

# Key inspection report

## Care homes for adults (18-65 years)

<b>Name:</b>	Pentrich Residential Home
<b>Address:</b>	13 Vernon Road Bridlington East Yorkshire YO15 2HQ

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

<b>Lead inspector:</b>	<b>Date:</b>
Beverly Hill	2   4   0   3   2   0   1   0

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

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

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

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

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

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

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

**Outcome area (for example Choice of home)**

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

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

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

**This is what people staying in this care home experience:**

Judgement:

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

Evidence:

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

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

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at [www.dh.gov.uk](http://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](http://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:	Pentrich Residential Home
Address:	13 Vernon Road Bridlington East Yorkshire YO15 2HQ
Telephone number:	01262674010
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Mr Olu Femiola
Name of registered manager (if applicable)	
Mr Roger Cinco Suansing	
Type of registration:	care home
Number of places registered:	13

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
mental disorder, excluding learning disability or dementia	13	0

### Additional conditions:

The maximum number of service users who can be accommodated is: 13

The registered person may provide the following category 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 category: Mental Disorder, excluding Learning Disability or Dementia - Code MD, maximum number of places 13

Date of last inspection	2	3	1	1	2	0	0	9
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### Brief description of the care home

Pentrich is registered to provide accommodation and personal care for a maximum of thirteen adults who have a mental health problem. Nursing care is not provided. Should such care be required on a short-term basis then it will be provided by the community health services.

Pentrich is a linked double fronted property situated in a residential area of Bridlington

### Brief description of the care home

and is conveniently located for all of the main community facilities including the public transport network. A parking area is available at the front of the property. There is also restricted on-road parking.

The property has three floors. The accommodation consists of two shared bedrooms and nine single rooms, two of which have en-suite facilities. Bathing/toilet facilities are available on each floor of the property. A dining room and two lounges, one designated for the use of people who smoke, are located on the ground floor. The property does not have a passenger lift so is only suitable for people who are able to use the stairs.

The weekly fees are £353.71p. People pay extra for chiropody, hairdressing, transport and toiletries.

Information about the home is available in the Statement of Purpose and Service User Guide. The most recent inspection report is available on request.

