

Key inspection report

Care homes for older people

Name:	Brierfield Residential Home
Address:	58 High Road Trimley St Mary Felixstowe Suffolk IP11 0SY

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

Lead inspector:	Date:
Deborah Kerr	2 4 0 9 2 0 0 9

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

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- 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:	Brierfield Residential Home
Address:	58 High Road Trimley St Mary Felixstowe Suffolk IP11 0SY
Telephone number:	01394283422
Fax number:	01394279103
Email address:	
Provider web address:	

Name of registered provider(s):	J&S Healthcare Ltd
Type of registration:	care home
Number of places registered:	18

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	18
Additional conditions:		
The maximum number of service users who can be accommodated is 18		
The registered person may provide the following categories of service only: Care Home only - Code PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Dementia - Code DE		

Date of last inspection	2	5	0	9	2	0	0	8
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Brief description of the care home
Brierfield is a home providing care for eighteen older people with dementia. The home is on the main road of Trimley St. Mary, which is a small village adjacent to Felixstowe. There are limited local amenities nearby but Felixstowe offers a wider selection of shops and facilities.
The home is a converted residential property of two storey's. Access to the upper floors is via a shaft lift and main stair case. There are a range of communal areas including a choice of dining areas, three lounge areas and a large conservatory available for the use of the residents. The home has fourteen single bedrooms, two of

Brief description of the care home

which have en-suite facilities. There a further two bedrooms providing shared accommodation. The home has two bathrooms on the ground floor, complete with integral bath hoist and one on the first floor with a movable bath seat for more independent residents. The home is situated in enclosed gardens, which is available for residents use.

The current fees are £580.25 per week. Additional items charged include hairdressing, chiropody, newspapers, taking to and collecting from appointments, dry cleaning, and any specialist purchases as required and discussed.

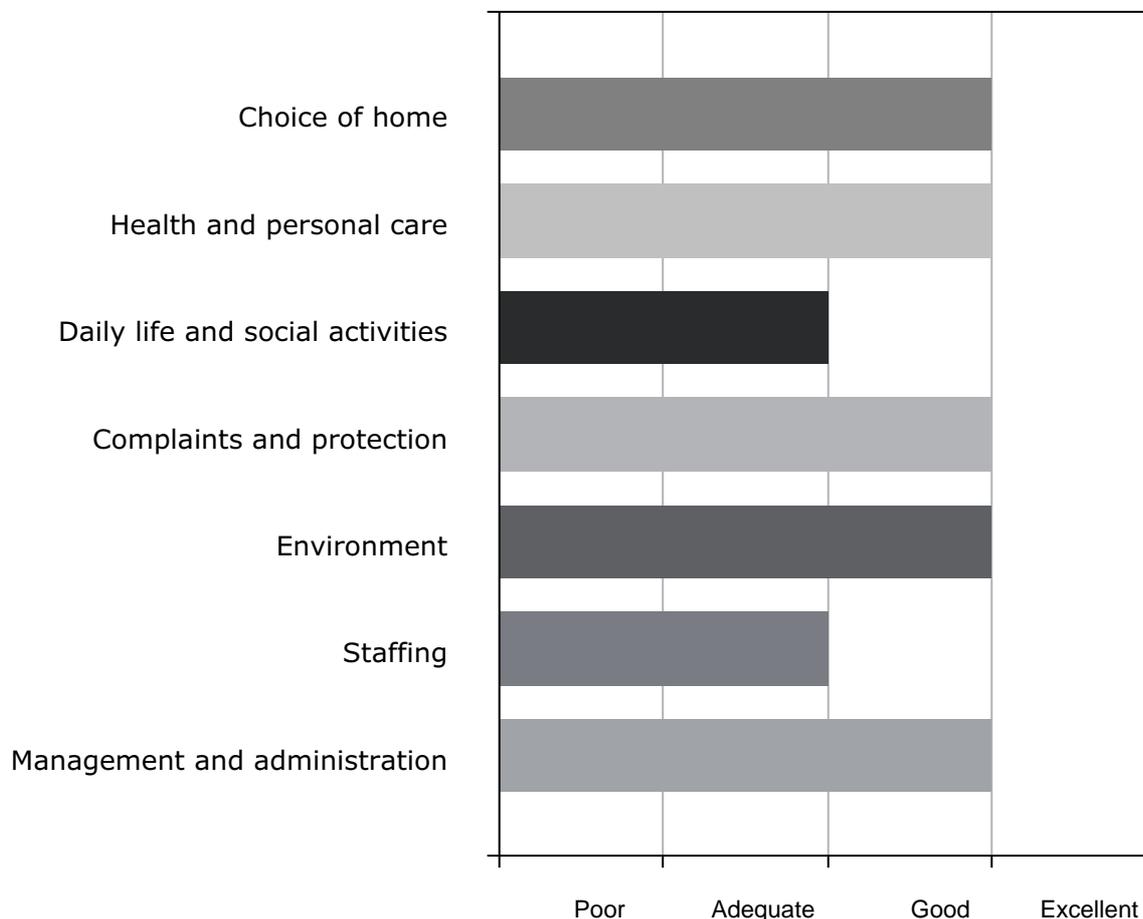
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This was a key inspection, which focused on the core standards relating to older people. The inspection was unannounced on a weekday, which lasted ten hours and included a two hour Short Observational Framework for Inspection (SOFI). SOFI is a tool developed in conjunction with the University of Bradford, used to gain feedback from people, who due to their mental frailty may be unable to complete a Care Quality Commission (CQC) survey. During this time the inspector was able to look, and record how five residents sitting in the main lounge spent their time, how it affected their mood and well being, and how well staff engaged (interacted) with the residents. Observations made, are included in the relevant sections of this report.

