



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	Pentrich Residential Home
Address:	13 Vernon Road Bridlington East Yorkshire YO15 2HQ

The quality rating for this care home is:

one star adequate service

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

Lead inspector:	Date:
Anne Prankitt	2 9 0 5 2 0 0 9

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

The Commission for Social Care Inspection aims to:

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

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

Reader Information

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
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Internet address	www.cqc.org.uk

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
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								
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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 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.

Brief description of the care home

The property has three floors. The accommodation consists of five shared bedrooms and three single rooms. One room has 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.

On 29 May 2009 the manager said that the weekly fees are £283.69. People pay extra for chiropody, hairdressing, transport and toiletries.

Information about the home is available in the Statement of Purpose if people want to see it. The most recent inspection report is available on request.

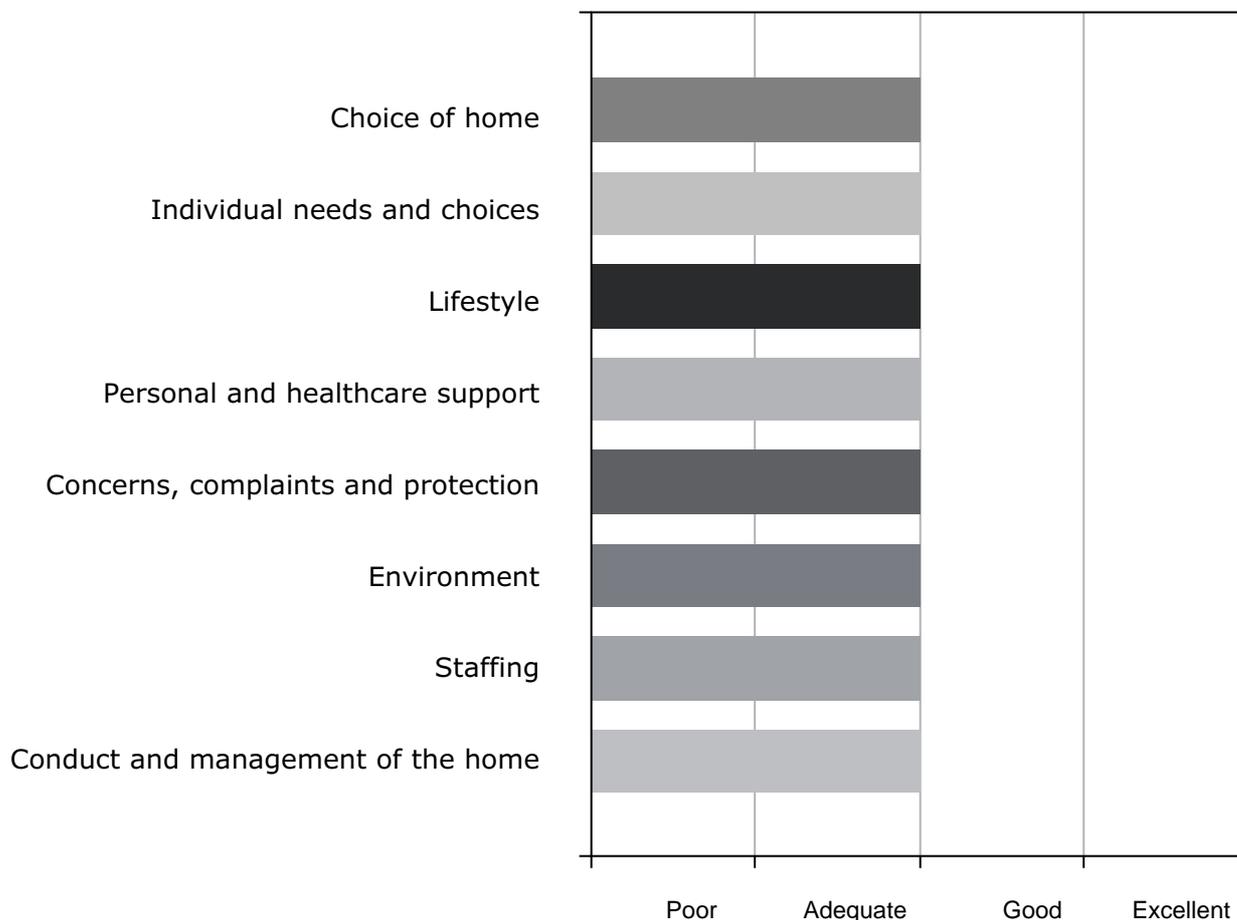
Summary

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 last key inspection for the service took place on 3 June 2008.