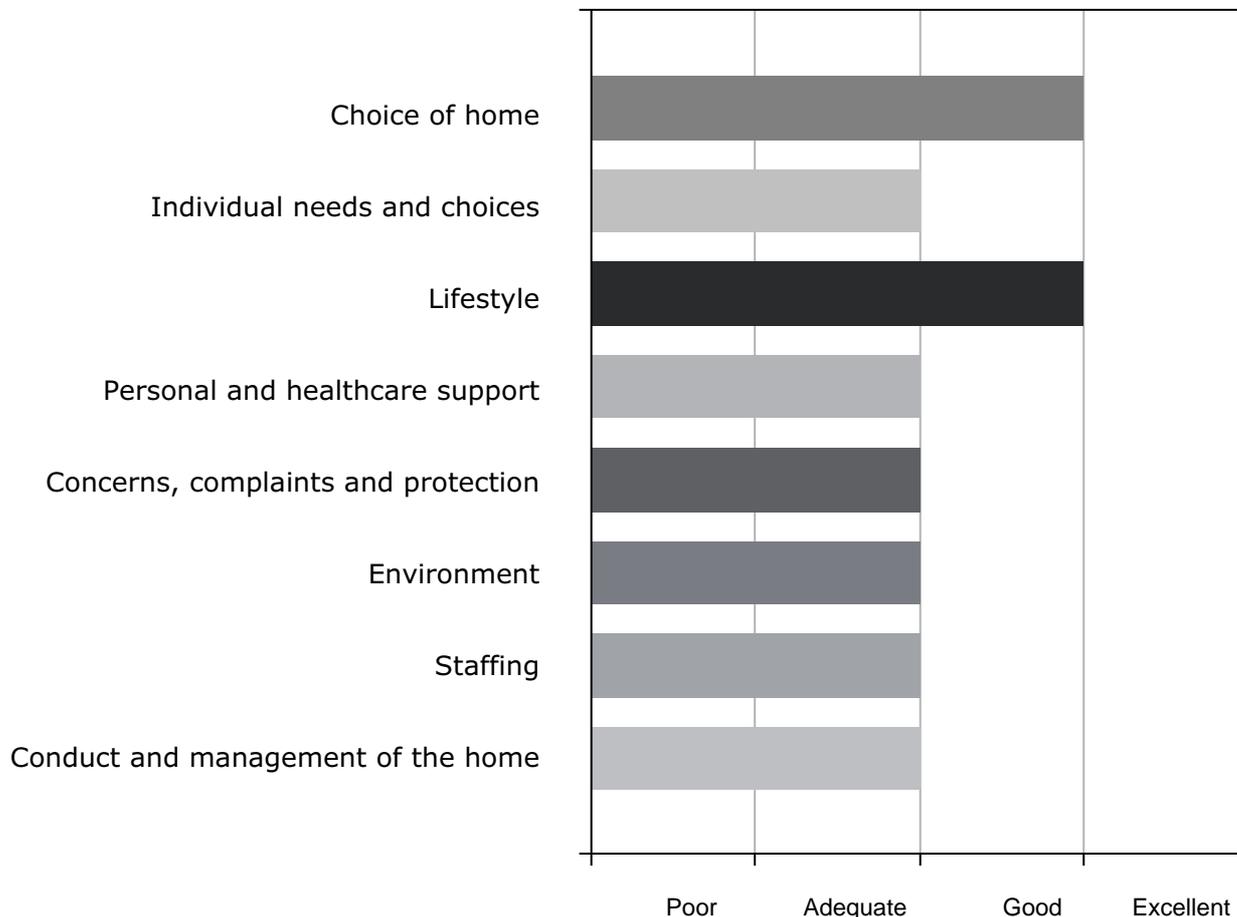
## Summary

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

The quality rating for this care home is:

one star adequate service

### Our judgement for each outcome:



### How we did our inspection:

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

This inspection report is based on information received by the Care Quality Commission (CQC) since the last key unannounced inspection on 28th September 2009. We also completed a random pharmacy inspection on 23rd November 2009 and a further random inspection to check progress with an improvement plan on 11th December 2009. We completed a site visit to the home on this occasion, which lasted approximately eight hours.

Throughout the day we spoke to people that lived in the home to gain a picture of what life was like at Pentrich. We also had discussions with the manager and staff members. We also received surveys from nine people that lived in the home and six staff members. Comments from the discussions and surveys have been used in the report.

We looked at assessments of need made before people were admitted to the home, and the home's care plans to see how those needs were met while they were living there. Also examined were, medication practices, risk management, activities and leisure pursuits organised, nutrition, complaints management, staffing levels, staff recruitment, training, induction and supervision, how the home monitored the quality of the service it provided and how the home was managed overall.

We also checked to see how residents were included in how the home was run and how privacy and dignity was maintained. We also wanted to be sure that people could make choices about aspects of their lives and that the home ensured they were protected and safe in a clean environment. We observed the way staff spoke to people and supported them.

The provider had returned their annual quality assurance assessment (AQAA) within the required timescale. The AQAA is a self-assessment that focuses on how well outcomes are being met for people using the service. It also gave us some numerical information about the service.

We would like to thank the people that live in Pentrich, the staff team and management for their hospitality during the visit, and also thank the people who had discussions with us and completed surveys.

We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations, but only when it is considered that people who use the services are not being put at significant risk of harm. In future if a requirement is repeated it is likely that enforcement action will be taken.

### **What the care home does well:**

The provider, manager and staff team have responded well to the requirements issued at the last inspection and have worked hard to improve the home so residents can have a good quality of life.

The provider has installed Sky television into the main lounge. This enables people to have access to a much wider range of television programmes.

One resident has been assisted to find employment one day a week and volunteer work on another day and another resident also completes volunteer work one day a week. Other residents have been supported to continue previous leisure pursuits.

The residents spoken with liked the staff and the manager and said, 'the staff always help me if I need help', and 'the staff are very good'. The staff spoken with were enthusiastic about their roles and liked working at the home.

The manager made a record of any complaints received and residents told us they would tell the staff or manager if they were unhappy about anything, 'I'd tell Roger (manager), he sorts out things'.

Residents have access to a lounge in which they can smoke. This enables them to continue with this life choice in comfort.

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

Although there has not been any new residents admitted to the home since the last inspection, the manager is more aware of the need to ensure assessments are obtained from the local authority.