The report has been written using accumulated evidence gathered prior to and during the inspection, including information obtained in two service users 'Have Your Say' surveys and the Annual Quality Assurance Assessment (AQAA) issued by the Care Quality Commission (CQC). This document gives the provider the opportunity to inform

CQC about their service and how well they are performing. We also assessed the outcomes for the people living in the home against the Key Lines of Regulatory Assessment (KLORA). The manager accompanied us on a walk around the home to meet with people using the service. A number of records were inspected, relating to residents, staff, training, the duty roster, medication and health and safety. Time was spent talking with the six people living in the home, three relatives and two staff. The manager was present throughout the day and fully contributed to the inspection process.

What the care home does well:

During our visit we spoke with four people who shared their experiences of what it is like for them, living in the home. They told us, "I have been here for about two weeks, I have my own room and was able to bring some of my own possessions, I am able to get up and go to bed when I chose, and staff are supporting me to try to maintain my mobility and independence". Other people told us, "I enjoy living at the home and I am happy with the service, happy with food, but would like to do more activities" and "I am quite happy with the home". Information received in two service users 'Have Your Say' surveys told us they receive the care and support they need, comments included, "excellent, staff are always available when I need them" and "staff listen to what I say, they ask if I am happy".

Relatives told us, "I am very happy with home, the staff work with me to try to ensure my spouse leads a life as normal as possible", they also told us, "the staff are very good, I can't fault the home and as part of my job, I visit other care homes, in comparison I feel Brierfield is a very good home, the new owners have made a lot of improvements" and "I visit every day all at different times, it really is wonderful, this is what a home for people should be like, they think it is home". Other comments included, "we are very happy with service, the staff are very good, they are lovely, we couldn't wish for better here" and "staff here go out of their way, they are lovely, they are keen to take on our comments, everybody says the same, you are very lucky to get a place at Brierfield".

What has improved since the last inspection?

Significant improvements have been made to improve quality monitoring of the service and management arrangements to ensure the home is being properly managed and to promote and make proper provisions for the health, safety and welfare of people living and working in the home.

Other improvements have included, updating the homes brochure, which includes an introduction letter from the manager describing what people can expect from the service. The home has purchased a lot of new activity items and introduced a daily activity, which has proven to be very successful, and improved activities for people using the service. New training materials, have been purchased, which include DVD's with questions and worksheets, which are verified and certificated externally by an accredited training company. This has helped to ensure staff have access to the training they need to ensure they have the knowledge and skills to meet the needs of the people using the service

Further improvements to the service are planned, which includes extending the the property, to add an additional seven beds and ensure the financial viability of the home. This will also provide a modern and purpose built accommodation with more living space and an enclosed garden offering safety and relaxation.

What they could do better:

A software programme 'caredocs' has been introduced, which has improved and helped the care planning process, however the software programme has a generic template, which is amended to reflect the individual's needs. Although, people's needs are stated, some of the generic information was found to be inaccurate to the individual, and did not provide a person centered plan.

Unsafe moving and handling practice was observed on entering the home, whereby people were being transported from place to place in the hoist. The manager agreed to review this practice and to refer people with particular moving and handling difficulties to an occupational therapist, in the interim they instructed staff to ensure people were transferred to a wheelchair for transfers. The director of J&S Healthcare has informed us, that they will monitor staff moving and handling practice at their monthly visits to the home.

The outcome of the SOFI identified that staff interactions were good, however the morning routines within the home are very 'task based' and provide limited engagement with the people using the service. Although staff were observed assisting and conversing with people with genuine affection, several issues arose from the SOFI where care practice could be improved. The staffing ratio in the mornings should be considered to ensure that people receive a service that is centered around their daily routines and life experiences. Additionally, further staff training in principles of person centered care would help to ensure people are receiving a service, which respects their rights and dignity and which helps them to maintain a positive self esteem.

The manager has recognised the rights of an individual and made a referral through Mental Capacity Act and the Deprivation of Liberty safeguards. However, further consideration should be given to making similar referrals to ensure staff are supporting people safely, appropriately and in their best interests when using physical intervention, such as holding a person's hands, for their own and staff protection whilst attending to their personal care.

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

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

Details of our findings

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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 and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

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

This is what people staying in this care home experience:

Judgement:

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

People who may use this service are provided with a range of information they need to help them choose if this service will meet their needs.

Evidence:

A copy of the homes statement of purpose, service users guide and brochure was provided at the inspection. These collectively contain information about the home, which people considering using the service would need to know, including the fees. The brochure also includes photographs of the home and a letter of introduction from the manager, with a list of other care homes in the locality, offering a similar service to Brierfield. This is provided to assist people considering using the service to make a decision if Brierfield is the right place for them. Copies of the service users guide are provided in each persons room, to remind them of the services available.

Information provided in the AQAA and verified at the inspection confirmed all residents are admitted to the home following a pre admission assessment. The records and care

Evidence:

pathways of three people living in the home were tracked, to confirm this and to ascertain how well the service is meeting their individual needs. The pre admission assessments covered all areas of the individuals health, personal and social care needs. Additionally, where people had been referred through social services a copy of the social workers assessment had been obtained, held on file and used to complete the individuals care support plan.

Information in one individuals file reflected they had been admitted to the home as an emergency admission. To ensure the home were able to meet the individual's needs an urgent assessment had been carried out with the individual's relative and admission for a trial period was agreed for the following day. A care plan is in the process of being developed, which the manager commented is completed with in the individual's six week trial period. Information obtained in the pre admission assessment was being used to provide information to staff, so that they are aware of the individual's needs and the help and support they require.

Residents' files confirmed a six weekly review is held, following admission to the home to determine how well the individual has settled in. This also gives all parties involved in the individuals' care the opportunity to express their views and discuss any short falls or changes, which need to be addressed and actioned, as necessary. A residents and relatives satisfaction survey is completed at the same time as the six week review to obtain further feedback on how well the service is meeting their needs. Comments seen in these surveys included, "we are happy with the service, the staff provide my relative with choice and my relative is very well cared for" and "we are always provided with information with regards to our relatives care, they have a lovely room, which is nicely set out and our relative is provided with choice and they are looked after very well". The AQAA reflects families are encouraged to visit the home and ask as many questions as they wish. Prospective clients are encouraged to visit and spend some time at the home to meet other residents and staff and to help them decide if the home is the right place for them. This was confirmed in discussion with a resident who told us, "I was shown around the home and provided with information, and I particularly like the nice gardens, which I enjoy sitting in, weather permitting".