This key inspection included a review of the following information to provide evidence for this report:

Information that has been received about the home since the last inspection.

A self assessment called an Annual Quality Assurance Assessment (AQAA). This assessment told us how the manager thinks outcomes are being met for people using the service. It also gave us some numerical information about the service.

Completed comment cards from eleven people who live at the service, three staff and four community professionals who visit the service.

A site visit to the service carried out by one inspector, which lasted for eight hours.

During the visit to the service, the majority of the people using it, the manager and staff were spoken with. Two care plans were looked at in detail, and a further two were looked at to check on specific things. We also looked at two staff recruitment files, some policies and procedures, and some records about health and safety.

The manager was available throughout the day. Feedback was provided to him at the end of the visit.

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 where it is considered that people 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:

People's care is described in an individual way in their care plan. This helps staff to recognise one person's needs as being very different to the next.

People say they can make decisions about what they do at different times of day. This suggests that they can make choices in their daily lives.

People can have their own belongings in their room so it is personalised. They can spend as much time in their room as they wish, and can have a key so they are able to lock it when they are not using it.

People get home cooked food, fresh fruit and freshly baked cakes, which they enjoy.

People know they can complain to the manager, and are confident that he will act to put things right. One said 'I always talk to the staff. I tell staff and they help me write down any complaints'. Another said if they have any complaints 'I would, and do, go to the manager'.

What has improved since the last inspection?

Staff have received training so they understand better about behaviour which challenges the service. This will help them to provide people who may present with this sort of behaviour, a more consistent, supportive response.

Professionals who visit the home to give people medication which the staff are not allowed to give, now sign the records to show this has been done. This keeps people's records up to date, and reduces the risk from errors happening.

The room in which people smoke has now been provided with a heater, so it is warm enough for people to use in the colder weather.

The manager has sent satisfaction surveys to people and their families, to see what their views are about the home and where it could do better. He could also send these to visiting professionals so they too have the opportunity to comment upon the way the home is running.

A fire safety risk assessment has been completed. The manager said the fire officer has looked at this, and approved it.

What they could do better:

People's pre admission assessment could be made available for staff to read before an individual is admitted, so they know what care they are likely to need, and any risk associated with this care. Information from other professionals involved in the person's care could be collected and considered before a decision is made about whether the home will be able to meet the person's needs.

People could be involved in the review of their care plan with their key worker. This would help to check with them that they agree with it. Risk assessments about people could always be followed, so that identified risks to them are kept to a minimum.

Visiting restrictions could be lifted so that people can more easily maintain important links with their family and friends.

The home could make improvements to the way medication is managed on people's behalf, so that it is safer, better organised, and meets their needs better.

Complainants could be responded to within the agreed timescales, and a proper record kept about what was done about them, so that people can be confident that the home has taken their concerns seriously.

Staffing levels at the home could be reviewed, and the use of volunteers could be better managed, taking into account the views of people using the service.

Staff recruitment could be more thorough, so people can be assured that all the necessary checks have been made to confirm that new staff are suitable workers before they are allowed to work alone with people.

All staff could be provided with training in mental health matters so that their skills and knowledge base about the people they care for is up to date.

As part of the improvements to the premises, there could be a planned programme in place for the redecoration and refurbishment of Pentrich, for which records could be kept, to help make sure that achievable timescales set do not fall behind.

Appropriate hand washing and drying facilities could be provided in the communal toilets. This would help to reduce the risk from cross infection, to reduce risk to people's health, and to promote their dignity.

The fire officer could be invited to visit the home to check the new bedroom to make sure that the works have been completed in line with the fire authority's requirements. Outstanding work to the premises could be completed within the timescales set by them, and in house checks could be kept up to date. This is so people can be assured that they will be properly protected in the event of a fire.

