people living in the home and this area is well managed.

Evidence:

The home has a good complaints policy in place that was last reviewed in 2009. There have been no complaints received by the home since the last inspection and no concerns received by the Care Quality Commission about the home. The assistant manager said that all residents had been advised how to complain and that there was good communications between the home and residents and relatives. One Residents said that the staff were friendly and easy to speak to and described who to speak to if they had any concerns about the service being provided. Of the eight residents and relatives who responded to the inspection surveys four said they were not fully aware of how to complain though they felt that the staff and management were approachable. The management should redistribute the homes complaints policy to all residents and families in a simple format that is most easily understood by them. (Refer to Recommendation YA22)

The staff I interviewed and those who responded to the inspection survey said they had received training in the homes complaints procedures.

There was a requirement made at the last inspection for support plans to include clear information about support needed to manage personal finances. This requirement is now met and the home keeps good records of personal support needed by each resident and of expenditure. This is consistently checked by the management and receipts are kept.

Evidence:

The home has a copy of the Bromley Adult Protection Policy and the home is managed by Bromley Social Services. There have been two safeguarding issues reported to social services since the last inspection. The home reported these quickly and efficiently to social services and to the Care Quality Commission and participated fully in subsequent intervention. Some residents support needs merit this staff team being highly aware of how to operate the safeguarding policy.

The staff I interviewed showed a good knowledge of how to deal with recording and reporting safeguarding issues and staff files I examined showed that safeguarding is included in the homes training for staff and that update training is scheduled for those who need it. The homes record of visitors is not always completed by the staff or the visitor and this needs to be done with a view to any future need to easily and quickly determine who has been at the home. Staff both permanent and casual currently record only their first names on the homes shift plans. It is recommended that the management ask staff to include their full names in order to be able to easily find out who has provided support for each resident should the need arise in the future.

(Refer to Recommendations YA23)

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.

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.

The home is generally safe and clean but many areas including the garden are in need of redecoration and updating to make it a homely environment.

Evidence:

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 is registered to provide respite care to a total of 7 adults. 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.

As at the last inspection there has been little redecoration or refurbishment carried out since the home was first opened. Two requirements made at the last inspection to keep all hallways and rooms clear of clutter and to replace the flooring in the kitchen have been met but the home continues to show signs of looking tired and worn. Whilst we are aware of the providers objective to find better alternative accommodation to better suit the needs of the residents this is taking some time and in the meantime residents must have a comfortable environment to live in.

As at the last inspection the lounge and dining room are quite homely and comfortable and the bedrooms used by those on long stays are personalised and kept the way they preferred. Those I spoke to felt their rooms were suitable for them. The kitchen has lowered worktops enabling those in wheelchairs to participate in activities in the kitchen. Bathrooms and toilets are adequate in number but are quite basic in decoration and

Evidence:

furnishings. The home was generally clean with no unwanted odours which shows a good improvement since the last inspection. Areas throughout the home had handwashing facilities and the laundry had appropriate washings machine and drying facilities for the size of the home. People have access to appropriate equipment and these are maintained through appropriate service arrangements. Grab and hand rails are also in place and 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.

Today's inspection showed the following areas are in need of improvement and this opinion was confirmed by comments from a number of residents and families. 1. Carpet in the lounge area has a number of small holes in it and need replacing. 2. The garden is not currently a comfortable or pleasant place to spend time and is now adjacent to building works. It needs to be cleared up and furniture needs cleaning. There are no shrubs or flowers and service users can not spend time relaxing there. It is largely a concrete area with little space and no pleasant views. Residents are unhappy with the garden. The provider needs to deal with these issues and include any not easily addressed in the short term in the home's development plan. 3. Two groundfloor bedrooms need carpet cleaned or replaced. 4. A number of bedrooms occupied by short term residents are very bland and need repainting. 5. Two bathrooms on the first floor need sealant replaced around the bath. 6. Tiles on the showerroom on the ground floor are dull and stained although are clean. These need to be considered in the longer term plans for replacement. 7. One bathroom has a small hole in the wall that needs filling and redecorating.

The provider and manager must develop a clear written development plans to address all of the above areas and address any areas possible in the short term.

(Refer to Requirement YA 24)

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.

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.