Care plan and risk assessment information has been improved, although there are further improvements that can be made to ensure they are even more personalised and kept up to date.

Recording of care has improved and staff are more aware of what they write in daily reports.

Both staff and residents told us there was more to do in the home and staff have more time to support people with activities such as baking and craft work.

The management of medication has really improved. How the staff managed medication was checked out at the pharmacy inspection in November and the staff team have continued to manage it safely.

A redecoration and refurbishment plan has been produced with some timescales for the completion of tasks. The downstairs toilet floor has been repaired and is much more hygienic. One of the large bedrooms has been completely redecorated and changed from a single room to a shared room. The two new occupants were very happy with their new bedroom, as it was larger than their previous room. A single bedroom has also been redecorated and the managers' office tidied up.

A new washing machine and tumble drier has been purchased. To prevent the spread of infection, hand paper towels have been installed in communal toilets and bathrooms.

Staff training has been audited and a training plan devised. Management is much more aware of what the training needs are and is investigating more in-depth mental health training for staff. More staff have gained a National vocational Qualification (NVQ) in care at level 2 or 3 and others are progressing through the course. Staff told us that morale had improved.

More staff have also completed safeguarding of adults from abuse training. The manager and deputy manager have completed more in-depth safeguarding training with the local authority regarding their role in referral of any allegation of abuse. The training will help to protect and safeguard vulnerable adults.

A deputy manager has settled into her role and is supporting the manager. This means that he can be freed up to complete management tasks that had slipped and will mean there is an extra staff member on shift three days a week.

The manager is progressing with his registration with the Care Quality Commission.

The manager is more aware of what information needs to be reported to the Care Quality Commission and other agencies, and notification of incidents have been received. This enables us to monitor how incidents are managed.

#### **What they could do better:**

The manager needs to formally write to the resident or their representative after an initial assessment has been undertaken, to assure them that their needs can be met in the home.

Risk assessments have improved, although they could contain even more information about how staff manage risk and staff could also ensure they are kept up to date and changed when incidents occur. This will ensure that all staff have full and up to date information.

People could be consulted more about the meals that are prepared. The menus were repetitive and people spoken with would like to see more choice, 'we see the same things over and over again', and 'we need more choices at meal times'. There should be facilities accessible so residents can make themselves a hot or cold drink when they choose.

Staff need to make sure that residents have health action plans in place that cover all aspects of their mental and physical needs. This will assist staff to support them more effectively and ensure that care is not missed.

The home needs to keep to the training plan and ensure that all staff are up to date with their mandatory training. Good progress has been made so far. More in-depth training in mental health will enable staff to gain the right skills and knowledge for their role and feel confident in supporting people with mental health needs.

There are still some staff members that need to receive safeguarding of adults training.

It is important that all staff are clear about how to safeguard vulnerable people from abuse.

The building is an old house and it is acknowledged that there is always work to be completed for its upkeep. However, a redecoration and refurbishment plan with timescales for long and short term goals and action has been produced and will need to be followed to ensure improvements continue at the pace planned.

General recruitment had improved and references obtained but care needs to be taken to ensure that gaps in employment history are explored and recorded.

Induction for new staff, both in-house and skills for care standards, needs to be completed fully and in a timely way. This will help to provide new staff with confidence and provide information about what is expected of them when they first start their new role.

Care staff members should receive a minimum of six supervision sessions per year. This will give staff an opportunity to share information and for their work to be monitored.

The way the quality of the service is monitored and managed could be improved so that the range of people connected with the home are consulted about the services. It is acknowledged that the quality monitoring system has just started and the manager is awaiting most of the replies to the residents' questionnaires recently distributed. Questionnaires could be sent to staff, visitors and professionals connected to the home.

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](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line 0870 240 7535.

## Details of our findings

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## Choice of home

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

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

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

**This is what people staying in this care home experience:**

Judgement:

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

Although the assessment process could not be fully tested out, as there had not been any admissions since the last inspection, the manager was able to describe the admissions process and confirmed that people would have a full assessment of their needs prior to admission.

Evidence:

The home had not admitted any new people to the home since the last full key inspection on 28th September 2009. However, we discussed the admissions process with the manager. He confirmed that when the local authority request a placement for a resident, he asks to see the community care assessment completed by the professionals involved in their care and support, to check if the person's needs can be met in the home. The manager then completes their own assessment documentation taking into account the persons' mental health needs and any issues that may cause difficulties with existing residents.