Firm arrangements could be made so that servicing of the fire alarm system and gas appliances does not fall behind. This would make sure that the systems are in full and safe working order, and will assist in keeping the premises safe for people.

A risk assessment could be completed to check that the home is suitably equipped, and staff suitably trained, to deal with first aid emergencies. This would help to ensure that the right action is taken where an emergency requiring first aid attention arises.

Contact could be made with the Environmental Health Officer to get some further information about staff training and daily checks made in the kitchen.

Staff could complete training in moving and handling and infection control as soon as is practicable, so that they know how to work in a safe and lawful way.

The manager could complete his application to be registered with the commission by 31 July 2009. This is so people can be assured that the service is being managed by someone who has been assessed as being fit to do so.

Visiting professionals could be surveyed by the home so they have the opportunity to pass on their views about what the service does well, and what it could improve for the people who live there.

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

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

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The lack of written information about people's assessed needs increases the risk of these being overlooked when the person is first admitted.

Evidence:

There have been two admissions to Pentrich in the last year. One of these was an emergency admission. There was no pre admission assessment documentation in the file for either of the people concerned. The manager said that he did visit them, and there was evidence to support that one of these visits had taken place. However, the staff spoken with said they did not see any written information collected by the manager before the admission took place, and the manager could not find either assessment. A staff member said they started learning about the person's care when they arrived.

One community professional thought that the home's assessment arrangements 'always' ensured that accurate information was gathered, and that the right service was planned for people. However, two thought this only 'sometimes' happened, and

Evidence:

one said it was 'never' the case.

It is very important that this information is available for staff to see, so they know what sort of care and support the person is likely to need before they arrive, whether there will be any restrictions to the person's freedom and choice, and whether there are any risks associated with their needs.

There was information from other professionals in each of the files, such as the care manager. However, in one case, this information had been provided after the admission took place. Wherever possible, information from other professionals who have been involved in the person's care should be collected, and the information considered, before deciding whether the home will be able to meet their needs. This may reduce the risk from failed admissions.

Many of the people at Pentrich have lived at the home for a long time. They thought that at the time of their admission they got enough information to help them decide whether they wanted to live there. The manager said that he now makes sure that people get a copy of the service user's guide before they arrive. This will help them to see what the home offers.

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.

People's care and risks to them are understood, but appropriate support mechanisms to manage these risks are not always in place.

Evidence:

Despite the lack of pre admission assessment information, people's care plans explained their needs in an individual way. They discussed short and long term goals, and these were adjusted as people's needs changed. The support staff had written down the support that people needed, and any risks relating to their care generally agreed with what their care manager had identified in their assessment. A support plan had been provided for one person so staff knew what to do, and who to contact, in an emergency.

Although staff reviewed the plans on a monthly basis, there was no real evidence that the individual to whom they belonged was involved in this review. Although one person said they were 'not bothered' with being involved. However, people are invited to join

Evidence:

in when their care manager reviews their care. At these reviews, their key worker also attends, if they are on duty. This should be common practice, because the key worker may know the person's needs particularly well. Information for the review should also be ready in advance to ensure that the care manager gets all the information they need to decide whether the placement is still going well.

In one review the care manager had commented upon how the person had settled well at the home, and how they were being supported in a sensitive way to maintain their relationship with their partner. Although one community professional said in their survey that people's social and health care needs are 'always' properly monitored, reviewed and met by the home, two said this was only 'sometimes' the case, and one that it was 'never' the case.

Nine out of eleven people said they can make decisions about what they do each day, whilst one said they usually do, and one said they sometimes do. The person who answered 'sometimes' said 'within reason'. However, everyone agreed they can do what they want during the day, in the evening and on a weekend. The plans explained any restrictions to people's freedom where they may be at risk, and explained why. One of these plans was not working, did not follow the risk assessment, nor did the way this was being managed agree with the decisions that had been made in their care management review. The manager has informed us since the site visit that he has contacted the appropriate care manager so that this can be discussed and put right.

People's comments about the support they get from staff were mainly positive. One said that 'staff were good' to them. Another said 'We like it here'.

Staff look after people's personal allowance if they ask, or if they have problems budgeting. This arrangement is agreed with them, and means that they do not run out of money. In one case this had been discussed and agreed in the care manager's review, which the person attended. This money is kept locked away so it is secure, and records are kept so people can see what they have spent, and when. Some people look after their own personal allowance to spend as they wish. The manager does not act as appointee for any individual.