Each person had been issued with contract between themselves and Brierfield setting out their fees, terms and conditions of residence, including the roles and responsibilities of the provider and the rights and obligations of the individual whilst living in the home. Two service users 'Have Your Say' surveys confirmed they had been provided with information about the home, and given a written contract.

Evidence:

The AQAA states, Brierfield aims to provide a welcoming, homely and friendly care setting for residents, which will promote well being and enhance their daily living. This was confirmed in discussion with residents and three relatives spoken with during the inspection. One relative commented, "I found Brierfield myself after having my spouse put the other side of Ipswich by a social worker who had no time to help me find anywhere". They also told us, "staff at Brierfield here go out of their way, they are lovely, my spouse has been here about a year, if you ask them what they think of this place they will tell you it is 'bloody' lovely, everybody says the same, you are very lucky to get a place at Brierfield". Another relative commented, "we are very happy with the service, staff are very good, lovely, we couldn't wish for better".

Brierfield does not offer intermediate or respite care.

Health and personal care

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People who use this service are having their health and personal care needs met, however they cannot always be assured that their care will be delivered in a way that promotes their dignity.

Evidence:

Information provided in the AQAA told us that the home has comprehensive care plans in place for all staff to adhere to and to ensure that they have the knowledge and appropriate information to be able to attend to residents needs in a safe and proficient manner. The care plans and care pathways of three people living in the home were tracked, to ascertain how well the home is meeting peoples needs. The care plans are completed electronically, and look at all areas of the individual's life. A generic template is being used as the foundation of the care plans, and amended to reflect the individual's needs. Although, people's needs are stated, some information was found to be inaccurate to the individual, for example two of the plans of people with dementia recorded that they may display inappropriate laughter, giggling, playing pranks and child like games not normally expected. This information is not reflective of the individual's and do not reflect a person centered plan. Additionally, the care

Evidence:

plan reflects an assessment has been completed, to assess the individuals level of dementia. The manager advised this is formulated from wording in the generic template and not a formal assessment. This was discussed with the manager that they need to ensure that care plans clearly state how peoples dementia is affecting their well being now and not part of a generic statement. They confirmed information in the AQAA that they have developed a new life history sheet to accompany the admission pack for families to complete, with the aims of obtaining a more complete background in all aspects of their life from childhood to adulthood. This will enable carers to identify significant events or needs of residents and how these contributed into making the individual, who they are and the way they are likely to react to situations. These are in the process of being completed, two of the three care plans contained very detailed life histories.

The AQAA reflects each resident is allocated a key worker to attend to additional personal care duties including bathing, nail care, laundry items, tidying wardrobes and ensuring toiletries and continence products are available and stocked in their rooms. Key workers are allocated, where possible to a resident with a compatible personality. Information in the care plans show that key workers are also responsible for ensuring monthly reviews are recorded, to reflect how their key clients health and welfare has been during the month. These and the daily records provide a good description of the care and support provided and how each individual has spent their day.

Residents who are local to the area and already allocated a General Practitioner (GP) are supported to remain with them. People who move into the home, that are not registered locally with a surgery are allocated a GP via the family practitioner service. All health care services are available to residents according to need, this was confirmed in dates and information recorded in people's care plans. The home has contacts and regular input with support networks such as Mental Health Intermediate Care for Older People (MHICOP) and local elderly psychiatric teams to enable them to continue to meet residents needs.

Peoples care plans reflected that their nutritional needs are closely monitored with regular weight checks being undertaken. Plans state where people have special dietary requirements, such as a soft diet and details the support required to assist individuals where they need assistance to eat their meal. Where people's weight is an area of concern the manager was able to describe the action taken to liaise with the GP and other health professionals, such as the dietician and Community Psychiatric Nurse (CPN).

Care plans contain supporting assessments identifying the risks for activities of daily

Evidence:

living, such as mobility, falls and personal hygiene and the action required by staff to minimise these, whilst enabling the individual to retain some independence and choice. The home uses the client handling traffic light system, high risk (red), medium risk (amber) and low risk (green). The assessments reflect, which moving and handling aids have been assessed for the individual and the number of staff required, for transfers. However, staff were observed moving people from room to room on the hoist. This practice was discussed with the manager and staff, not only is this unsafe practice, it does not promote the individuals dignity. During the SOFI, two staff were observed transferring an individual from the lounge to the toilet, the second member of staff had to hold the persons trousers up, to prevent their underwear being displayed. Another elderly frail resident was observed being transferred from their bedroom to one of the lounges, which involved wheeling the hoist along the corridor, with them suspended in the sling. This practice was observed on entering the home via the main entrance in the conservatory. The manager agreed to review this practice and to refer people with particular moving and handling difficulties to an occupational therapist, in the interim they instructed staff to ensure people were transferred to a wheelchair for transfers. The director of the company has informed us, since the inspection that they are monitoring staff moving and handling practice at their monthly visits to the home.

Where people are assessed as requiring bed rails to prevent them falling from bed, the home has purchased beds with rails that are integral with the bed and which meet safety standards. Assessments showed that agreement had been reached as part of a multi disciplinary assessment, including the individual, where able to make a decision, the GP and the residents family for use of the bed rails. Assessments had also been completed to manage pressure area prevention and continence, people at risk had been provided with appropriate aids and equipment.