The manager advised that the next step is to invite the potential resident to visit so they can meet other residents and staff and view the home, 'to see what kind of home

Evidence:

Pentrich is'. If they decide to stay a care plan is developed with the resident so staff know how to meet the persons' needs.

The homes assessment documentation covers a range of areas such as health, personal, social and psychological needs and basic information about contact details of family and professionals involved.

The manager verbally confirms with the resident and placing authority that their needs can be met in the home. This needs to be completed in writing.

## 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.

Improvements have been noted in the care planning process, however, care plans could be personalised further.

There is a lack of consistency with risk management plans with regards to detail and updates when needs change. This means that the most up to date information may not be recorded and planned for.

Evidence:

We looked at three care files during the visit and found that the progress noted at the random inspection on 11th December 2009 had continued. The care files were much more organised and easy to read. Each care file had a photograph of the resident and details of their key worker. Each care file had a signature of the resident to evidence that they had seen the care file and agreed with the contents.

The care plans had been re-formatted and improvements noted in the content. They stated what the resident was able to do for themselves and the tasks that were

## Evidence:

required by staff to ensure needs were met. As mentioned in the random inspection report, the care plans could contain more personalised details and this continues to be the case. However, it is clear that care staff have put in a lot of work to improve the care plans so they have clear instructions about how to support people without impinging on their independence. The care plans reflected the low level physical needs of the residents and most of the support was aimed at maintaining good mental health. Evaluations of the care plans had just started so that staff could record changes and update them. Staff need to ensure they sign the care plan when they formulate it or make any changes to it, and also ensure the full date of the monthly evaluations is clear.

In two of the care files examined the residents had a physical health issue that had not been included in the care plan and one of them also had a need for support with a particular activity of daily living but this was also not included. This was mentioned to the manager to address in a health action plan, which is discussed in the section on personal and healthcare support. However, overall there was a big improvement in care planning processes and evidence of involvement from residents. There had also been an attempt by staff to write some care plan documents in a person-centred way, which had been partially successful. For example, the document entitled, 'my best day/worst day' had preferences and information about what the resident likes to do for their daily routine. This evidenced that residents had some control over aspects of their lives.

When spoken with people told us they could make decisions about the things they do each day, the times of rising and retiring, occupations, friends and family they visited or who visited them, and for some residents, the work they were involved in outside the home. One resident told us, 'I like to go to my own bedroom, do my own thing and watch videos' and 'you can do what you want, when you want'.

Risk assessments had been produced and filed alongside the corresponding care plan section, which made them easily accessible to staff. Although there had been improvements in risk assessment documents, some still need to contain more information about the ways in which staff are to minimize the risks in some activities. For example, one resident had a specific risk associated with their mental health needs and the action to minimize the risk was to communicate with the resident and be aware of any triggers. The information needs to be much more specific detailing what the triggers are and how they are presented so staff can recognise when they start to occur.

Another resident had a risk assessment and information from it was included in a care

Evidence:

plan. However, there had been a further development but the risk assessment and care plan had not been kept under review and updated. This is an area that still requires more input and was discussed with the manager and deputy manager.

## 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.

There has been improvements in the amount of social stimulation staff provide for residents, and this has led to more access of community facilities.

There could be more variety regarding the main meal at lunchtime and suppertime. This would enhance choice and wellbeing.

Evidence:

There has been an increase in staff numbers on some days during the week, which has allowed more time for staff to support people with some activities. Some residents continue to attend a range of activities relating to their social interests. One person has paid employment one day a week and on another day helps out as a volunteer at a charity shop. One other resident also works as a volunteer at a charity shop one day a week and has enrolled at college to complete a course on IT skills. Other residents pursue their own interests and go out alone to visit the local facilities, cafes and

## Evidence:

shops. One person likes to attend church meetings and some attend the local MIND group for reading and writing classes. Some residents prefer to stay in the home and only go out with staff members.