Lifestyle

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People enjoy activities of their choice, but by planning ahead, activities in the community could be enjoyed by more of them, especially where there are restrictions in place where risk has been identified should they go out alone.

Evidence:

Of the four community professionals who returned their survey, one of these thought that people were 'usually' supported to live the life they choose. The remaining three said this was 'sometimes' the case. When asked what the home could do better, one of these said 'Respect clients and them be spoken to in a civil manner and assisted to make choices'.

People attend a range of activities relating to their social interests. One person enjoys part time and voluntary work, another attends drama and dance classes and follows

Evidence:

their chosen religion. Another attends a college training course, and one attends the day centre. Some social activities take place inside the home, such as weekly bingo and karaoke. They also take occasional walks along the beach. Since the last inspection, people have enjoyed a holiday at the seaside. Further holidays are planned for the summer. People are also looking forward to barbecues at the home during the summer months. One said 'I come and go as I please. I'm happy here'.

A volunteer regularly visit the home, and sometimes takes people out. The manager must complete a risk assessment to make sure that, in these situations, the person agrees with the arrangements, has the capacity to make this decision, and that the volunteer has the right skills to care for the person whilst they are away from the home.

Some people have bought their own television and other entertainment such as DVD players, which they can keep in their room. And one person has a pet rabbit. Some choose to spend their time at the home, and do not partake in regular activities. However, they go out to the shops, and visit the leisure amenities that Bridlington offers.

One person's care plan did not reflect in practice what happened on a daily basis. The arrangements did not reflect what had been discussed at their most recent review with their care manager. As stated in the previous section, the manager was asked to inform the care manager that this was the case. He has provided feedback that he has made contact with their care manager so that this can be discussed with them and the person concerned. It is important that agreement is achieved.

There are normally two staff on duty. Therefore events away from the home which involve staff need to be planned well ahead. However, a staff member was clear that the manager will provide extra staff so that these planned events can happen. Some people said that they would like to do more with staff, and thought that the staffing levels restricted this from happening. The manager should look at how the staffing arrangements can be made more flexible so that there are more of them available for these events to happen more often.

The manager has recently applied restrictions to the visiting arrangements due to a specific situation, and has displayed these restrictions on the front door to the home. However, these restrictions have an impact on everyone. Although he said this was discussed with people, three of them told us that they did not like the arrangement. One of these said their family could not visit within the times that they were allowed. Another said they were 'ridiculous'. Whilst a third said the arrangements did not suit them either. The restrictions are not satisfactory. Those living at the home should not

Evidence:

be penalised because of one specific situation, which should be risk assessed and managed as a separate matter. The manager agreed to take down the sign and relax the visiting arrangements. He must inform people that this is now the case.

Since the last inspection, people have been made more aware that the more rigid routines applied in the past have been relaxed. This is good. For instance, the care plans identified that people were no longer discouraged from coming downstairs and requesting a drink during the night. And people can have a key for their room, which they can lock when they are not using it.

On the day of the site visit, one person thought that they could not take a drink into one of the lounges, because this had been the rule in the past. A staff member reassured them that this was not the case. It is this sort of information that people need to be told in their residents meetings, so that their right to choice and independence can be better promoted.

People agreed that the meals at the home are good. They get a choice of breakfast, which often includes a cooked meal. There is no alternative advertised to the main lunch time menu, although the cook has worked at the home for a long time and knows people's likes and dislikes well. She said that an alternative will be provided if people do not want the meal on offer. The cook bakes most days, so there is always a supply of freshly baked produce. Where people have stayed out beyond their mealtime, their records showed that they are offered something to eat on their return.

The cook also knows when people have specific dietary needs. She recently attended a meeting with the dietitian so that she had first hand information about the specific nutritional needs of a person, and how she could best meet them.

Care staff prepare the tea. A light supper is also offered, usually comprising of biscuits or cake. The kitchen is open during the night, so staff can make people something to eat if they wake up feeling hungry.

Since the last inspection, we were told that more fresh vegetables and also a regular supply of fruit is ordered. These were in stock when we visited, and people asked for fruit when they wanted it.