Information provided in the AQAA and verified at the inspection confirmed the home has a rigorous medication policy and procedure which is adhered to at all times. Care staff involved in handling medication are appropriately trained to do so. The home has a full audit trail of medication entering and leaving the home. The home uses the Monitored Dosage System (MDS). Photographs of residents had been attached to the Medication Administration Records (MAR) charts folder to avoid mistakes with the persons identity. Additionally, care plans contained a medication list, which showed the individuals current medication with a description of what the medication is for. The MAR charts inspected were found to be completed correctly. The practice of administering medication is being generally well managed. Staff responsible for administering medication confirmed they had completed the Boots Care of Medicines training. Records also showed that staff had completed medication competency test in

Evidence:

April 2009.

The medication trolley is kept in the managers office as is the controlled drugs cabinet. The home has no residents prescribed controlled drugs at present, however the manager was advised should any one be prescribed a controlled drug, the current cabinet does not meet with the required specifications as stated in the Misuse of Drugs Safe Custody Regulations 1973. Following the inspection, the company director notified us that a new metal cabinet, which meets the requirements has been ordered.

The AQAA reflects the home are able to provide a full package of care from admission to end of life and that Brierfield aims to incorporate an holistic approach to residents care, including their families who are always welcome and listened to. This was confirmed in a compliment received from a relative thanking the staff for their support through the death of their relative. They commented, 'they felt comforted and grateful to the staff who were with them, so that they did not die alone'. This was also confirmed in discussion with a relative, who commented, "when residents are ill, staff sit with them to provide comfort and ensure they are alright".

Daily life and social activities

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

The lifestyle of people living in the home is variable, whilst staff are kind and caring and treat residents with genuine affection, care practice could be improved to ensure people are receiving a service which respects their rights and dignity and which helps them to maintain a positive self esteem.

Evidence:

Information provided in the AQAA and verified at the inspection confirmed Brierfield has open visiting and families and friends are welcome to visit whenever they like. This is encouraged as it is important to maintain contacts and friendships. This was confirmed during the inspection, where a number of relatives and friends were seen visiting the home.

Discussion with relatives told us, "I am very happy with home, the staff work with me to try to ensure my spouse leads a life as normal as possible, my partner comes home often and we go dancing, we used to be keen dancers". They also told us, "the staff are very good, I can't fault the home and as part of my job, I visit other care homes, and in comparison I feel Brierfield is a very good home, the new owners have made a lot of improvements" and "I visit every day all at different times, it really is wonderful, this is what a home for people should be like, they think it is home".

Evidence:

Other comments included, "we are very happy with service, the staff are very good, they are lovely, we couldn't wish for better here" and "staff here go out of their way, they are lovely, they are keen to take on our comments and everybody says the same, you are very lucky to get a place at Brierfield". "The staff never grumble, and if a resident is looking uncomfortable staff will enquire in a dignified and respectful manner, if they require assistance and are prompt at dealing with incontinence, making sure the home is always clean and fresh, with no odours, and there never has been". Relatives reported to us that they were confident that they are kept fully informed about the health and well being of the relative. One person commented, "I was informed exactly what happened of a recent incident, where my relative had a mark on their leg as a result of spilling their hot drink, nothing was hidden, and I was kept fully informed."

During our visit we spoke with four people who shared their experiences of what it is like for them, living in the home. They told us, "I have been here for about two weeks, I have my own room and was able to bring some of my own possessions, I choose to sit in lounge, I am not one to watch television, but do like to watch programmes about interesting things to do, sensible information type programmes. I am able to get up and go to bed when I chose, and staff are supporting me to try to maintain my mobility and independence". Other people told us, "I enjoy living at the home and I am happy with the service, happy with the food, but would like to do more activities" and "I am quite happy with the home".

The AQAA states the home has a daily activity, which is recorded on the activity board for residents to choose to participate. Staff were observed initiating a game of skittles, which a number of residents were observed taking part in. Carers are encouraged to spend one to one time with residents taking in to account personal interest and hobbies, which are recorded in the care notes. This was confirmed in a residents 'Have Your Say' survey, who told us, "the staff usually arrange activities, they do things I can do". Peoples' care plans contained a dairy of activities and meetings, detailing their participation. These showed a range of activities, such as a home event dancing to Dartagnan music, which takes place on a regular basis, every 4th Saturday, 'lets talk cards', which prompt communication, visits from relatives and pet dog, 'odd one out cards', catch ball, hairdresser visit, social worker visit, annual review with family representatives present, cards, lotto, church, skittles, dominoes and reading the newspaper, which lead to discussion about the death of Bobby Robson.

The manager was observed playing a game of 'odd one out' with two residents, these are cards with objects, which the resident needs to identify the odd one out,

Evidence:

promoting discussion about the items. Both residents were clearly enjoying the interaction and stimulation the activity provided. The manager advised they have a similar set of cards, 'my first', as in 'my first kiss', which has proven to be a good tool for reminiscence and discussion sessions, in one to one or as part of a group activity.

As part of the inspection a Short Observational Framework for Inspection (SOFI) was undertaken in the main television lounge. The SOFI started 10.10am and finished at 12 noon. We looked at and recorded how the residents using the lounge spent their time, how it affected their mood and well being, and how well staff engaged (interacted) with them.

Throughout the SOFI, which lasted 1 hour and 50 minutes, staff were present for a total of 40 minutes, the rest of the time was spent assisting other residents in the home and performing other duties. This would suggest there are insufficient staff available in the mornings to provide a service, which offers person centered care. Information about staffing is further reflected in the staffing section of this report.

Residents spent a total of 1 hour and 10 minutes, unoccupied and with no staff presence or engagement. During this time, tensions became evident among two of the residents and another individual was showing signs of restlessness, which became more pronounced as the observations continued. They left the lounge and returned three times. They became quite agitated as the morning progressed and commented, "waste time sitting here all the time", they were clearly bored, which was affecting their well being as they became physically agitated rubbing their face and temples in their hands and rubbing their knees, finally getting up and leaving the room again.