Staff told us that most residents were independent and went out alone. One resident, who didn't usually join in activities, had started to play pool with staff on the table provided in the home. They told us that social stimulation is improving and more residents are getting out and about in the community. For example, one resident recently spent two hours with staff at the local library, five residents had enjoyed a trip to The Deep in Hull the day before this site visit and staff had accompanied one resident to the Pavilion the other day for a coffee. Social activities take place inside the home, such as weekly bingo, arts and crafts, baking, quizzes, karaoke and themed nights. Some residents also take occasional walk along the beach in warmer weather. Staff provide barbecues at the home during the summer months.

Some people have bought their own television and other entertainment such as DVD players, which they can keep in their room. The provider has also installed Sky television in the lounge to increase the range of programmes available to residents. People were pleased with this and told us they got a lot of enjoyment out of it. One resident has a pet rabbit and the home has a canary.

There are some residents that like to help around the home, such as washing and drying pots, setting tables for meals and serving plates to people sitting at the table. The staff confirmed they encouraged these activities and were available to support staff at tea time if they wanted to use the kitchen to prepare their own meal. One person has been given a flask, which they fill with coffee and keep in their bedroom. This was a particular request from the resident to enable them to have a steady supply of coffee when they required it. These activities of daily living and others such as budgeting and housekeeping could, after discussion with residents, form part of their support plan. This will assist people to maintain existing skills and support them in developing new ones.

Staff have recorded information about peoples' preferred routines and 'best/worst day' scenarios. This enabled them to have a better understanding of what was important to people and how they liked to spend their day. Some activities and outings have been chosen with specific residents, in line with their wishes and staff knowledge of their interests. People spoken with enjoyed their visits out and the organisation of in-house activities. Comments in surveys, when asked what the home does well, were, 'take me out for walks and an ice-cream', 'I love the home because I have my freedom to do whatever I want to do' and 'I go out when I want to and staff also take me out'. In

## Evidence:

discussions some residents stated, 'I can come and go as I want - they don't do too bad as a whole' and 'I like to stay in the home'. One person told us they always received a birthday and Christmas gift from the provider.

People were encouraged to keep in touch with family and friends, 'my daughter visits daily' and 'my auntie phones me twice a week'. Other residents had frequent visitors to the home. Events away from the home which involve staff are planned well ahead to ensure extra staff are provided as needed. The manager advised that three residents want to go on a caravan holiday this year and are being supported by staff to organise it. Other residents prefer day trips instead and have made suggestions.

We looked at the menus and staff told us that residents had some input into them. The menus could have more variety and staff advised this was being addressed. There is one choice for the main meal of the day but alternatives were available. Some residents spoken with would like to see more choice on the menus, 'you see the same thing over and over again', 'you sometimes get sausage twice in a week' and 'its the same for supper each night - biscuits. It would be nice to have toast or crumpets - you can't go all night on a few biscuits'. One other resident spoken with was quite happy with their meals.

The cook bakes most days, so there is a supply of freshly baked produce and she knows when people have specific dietary needs. If people are out and miss their main meal at lunchtime it is plated up for them to have on their return. Care staff prepare the evening meal each day and all meals at weekends.

One resident has been seen by a dietician and staff have been given advice on how to improve their diet, which through choice, had been very limited.

## Personal and healthcare support

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

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

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

### This is what people staying in this care home experience:

#### Judgement:

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

People have access to a range of health care services. The completion of health action plans will enable residents to be supported to take control of their healthcare, and enable staff to ensure annual health checks are offered, health is monitored and any issues dealt with at an early stage.

#### Evidence:

We examined three care files in detail during the day to check how peoples' health care needs were identified and addressed. There was evidence that the three residents had access to a range of health and social care professionals, for example, GP's, community psychiatric nurses and mental health social workers. There was no health action plan to support people with annual health checks, medication reviews and dental checks. We were unsure if residents had been registered with a dentist.

To improve this section of care, the staff should complete a comprehensive health action plan for each resident to ensure they are supported to take control of their own healthcare needs. This will focus specifically on health issues and detail when appointments have been made with the range of health care specialists involved in their care. It will ensure annual health checks are offered, health is monitored and any

Evidence:

issues dealt with at an early stage.

People spoken with told us that staff supported them well and were, 'kind'. Most people were independent with personal hygiene tasks and the focus of support was for emotional and psychological needs. Some people required only prompts and general supervision to ensure that clothes were clean. There was evidence that routines such as rising and retiring were flexible. Residents told us that staff knocked on doors prior to entering and respected their privacy and dignity.