The staff team is committed and stable and more than 80% hold an appropriate qualification in care. The staffing levels for the provision of a flexible service to residents may not be adequate. Recruitment procedures are safe and well managed. Staff training needs better planning and supervision frequency needs to be improved.

Evidence:

The current staff team consists of a manager an assistant manager and six female care staff all of whom are women. The assistant manager is male. There are no staff vacancies. The staff have a good understanding from their own personal experience and training of the cultural needs of the residents.

The staff levels provide support each day as follows: 7am to 9am two care staff 4pm to 10pm two care staff 10pm to 7am one night waking staff and one sleepover staff with support from on call management One resident currently receives 1 to 1 support in addition to the other staff Two residents who live at the home full time go to a day centre where they get support from staff there.

There was a requirement made at the last inspection for th home to have qualified staff on shift at all times. This is now met and staff and the assistant manager confirmed that the use of agency staff had been substantially reduced and there are either permanent staff or permanent and bank staff on duty now at the home. There was a requirement for the home to ensure that there was a record of bank staff training available showing they were adequately trained. This is now also met and there is now a record of this tarining available at the home. The requirement for the home to receive proof of agency staff recruitment and qualifications so that they can be sure residents are supported by

Evidence:

qualified staff is now also met. The agency forwards this information before staff arrive on shift at the home.

The staff say that most of the time they feel they are able to do their job with this level of staffing although they feel that it is busy. I spoke with two staff and with two residents and received comments from another staff and from eight residents and relatives. There is a strong feeling that although there are activities for residents which they enjoy and that there are enough staff available for personal care there is no flexibility in the rota to allow for extra staff at evenings and weekends especially during the Spring and Summer months when residents want to go out more spontaneously. At the moment the team benefits from having one resident who receives 1 to 1 support but when this resident moves on which is going to happen there will likely be two staff to seven residents in the evenings and weekends providing support for some residents with high support needs. A good proportion of people who took part in this inspection process felt that this is very restrictive and especially in light of the poor garden facilities felt that this needs to be looked into by senior management. The registered manager and provider must formally examine the staffing levels and ensure that there are enough staff available to provide a flexible service and to ensure that residents can access activities when they need to. (Refer to Requirement YA33)

85% of the care staff are qualified to NVQ level 2 and two more are on the NVQ course. Two of the staff I spoke to said they had completed NVQ2 or NVQ3. This shows the home to have achieved a high level of NVQ qualified care staff.

Today's inspections show that the home's management has taken positive action to ensure that evidence of all of the recruitment and employment information for each member of staff is available. A well organised system has been put in place to include records of the information needed and all of the information needed is available at the home. Examination of three staff files showed that all of the necessary information is collected in a timely fashion and that all of the staff are fully CRB checked and proper references taken up before starting employment.

All of the staff have undergone an induction at the start of their employment covering the main statutory required training. Staff files I examined showed that there is generally a good level of training provided. None of the staff files I examined contained a comprehensive training history or plan although the management were able to provide a list of training received after the inspection site visit. There is a need to ensure that all care staff have an individual training plan in place showing all of the training they have received and training scheduled for the coming year and to include skills teaching as part of this training as none of the staff have had it. (Refer to Requirement YA35)

All staff files examined showed that staff are receiving formal supervision with their manager which is of good quality. The staff interviewed confirmed that this is happening and said that they felt supported by the home's management. However there are gaps between supervisions of up to five months. The home's management must ensure that this area is addressed so that staff receive formal supervision at least 6 times a year. (Refer to Requirement YA36)

Evidence:

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.

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.

Residents do now benefit from a well run home but some improvements are still needed regarding management monitoring processes. Quality assurance does not include feedback to residents about findings and senior management auditing needs improvement. The health and safety of residents are generally protected by the homes practices but some improvements are needed regarding the review of residents risk assessments.

Evidence:

The manager has been in post for a number of years and is qualified and experienced. She has completed the Registered Managers Award and NVQ 4 in care. She also updates her training to ensure she is aware of current practices. There is an assistant manager in post who is currently acting up as manager of the home in the managers absence. He is committed to care of the residents and has worked at the home for a number of years and so knows the residents well.