Overall the outcome of the SOFI identified that the way staff interact with residents is good, they were observed to be kind and caring, however the morning routines within the home are very task based and provide limited engagement with the people using the service. In contrast the afternoon shift, was observed to be very different, there was a lot of impromptu engagement with residents, with a more lively and stimulated environment, creating a completely different atmosphere, which was visibly noticeable for the positive affect this had on the well being of the residents. These activities included putting on music and encouraging residents to dance and sing. Two residents were observed dancing to rock n roll music with carers, other residents came into conservatory, joining in enjoying music, clapping and tapping feet, holding hands and talking. A carer was observed kneeling down talking with a resident, there was nice dialog about cooking and favorite foods and another carer was observed sitting with a resident looking through a photograph album, discussing the photographs. The carer knew who people in the photographs were, and instigated conversation with the

Evidence:

resident, reflecting this was not a one off occasion.

Several issues arose from the SOFI where care practice could be improved. One resident was observed being assisted to sit in an armchair in the lounge at 10.10am, when they were seated a carer removed their walking frame and put it by the fire place out of reach. At various intervals the resident was observed trying to get up to get their frame, calling, "help me, please help me" and getting quite anxious. At 10.25 a carer came into the lounge and asked the resident what they wanted, the resident replied "I need to go somewhere", the staff replied "you haven't got to go anywhere, you are OK where you are". At this individual appeared contented, but still had no access to their walking frame and began calling out again, when staff had left the room. Another resident was getting agitated and told them to "Shut up, Shut up". At 10.40 a member of staff returned to lounge, and assisted the resident still trying to get out of the chair to sit back down, and went to get another member of staff to help the individual to stand, to escort them to the lavatory. At 10.45 the individual returned and was assisted back into the armchair, however this time their walking frame was left with them. At 11.05 the individual was observed again talking to themselves calling out a persons name, the resident who had shouted shut up did so again commenting, "stop it, I just want to sit here", at which point the individual got themselves out of the chair using their frame and walked out of the lounge. Observation shows the individual is able to stand and walk with their frame, not having access to this is restricting their ability to move freely about the home. Additionally, they were continuously trying to get up, staff kept sitting them back down and putting a table in front of them to prevent this, again staff's action is restricting the individual's freedom.

At 10.50 two staff were observed bringing a resident into the lounge and transferred the individual into an armchair using a hoist, the staff were good at telling the resident what they were doing at each stage of the transfer, describing what was about to happen, however, one of the staff asked the other, "where do you want to put them". Staff made an observation that the individual was very sleepy and quite and not their usual self today, they asked the resident if they felt unwell, however the resident did not respond and the care staff did not pursue this. Between 10.55 and 11.20 the resident was observed gradually falling sideways to the left in the chair until their head was resting on the arm, their nose was running and they were dribbling. They were observed wiping this on the back of their hand and then on their trousers. No one returned to ask them if they were comfortable or to see if they were feeling alright. At 11.25 a carer brought in the tea trolley and asked the individual if they were going to sleep, but no attempt was made to help them sit up, or ask if they were comfortable, at 11.40 a carer came in and wiped the individuals nose and mouth.

Evidence:

In contrast, one member of staff was observed supporting an individual in the later stages of dementia, showing positive engagement, with genuine affection, care and concern about them. They acknowledged that the individual had not eaten much for breakfast and was encouraging them to have a hot drink and a chocolate biscuit, however the individual did not appear to be interested. The carer went to get a strawberry milkshake and spent time encouraging the individual to drink. Eventually the individual took hold of the cup and started to drink for them self, the carer made positive comments, to the resident, providing encouragement in their participation.

The AQAA states the home has a varied and nutritional menu. Residents spoken with confirmed they are able to choose what they like to eat, including a choice of a full cooked breakfast. Comments included, "the food is very nice, and the food is very good, we have such a choice, I sometimes have a cooked breakfast of bacon and egg". Other comments included, "the food is all fresh" and "the food is very nice, I eat anything, but I am given a choice". During the SOFI, the cook was observed talking to a resident, asking them what they wanted for their lunch, as they were aware they did not like sausages, the main choice of the day. They used a board with pictures of other foods available to help the individual make an alternative choice.

A daily menu is printed and put on the menu board each day with a photographic illustration for those who have less capacity to read the menu. There are alternative meals available at all mealtimes to accommodate personal preference, likes and dislikes. Additionally, a menu board with pictures of alternative meals, such as ravioli, vegetable grills, beef burger, fish fingers, macaroni cheese and quiche is on display in the dining room. Morning and afternoon drinks and snacks are served and are available on request. Jugs of cold drinks are in the lounges for self service or with assistance during the day. The AQAA identifies that some residents require a liquidised diet due to advancement of their dementia. Discussion with the manager reflects that these are pureed and provided all in one bowl, as they have not been able to provide meals, in a liquidised format at the right consistency, however this practice does not provide a meal that looks appetising to the individual.

The AQAA states that sensitivity is taken to those who require assistance to to eat their meal and to respect their dignity and also to promote the social meal time of others. A carer was observed assisting a resident in quiet lounge to eat their breakfast, they were very patient, encouraging and allowed time for the individual to eat their meal. Additionally, a number of people in the quiet lounge were observed being supported to eat their mid day meal, communication between them and the staff was good. A member of staff was observed to ask a resident, "did you enjoy

Evidence:

that", with a response "yes, I did". However, it was disappointing to note that carers are wearing blue plastic aprons and gloves to assist people with their meal, this is institutionalised practice and does not promote a person centered culture.

Complaints and protection

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

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

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

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

People who use this service have access to a robust and effective complaints procedure and are protected from abuse.

Evidence:

The policies and procedures for dealing with whistle blowing and safeguarding people living in the home were examined. These reflect the procedures in place to protect people using the service and identifies the actions staff should take if they an incident of abuse is discovered or reported to them. The safeguarding procedure includes the process of reporting allegations to internal personnel and the contact details for the local area safeguarding adult protection team.