Each resident was allocated a key worker that was responsible for building up a relationship, writing plans of care and risk assessments, and day to day support. The staff team had been more stable since the last key inspection, which had improved consistency.

A pharmacist inspector visited the home on 23rd November 2009 and concluded, 'the home's medication systems and record keeping have improved considerably since the last key inspection. The manager is making good progress with updating the medication policy and procedures which, when completed, will hopefully lead to further improvements in medication safety in the home'. All three requirements regarding medication were met at that inspection. The system for managing medication safely, put in place as a result of the last key inspection has continued. Medication is stored, administered and recorded appropriately.

## Concerns, complaints and protection

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

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

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

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

The management and staff are much more aware of safeguarding policies and procedures, which means they are more equipped to protect vulnerable people from abuse.

Evidence:

The home had a complaints policy and procedure, which was displayed in the home. The manager made basic details of complaints received and the action taken to address them. There have been no complaints since the key inspection on 28th September 2009.

Staff spoken with were aware of what to do should any complaints or concerns be raised with them and residents told us they would see the manager or named particular staff they would talk to if they were unhappy, 'they deal with any problems I might have', 'I'd tell Roger (manager) he sorts out things' and 'you can tell Mr Femiola (provider) - he is a very nice person'.

Since the last inspection, the manager, deputy manager and four care staff members have completed training in how to safeguard vulnerable adults from abuse. They are now much more aware of what they have to do and who they have to contact should they become aware of safeguarding concerns or allegations of abuse. The remaining four care staff and ancillary staff also need to receive the training.

Evidence:

Two safeguarding issues had been investigated with no further action required by the home other than to update a risk assessment for one person.

## 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.

Improvements have been noted in the environment since the last inspection. Continuing progression with the homes' redecoration and refurbishment plan would further improve the environment for those who live there.

Evidence:

The home is situated close to the centre of Bridlington. It provides two sitting areas, one of which is a lounge for people wishing to smoke, and a separate dining area. The smoker's lounge is ventilated by opening the window and would be improved by the installation of an extractor fan fitted to the external wall. There is a small enclosed patio area to the rear of the property, which has tables and chairs and space to house one of the residents' pet rabbit.

The home has two shared bedrooms and nine single rooms. One of the single bedrooms is new and has an en-suite shower, sink and toilet. It looks smart and is nicely decorated and carpeted. A bedroom on the top floor also has a shower. All the bedrooms have privacy locks to the doors and some people have keys. The locks are the kind that if the key remains in the door on the inside, staff would not be able to access in any emergency. This needs to be addressed. The shared bedrooms do not have any privacy screens and only three of the bedrooms have a lockable facility for people to store personal items securely. The manager stated he had checked out if

## Evidence:

residents in shared bedrooms wanted privacy screens and lockable facilities and they had declined. This should be recorded but also installed as standard when any of the rooms become vacant.

There are two non-assisted bathrooms on the first floor, and a shower on the top floor for more ambulant people, as there is a step up into it. There is a sufficient number of toilets throughout the home. Since the last inspection bathrooms and toilets have been installed with paper towels to prevent the spread of infection.

Staff have access to a shower room and toilet on the ground floor. There is only one office, which is currently used by the manager and deputy manager. This has been cleared out of clutter and looked much more organised. The majority of records are stored here in lockable filing cabinets. Care staff use a small area outside the kitchen to work from and care plans are stored here in secure cabinets.

The manager made available a refurbishment and redecoration plan with timescales for completion. They have also set up a maintenance book so issues can be logged and addressed quickly. It details when jobs have been completed. The premises were clean and tidy, although some areas were still in need of attention, decoration and refurbishment. The lounge carpet has been cleaned but is really in need of replacement. The manager advised that the lounge and dining room were due to be redecorated and to have new floor covering later in the year. However, the next major refurbishment is the kitchen. Quotes have been obtained and plans drawn up but work has yet to be started. The flooring to the downstairs toilet has been replaced with tiles and is much more hygienic. A new washing machine and drier has been purchased.

Although there is still work to be done on the environment, improvements were noted and it is acknowledged progress will take time. Some comments about the environment from residents were, 'we need new chairs in the dining room' and 'I'm quite happy with my bedroom - it needs decorating and a new carpet but I don't want to move out'. A staff member in a survey stated, 'we need to keep up the improvement plan'.