The home receives monthly visits from senior management to check the practices in the home and records of these visits are kept at the home. However there are a number of key areas that have been overlooked regarding the review of care plans and risk assessments and regarding the quality of the physical environment and regarding staff training and supervision. (See requirements made in other section sections of this report)

The home does annually survey residents feelings about how the home is run but there is no outcome report or feedback to residents from these surveys. Currently there is no

Evidence:

formal Annual Quality Audit system in operation and without all of these systems being fully implemented there is a lack of good information without which an adequate development plan for the home is not possible. The provider and manager must make sure that these areas are addressed and that an effective quality assurance monitoring system is put in place including all of these areas. (Refer to Requirement YA39)

There were three requirements made at the last inspection regarding health and safety practices at the home. All of these were addressed and health and safety at the home is now well managed with the exception of the frequency of review of residents risk assessments. (See separate requirement made under Standard 9 of this report)

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection

Immediate requirements:

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

No	Standard	Regulation	Description	Timescale for action

Statutory requirements

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

No	Standard	Regulation	Description	Timescale for action
1	1	4	<p>The registered provider and manager must update the homes Statement of Purpose to ensure that residents have up to date information available to them as discussed in this report</p> <p>This is to ensure that residents and families of residents are fully informed about the terms and conditions of the home</p>	30/09/2010
2	5	5A	<p>The registered provider must update residents contracts or Statements of Terms and Conditions to reflect the current fees and charges and any other changes needed.</p> <p>This is to ensure that residents and their relatives have correct information about fees and charges at</p>	30/09/2010

Statutory requirements

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

No	Standard	Regulation	Description	Timescale for action
			the home	
3	6	15	<p>The registered provider and manager must ensure that each residents care plan is reviewed every 6 months by the home regarding support provided at the home involving the resident and relevant family or advocates</p> <p>This is to ensure that the residents are involved in care planning and that the support provided reflects their current needs</p>	31/12/2010
4	9	13	<p>The registered provider must ensure that all service users risk assessments regarding risk while supported by staff from the home be reviewed at least every six months and that a clear record of these reviews are maintained.</p> <p>This is so that residents are kept safe by up to date support practices</p>	30/09/2010
5	24	23	<p>The registered provider and manager must include all of the areas for development discussed in this report in the homes development plan and address as many area as possible in the short term.</p> <p>This is to ensure that the</p>	30/06/2010

Statutory requirements

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

No	Standard	Regulation	Description	Timescale for action
			residents have a comfortable home providing them with the facilities they are contractually entitled to	
6	33	18	<p>The registered manager and provider must formally examine the staffing levels and ensure that there are enough staff available to provide a flexible service and to ensure that residents can access activities when they need to as discussed in this report.</p> <p>This is to ensure that residents receive a flexible service appropriate to their needs</p>	30/06/2010
7	35	18	<p>The registered provider and manager must ensure that all care staff have an individual training plan in place showing all of the training they have received and training scheduled for the coming year</p> <p>This is to ensure that training planned is specific to the needs of the residents and of the individual members of staff.</p>	30/06/2010
8	36	18	<p>The registered provider and manager must ensure that care staff receive formal supervision at least 6 times a year.</p>	30/06/2010

Statutory requirements

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

No	Standard	Regulation	Description	Timescale for action
			This is to ensure that their working practices meet residents care needs and that they have fair opportunities for development and training	
9	39	24	<p>The registered provider and manager must make sure that an effective quality assurance monitoring system is in operation including all of the areas discussed in this report.</p> <p>This is to ensure that residents views are included in the future planning for the home and that good quality of care is consistently maintained.</p>	30/09/2010

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	8	The registered provider and manager should include any areas of risk identified in responding to the homes fire alarm system in individual risk assessments and not just in the homes overall Fire Risk Assessment as discussed in this report.
2	13	The registered provider and manager should seek family and residents views about the in house activities and outings provided and make any improvements necessary based on findings as discussed in this report

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
3	22	The registered provider and manager should redistribute the homes complaints policy to all residents and families in a simple format that is most easily understood by them.
4	23	The manager should ask staff to record their full names and the full names of any other staff providing support on the shift plans so that it is easier to determine who was involved in providing support should the need arise.
5	23	The registered provider and manager should record the names of visitors to the home more consistently in order to keep track should the need arise to access this information.

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Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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