Information provided in the AQAA and verified at the inspection confirmed there is a comprehensive complaints procedure, which is displayed in the reception area detailing what to do should any one wish to make a complaint. This information is also given out to relatives on admission for their own information. The complaints log confirmed neither the home or CQC have received any complaints in the last 12 months. However, one safeguarding alert was forwarded to us, from Social Services, Customer First team highlighting concerns made by a relative about an individual who had numerous falls, and that no proper risk assessments had been put in place after each accident. Information provided at the inspection confirmed these concerns had been fully investigated and feedback provided to the relative initiating the concerns.

Evidence:

People using the service and staff confirmed they were aware of the complaints procedures and were clear they would talk to the manager if they had any concerns and were confident that their concerns would be dealt with. Residents, relatives and staff told us, "the manager, is very approachable and they feel able to discuss any concerns openly with them". This was also confirmed in one service user's 'Have Your Say' survey, who told us, 'they do know how to make a complaint and does have someone they can talk to if unhappy'.

Staff files seen confirmed all staff are subject to Criminal Records Bureau (CRB) checks and Protection of Vulnerable Adults (POVA) checks prior to commencing employment to protect people living in the home from people who should not be working with vulnerable adults. The AQAA states that due to the nature of the care environment protection of vulnerable residents is a high profile and that all staff are trained in house as part of their induction training. Information on staff files confirmed they have completed Safeguarding of Vulnerable Adults (SOVA) training. The home has recently purchased a new training package to address abuse issues to accompany the existing training. Staff spoken with were clear about their role and their duty of care to raise any concerns they may have about other members of staff conduct and in reporting of incidents of poor practice and suspected situations of abuse.

An area the manager has identified where they could improve is to ensure that family members may need additional information surrounding abuse and the implications it has, especially with regard to personal care or refusal of it. Therefore they are looking at providing information to assist relatives in understanding the issues associated with abuse.

Incidents of physical and verbal aggression by residents are being recorded on incident forms and held on the individual's file. These reflect the nature of behaviour and triggers staff need to be aware of, which may cause the resident to become agitated and that staff need to be vigilant, observing sudden changes in mood. Discussion with staff and staff records reflected that some staff have completed dementia awareness training, which includes challenging behaviour in context with working with people with dementia. This is an area where further training is needed to ensure all staff know how to deal appropriately with incidents of aggression, as it was noted in one person's records that staff hold their hands to stop the individual scratching themselves and the carer, whilst attending to their personal care. This was discussed with the manager that the practice of physical intervention, such as holding the person and blocking their movement should be looked at in relation to the Mental Capacity Act and the Deprivation Of Liberty safeguards, to ensure staff are acting in their best interests of the person.

Evidence:

The manager confirmed that they have taken action to support the rights of one individual who has recently moved into the home. They have made a Deprivation of Liberty Safeguards (DOLS) referral as the individual has repeatedly informed them that they do not want to be in residential care, they have a diagnosis of advanced dementia. The referral was made for an initial assessment to ensure the home are acting in the individuals best interests.

Environment

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Brierfield provides people who live there with a safe, well maintained and homely environment

Evidence:

The AQAA states Brierfield offers a friendly and homely environment for our residents to live. This was confirmed during the inspection. The home is a converted residential property of two storey's, comprising of a ground floor and 1st and 2nd floor. Access to the upper floors is via a shaft lift and main stair case. The ground floor is open plan to allow freedom of movement and has a range of communal areas, including a choice of dining areas, three lounge areas and a large conservatory. The interior of the home is comfortably decorated, with a nice range of armchairs and sofas, lighting, carpets and curtains. The quiet lounge has a memory wall, with a range of pictures of well known stars from the 40's, 50's and 60's and photographs, which provides pleasant pictures for people to look at and which stimulates memories and discussion.

People using the service have access to two bathrooms on the ground floor, complete with integral bath hoist and one on the first floor with a movable bath seat for more independent residents. The home has fourteen single bedrooms, two of which have en-suite facilities. There a further two bedrooms providing shared accommodation. Curtains are in place to provide screening to ensure people sharing accommodation have privacy whilst attending to their personal care needs.

Evidence:

People living in Brierfield are encouraged to personalise their rooms, and to add finishing touches of their own, to make their room, their own space and to promote their well being. Rooms seen were nicely decorated with people's personal effects to reflect their individual personalities, hobbies and interests. Bedroom doors had a number and a picture on the door to help residents identify their room, however rooms on the top floor had two different numbers on them. For example, room 12 also has room 1 fixed to the door, room 16, was also marked as room 8 this could lead to confusion, especially for an individual with a dementia.

Discussion with the manager, relatives and information provided in the AQAA tells us the providers have planning permission to build an extension and increase the occupancy by adding a further seven bedrooms, another conservatory and an enclosed secure garden at the back. Currently the grounds in which the home is situated are not secure and residents are risk assessed to establish whether they are able to go out side safely unaccompanied.

The home is maintained by a handyman who works two to three days a week, to ensure the internal decoration and grounds are well maintained. Most of the home has been redecorated, including hallways, bedrooms and lounges, which has refreshed the look of the home and has obtained positive feedback from residents and relatives. However, the AQAA reflects some areas of maintenance and decoration have been put on hold until the building work commences and can be dealt with simultaneously. It was noted that the carpets in bedrooms 5 and 15 on the 1st floor and a further two rooms on the top floor had carpets that are rucked, these need attention as they are a potential tripping hazard.

Information provided in the AQAA and verified at the inspection confirmed that the home provides a safe environment for the residents. All external doors have security devices, to alert staff if an individual leaves the building. Additionally, the home is generally equipped with aids and equipment to promote mobility and maximise people's independence. The doors and corridors of the home are wheelchair accessible. There are a range of hoists, grab rails and other aids, which are available in corridors, bathrooms, and toilets, and where required, and in residents own rooms. Records kept in the home confirmed all equipment is being regularly serviced as per the manufacturers recommendations. A call system is provided throughout the home, including individual's rooms and all communal areas, so that residents have access to staff when they need them.