It was noted that there was no call bell system in the building for staff or residents to summon assistance. The manager advised that during the night, care staff check residents on an hourly basis and a portable door bell system had been used in the past with an individual resident when they needed close attention. The installation of a call bell system needs to be included in the refurbishment plan.

It was also noted that water temperatures from hot water outlets had not been

Evidence:

recorded since August 2009, when they were recorded at 37 degrees centigrade. This can be quite cool for some people and should be approximately 43 degrees. This needs to be checked out and was mentioned to the manager.

## 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.

Improvements have been noted in staff recruitment, training and supervision. These need to continue as planned to ensure that staff are equipped with the skills and knowledge they need to meet peoples' needs.

Evidence:

Two staff were provided throughout the day, although there are three on days when the manager is included. At night there were also two staff, one of which sleeps on the premises, but is available if needed. A cook works five days a week for five hours each day and domestic cover is three hours a day Monday to Friday. Care staff complete catering tasks at the weekend and an extra care staff has been arranged to cover this task. The manager works 9-5, five days a week but three of these days are part of the morning shift numbers. Since the last inspection a deputy manager has been in post, which has freed up the manager to concentrate on management tasks.

Residents spoken with liked the staff that supported them. Comments were, 'the home looks after me very well and the staff are nice to me', 'they are good to us and not patronising', 'the staff are alright', 'they are very good' and 'I like them'.

Recruitment records for one new staff member were examined. References had been obtained and a criminal record bureau check completed prior to the start of

## Evidence:

employment. However, there was a two year work gap on the persons' application form that should have been explored with them. One of the references appeared to confirm the person had worked overseas but this should have been documented.

The new staff member had received part of a short, in-house induction but, after two months working as a carer, the skills for care induction work booklet had not been started yet. It was important that new staff completed a thorough induction to support them in their new role.

The home has eight care staff, three of which have achieved a national vocational qualification (NVQ) at level 2 or 3. Four care staff are progressing through NVQ level 2 and one person is progressing through NVQ level 4. This is good progress.

The deputy manager has completed a training audit and is much more aware of the training that is needed to ensure the staff are equipped with the right skills to support people with mental health needs. There were still some gaps in mandatory training but courses had been planned for. For example, fire safety was arranged for later in March, and infection control planned for April for all staff. All staff had completed basic food hygiene and all but the newest staff member had completed first aid. Three staff had completed health and safety training. Moving and handling was postponed by the trainers but this was not a priority as all residents were ambulant.

Local health professionals had carried out three afternoons of training in mental health awareness for most staff, although staff spoken with all stated this had whetted their appetite and they would like to complete more in depth training. The manager and deputy manager were aware of this and were trying to source additional training in mental health conditions. Seven staff were also due to take refresher training in safe handling of medication to ensure skills were maintained. Seven staff had completed training in how to manage behaviours that could be challenging.

At the last key inspection on September 2009 care staff were not receiving any formal, one to one supervision with their line manager. This had started when we returned to complete the random inspection in December 2009 and needs to continue so that care staff receive a minimum of six supervision sessions per year.

## 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.

There have been improvements noted in the way the home is managed.

A robust quality assurance system will enable the home to monitor and consistently improve the service it provides to people. It will also ensure that people are consulted more actively about how the home is managed.

Evidence:

The manager has been in post for nearly two years and is progressing with his application to be the registered manager. He has had an interview with the Care Quality Commission to test his fitness to be the registered manager and is awaiting the outcome. The manager completed his NVQ Level 4 in management and leadership in July 2009.

Staff spoken with described the manager as, 'approachable and relaxed' and, 'you can go to him with any problem and he will try his best to sort them out'. They also confirmed that they were able to contact the provider at any time and had a good relationship with him, 'he comes up quite a lot - every week or fortnight and speaks to

Evidence:

residents and staff'.

A new deputy manager is now in place and between them, the two managers have started to complete the management tasks that had slipped at the last key inspection. For example, auditing training, developing a training plan and supervising staff formally.

All the residents knew the managers' name and told us they would see him if they were worried about anything. We have been encouraged by the improvements made to the management systems in the home. The home continues to be much calmer and more organised than on the last key inspection.

There continues to be a limited quality assurance system in place and this is an area that needs to be improved. The manager and staff team have been concentrating on getting others areas of the home right but can now start on looking at how quality can be monitored. An annual, month by month quality assurance plan could help the manager to structure quality monitoring. Ten surveys had been sent to the residents in the home and four had been returned so far. When they are all received back the manager stated they would be checked to see if there are any suggestions for improvements. The deputy manager advised that an environmental audit and checks on other systems in the home were planned for later in the month. The manager, deputy and one of the senior care staff meet every Friday to check care plans and discuss issues in the home. These meetings need to be recorded. Surveys could be sent to visitors, professionals and staff to enable a wide range of views to be obtained on how the home is managed.

The manager had completed an annual quality assurance assessment (AQAA) requested by the Care Quality Commission. This is a self-assessment regarding what the home does well and what needs to be improved.

Fire alarm checks and drills were now completed to ensure staff had knowledge of emergency procedures. There were still gaps in mandatory training as discussed in the previous section, but progress has been made. As mentioned in the environment section, the home does not have a call bell system for staff or residents to raise the alarm in emergency situations.

The documentation required for the running of the home has improved, especially medication and care planning. Further improvements were required for risk assessments, health action plans and staff induction. Staff supervision has started and a training audit completed. We are now receiving notifications from the home

Evidence:

regarding any incidents affecting the wellbeing of residents.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	<p>Risk assessments must be thorough and updated when further information is obtained or needs change.</p> <p>This will ensure that information is up to date and staff have full guidance about any changes in risk management so care will not be missed.</p>	30/04/2010
2	35	18	<p>Progress in staff training must be continued so that staff have up to date mandatory training and receive service specific training in line with the identified physical, mental health and in one case learning disability needs of the residents living in the home.</p> <p>This will ensure that staff have the right skills and knowledge about the needs of the people they support,</p>	31/08/2010

## Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			will help them to identify quickly when peoples' mental health needs start to deteriorate and will help them to be confident in their role.	

## 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	2	After their pre-admission assessment, residents should receive written confirmation that their needs can be met in the home.
2	6	Care plans should be personalised further to provide staff with detailed information about how people prefer to be supported and enable them to monitor progress with achieving goals.
3	6	Staff should sign the care plan when they formulate it or make any changes to it and also ensure the full date of monthly evaluations is clear.
4	16	Residents should be encouraged to plan their daily routines and be supported to maintain existing skills and develop new ones with regards to their activities of daily living. For example, housekeeping, washing and ironing, budgeting, preparing meals and tidying their bedrooms.
5	17	Menus should have more variety and staff should check out the comments made about the provision of supper. This will ensure residents choices are improved and enhance their wellbeing.
6	19	Health action plans should be completed. This will enable residents to be supported to take control of their healthcare, and enable staff to ensure annual health checks are offered, health is monitored and any issues dealt with at an early stage.
7	24	The provider should ensure that the programme of renewals continues as planned.

## 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
8	26	Although lockable facilities and privacy screens are provided when people request them, they should be installed as standard when people vacate the bedrooms.
9	26	Privacy locks to bedroom doors should be of the type to enable staff to gain access in emergency situations. The current system of a lock that requires a key to be inserted, could pose a problem if the resident left it in the lock.
10	28	There should be an extractor fan fitted in the lounge used for smoking. This will enable smoke to be cleared quickly.
11	29	The provider should fit a call bell system in the home to enable the residents and staff to raise the alarm in emergencies.
12	32	The home should continue to work towards 50% of care staff trained to NVQ level 2 and above.
13	34	Application forms for potential new staff should be checked to ensure that gaps in employment are explored.
14	35	The manager should investigate more in-depth training in mental health needs to ensure the staff team have a range of knowledge and skills in this area.
15	35	New staff should start completing skills for care induction standards to enable them to gain confidence in their new role. This will also enable supervisors to monitor their practice.
16	36	Care staff should receive a minimum of six, formal supervision sessions each year. This will enable staff members to discuss issues and supervisors to monitor practice.
17	39	Surveys should be sent to visitors, professionals and staff to enable a wide range of views to be obtained on how the home is managed
18	39	The weekly quality meetings should be recorded to evidence what is discussed and to enable an audit trail of decisions.
19	42	The home should continue the progress made with mandatory training to ensure all staff have up to date knowledge and skills about health and safety issues.

## Helpline:

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