Evidence:

Information provided in the AQAA and verified at the inspection confirmed that the home has a infection control policy, which is covered in staff induction training so that staff understand the importance of good hygiene. Brierfield has two cleaners who work hard to ensure the home is clean and tidy. Lounges and communal living areas are cleaned at night, whilst they are not occupied. The AQAA states, 'we are often complimented on not having unpleasant smells of urine, this is achieved by careful disposal of continence products and attending to accidents appropriately'.

The laundry facilities contain the appropriate equipment to launder soiled linen, clothing and bedding. Appropriate protective equipment, such as aprons and gloves are available, as are adequate facilities for hand washing, drying and the use of alcohol gel cleansers where staff may be required to provide assistance with personal care.

The fire safety arrangements in the home have been changed to ensure people are able to exit the building easily in an emergency situation. The previous report reflected the door entering the home, which is through the conservatory, was locked with a key. Not all staff had immediate access to a key, which was held in the office. The door has now been fitted with a key pad for security and all staff are aware of the code for ease of exit in case of emergency. All bedroom doors are fitted with intumescent strips sealing the doors to contain smoke in the event of a fire and fitted with 'dor guards', which automatically close in the event of the fire alarm sounding. Fire evacuation sledges have been purchased and in position, on the upper floors in case an emergency evacuation is required. The home has had a recent fire safety inspection and was deemed to comply with fire safety requirements and have satisfactory arrangements in place.

Staffing

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

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

People using this service are supported by a staff team who have received training to ensure they have skills and knowledge to do their job, however there are not always sufficient numbers of staff available, which impacts on the quality of the care and support they receive

Evidence:

Information provided in the AQAA and verified at the inspection confirmed the rota identifies all staff on duty for each shift. The home is staffed 24 hours a day seven days a week. The staffing ratio is four staff across the waking day and two waking night staff. Additionally, the team leaders share the on call, so that support is available to the night staff.

As already identified in the daily life section of this report the SOFI identified that during the 1 hour and 50 minute observation, staff were present for a total of 40 minutes throughout this time. This meant that, residents spent a total of 1 hour and 10 minutes, unoccupied and with no staff presence or engagement. Although staff demonstrated a caring approach, the interactions that took place were 'task based', for example, transfers from chair to chair, providing drinks and assisting people to the toilet. The manager was observed still administering the morning medication at 10.45am. A carer was observed at 10.40 advising another carer that it was just XXXX to have their breakfast. Although some people may not have risen early by choice, the

Evidence:

lateness of people having breakfast and their medication and the task based care provided, reflects there are insufficient staff available in the mornings to provide a service, which offers person centered care. This was discussed with the manager, who agreed they needed to review the staffing ratio and acknowledged the feedback from the SOFI about the difference in the atmosphere in the home between the morning and afternoon shifts.

The previous report made reference to the fact that the staffing levels had been maintained by much of the manager's time being used to cover care duties and in particular night shifts. The manager was covering the early shift on the day of the inspection, as they were covering for the deputy manager, who was on annual leave. They confirmed they are still working some shifts, but not as often and that staffing difficulties had arisen due to problems with recruiting staff and maternity leave.

The AQAA reflects the home has a robust recruitment processes in place, to ensure staff are recruited according to their ability to perform the job description and hours of the position. Examination of three staff files confirmed the relevant documents and recruitment checks, for two of the staff required by regulations, to determine the fitness of the worker had been obtained prior to them commencing employment. However, one overseas member of staffs file had no references on file. The manager advised the member of staff had been hired through an agency, who completed all of the recruitment checks. They were advised that staff records should be maintained and available for inspection. The director of J&S Healthcare Ltd, who own the home has told us, following the inspection that they have made requests for references directly to the employees country of origin and has also requested full details of references obtained from the agency. The staffs file confirmed all other checks were in place.

Information obtained in discussion with staff, staff records and two staff 'Have Your Say' surveys told us, staff are provided with information, which is up to date, and have received training, relevant to their role, to help them understand the needs of people living in the home and which keeps them up to date with new ways of working. Most recent training has included Control of Substances Hazardous to Health (COSHH) emergency first aid, Mental Capacity Act (MCA), infection control, fire safety, moving and handling, health and safety, level 2 food safety in catering, dementia care, medicines, bereavement basic counseling and Safeguarding Vulnerable Adults (SOVA). Five staff have obtained a National College of Further Education (NCFE) certificate in dementia awareness and a further five are working towards this qualification. This training provides staff with information they need to know about understanding dementia, providing a person centered approach when working with people who have

Evidence:

a dementia and dealing with peoples behaviours, which staff may find challenging.

The AQAA reflects some staff members are not committed to completing training, which is an area the manager has identified needs to be addressed to ensure all staff are trained and competent to do their jobs. The manager confirmed they have recently purchased new training materials in a DVD format for training in infection control, abuse, handling and moving, with come with questions and worksheets, which staff can do in house and which are verified externally and certificated.

Information provided in the AQAA and verified at the inspection confirmed staff are expected to complete a program of induction on their first day, which includes fire, health and safety, infection control, no secrets video and introduction to the homes policies. Discussion with staff and staff records confirmed they had completed the induction as well as completing the Skills for Care, Common Induction Standards workbook. Following completion of six months employment all staff are encouraged to undertake a National Vocational Qualification (NVQ), which is funded by the home or through acquired free funding. The AQAA states the home currently has eighteen care staff, of which sixteen have or are working toward their NVQ level 2 in health and social care. These figures reflect the home has 50% of staff who hold a recognised qualification, which meets the National Minimum Standard (NMS).

Management and administration

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The management and administration of the home is based on openness and respect and is run in the best interests of the people living there by a competent and qualified manager.

Evidence:

Emma Beckett is the registered manager of this service. She is a level 1 Registered Nurse with several years experience of working a care home setting, with a particular interest in dementia care. They have completed a National Vocational Qualification (NVQ) level 4 and has a diploma in the Management of Care Services.

The previous report identified that sufficient time must be provided by the Registered Manager on management tasks, to ensure that the home can be properly managed at all times and to promote and make proper provisions for the health and welfare of people using the service. The manager confirmed they have had more time to focus on her management role, this is confirmed by the fact that they have addressed all of the requirements made following the last inspection. However, they did acknowledge

Evidence:

that they have been covering one to two shifts a week throughout June to September to cover holidays. Three staff, two nurses and a physiotherapist have been recruited from overseas, on two year student visas. The manager advised they are looking to promote one of these staff to a senior role take charge of shift, which will provide additional senior relief. Additionally, with the recruitment of more staff they are now able to delegate more shifts.

The AQAA reflects the manager is well liked by both staff and relatives alike and demonstrates a fair and open approach to managing the needs of the home. This was confirmed in discussion with residents, relatives and staff, who told us, "the manager is very approachable, they are supporting me to learn about working with people with dementia" and "the manager is very helpful and supportive, they enjoy working with people with dementia" and "the manager is very approachable, easy going and will help you when needed and will tell you when you are wrong, they are fair".

Twice monthly unannounced visits are being undertaken by the director of J&S Healthcare. This is to ensure that the running of the home is appropriately monitored. A sample of the reports were looked at, which reflected the improvements that have been made and scheduled to the interior decor, the atmosphere in the home, a review of the fire risk assessment and fire evacuation policy and procedures, monitoring staff training and all supervisions up to date.

The AQAA reflects the manager has designed a system of assessing quality of the service, by means of a satisfaction survey. This is undertaken at the same time as the residents six monthly review. A selection of relatives satisfaction surveys were seen, comments included, "the staff provide a very good service, my relative is provided with choice, and they are well looked after" and "staff respond well if I raise any concerns about my relatives health" and "my relative is provided with a good variety of food, including dishes that they love, such as Chinese and curries, however they commented that activities are adequate, I am sure residents could be stimulated more". Residents satisfaction surveys, commented, "I am happy with service, but I would like to do more activities!" and "I am happy with the food."

We received one residents, 'Have Your Say' survey, which had been completed by their spouse, comments included, "the home treats residents with respect, the manager and all staff treat residents as family, they are there all the time and never get cross with residents whatever they do and if they need anything somebody is always close at hand". They also told us, "since my relative has been at Brierfield, they have put on weight, had hardly any falls, they are happy and contented". When asked, they say, "this place is wonderful". "I visit every day, at different times and

Evidence:

have never seen the people any different, it is a lovely place".

Information provided in the AQAA and verified at the inspection confirmed that none of the people living in the home, at this time handle their own finances. In most instances they have an appointee who has lasting power of attorney or is under court of protection. This person then acts as their advocate and ensures that their financial rights and interests are upheld. There are a few items such as hairdressing and chiropody, which residents are invoiced for, staff do not handle any cash or debit cards. Items of expenditure are recorded appropriately and counter signed. A chargeable items book has been introduced, as a recommendation from previous inspection, which requires two signatures to evidence that additional goods and services have been provided and received.

Discussion with staff confirmed that supervisions are being carried out by the manager or senior. Records reflect supervision is taking place on a regular basis including direct observation, discussion about work performance, staffs clarification and understanding of dementia, workloads, planning, and areas of development and training.

The home continues to take steps to safeguard the health, safety and welfare of people living and working in the home. The maintenance file shows weekly and monthly checks are completed by the maintenance person to ensure facilities and equipment in the home are maintained and kept in good working order and compliant with safe working practices. The most recent Gas, Electrical Safety certificates, including Portable Appliance Testing (PAT) were seen. Certificates confirmed the passenger and moving and handling equipment is regular checked and serviced, including Lifting Operations and Lifting Equipment Regulations (LOLER) tests.

To ensure the safety of people living in the home, all radiators are guarded with radiator covers, which minimises the risk of people falling against them and sustaining burns. Hot water temperature valves have been replaced as some were faulty, to ensure the temperature of the water does not exceed the safe recommended temperatures.

Improvements have been made to the fire safety arrangements in the home. This was confirmed by a recent unannounced inspection from the Suffolk Fire Service which reflects the home complies with relevant legislation. The fire logbook showed that the fire alarm, emergency lighting and fire fighting equipment is regularly serviced. The home is divided into fire zones and evacuation routes, The fire risk assessment has been revised to assess the risk to each room and the occupant, including a list of potential sources, equipment provided and planned evacuation details, which takes

Evidence:

into account the individuals mental ability and reflects if horizontal evacuation is required. Evacuation sledges have been purchased for this. The manager is also looking to purchase evacuation chairs. However, the fire log book, did not evidence that regular fire drills are taking place. This was discussed with the manager who confirmed they had not been doing these as they felt it was unreasonable to evacuate, people with a dementia. The manager advised that this is a requirement, to ensure that staff and people living in the home are aware of the procedure to follow in case of fire. The manager agreed to commence fire drills and practices, which would not involve undertaking a full evacuation.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

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	7	Care plans that are written from a generic template should be individualised and clearly show how a person's dementia is affecting their well being.
2	12	The staffing ratio in the mornings should be considered to ensure that people receive a service that is centered around their daily routines and life experiences.
3	14	Further staff training in principles of person centered care would help to ensure people are receiving a service which respects their rights and dignity and which helps them to maintain a positive self esteem.
4	17	Physical intervention, such as holding or blocking a person's movement should be looked at in relation to the Mental Capacity Act and the Deprivation Of Liberty safeguards, to ensure staff are acting in their best interests of the person.
5	27	The manager should ensure there are sufficient numbers of staff available, to support the needs, activities and aspirations of people living in the home in an individualised and person centered way.

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