As part of their care plan, people's nutrition is discussed. This is reviewed along with their care plan each month. One person's weight had fluctuated following changes in their health. We asked the manager to request that their nutritional wellbeing be assessed again by the dietitian because it was not clear that this was fully under control. He has provided feedback already that this has been requested.

Evidence:

People are offered drinks between their meals, although one person said they would like more. People should be reminded that they are free to ask for extra drinks whenever they want them.

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.

Staff generally seek advice where they identify problems with people's health. However, people's own views and choices about their health and personal care may not be fully considered.

Evidence:

People's care plans explain about their personal care needs, and what staff support is needed to maintain their health. For instance, where people need encouragement this is recorded, and the daily records show how successful the care plan has been, and what needs to be done where further support is needed.

Where staff had identified that people's needs had changed, their records identified that professional help had been sought. For instance, an optician had been organised for one person identified as having problems with their sight. For another, the district nurse had been involved, and a special bed provided, when they were unwell.

A staff member said that the manager was quick to report when he had identified that people's wellbeing gave cause for concern. A health professional who returned their

Evidence:

survey generally agreed with this. However, two people said, because of staffing shortage, that there had been some delay in them seeing their doctor when they requested to visit the surgery. One said that they had not been able to have their bath when they had asked for it.

Information from another professional suggested that the home does not keep them informed as much as they should. These comments were discussed anonymously with the manager. It is important that links are maintained with all professionals involved in the person's care, so that people continue to get the support they need.

There are a number of shared rooms. There are no dividing screens available to protect people's privacy. The manager said this has been discussed with people, and that they do not want them. Those asked said this was not a problem. People are mainly independent, and can access the bathrooms if they want to see to their own personal care in private. However, this situation should be kept under review as the level of care and support people need, and their personal wishes with regards to the level of privacy they want, may change.

Nobody at the home manages their own medication. Staff have made the decision that they will manage this on their behalf. Since the last inspection, improvements have been made to the way the medication is stored. The supplying chemist has provided proper equipment so that it is more secure. People spoken to on the day agreed that they get their medication on time.

The records seen were generally up to date, although there were occasions where the staff had recorded that the medication had not been given, because the person was out at the time. It is important that people get their medication, and where this is not the case, their doctor must be asked to review this, to see if medication times more suitable to the person's lifestyle can be agreed, so they get all of the medication that they are prescribed to maintain their health.

Where people were prescribed the same thing, staff were using medication from one person's supply for everyone. Only medication specifically dispensed for that person should be administered to them, because it is their property, and because by doing so it also helps to keep the stock balance correct.

Staff who had hand written a medication chart had not had this checked, signed and dated by another staff member. There was an error in the way one was recorded. By getting someone to check transcribed entries, the risk from error will be reduced.

We were told that staff have received training in the safe administration of medication,

Evidence:

and that an update was organised with the supplying chemist. The staff member spoken with had completed training in the past, but not at Pentrich. The manager must check to make sure that all staff are suitably trained, and that the training due is appropriate for the service, and does not just teach staff how to use the system.

The home now has a fridge for the storage of medication which needs to be kept cool. They need to keep a record of the fridge temperatures each day so they can be assured this medication is being stored correctly.

Professionals who visit to give people injections which the staff are not allowed to give, now sign the homes records to show that this has been administered. This is better, because it keeps the records correct, and makes it easier for their doctor to see how effective the medication has been.

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.

A more consistent and robust approach to complaints and concerns would give people more confidence that these were being taken seriously.

Evidence:

The complaints procedure is displayed in the hallway. There is also a comments box there. Everyone who returned their surveys agreed that they know who to speak to if they are not happy, and they all know how to complain. When asked whether care staff and managers listen and act on what they say, nine people said always, and two said usually. One said 'I always talk to the staff. I tell staff and they help me write down any complaints'. Another said if they have any complaints 'I would, and do, go to the manager'.

Despite the manager telling us there have been three complaints made since the last inspection, there were in fact two made from people living at the home, and one commendation. The manager had kept each written complaint, but had not made a record of what he had done about it, and what the outcome was. He was able to say what he had done in response, and those spoken to said that he has sorted out their concerns. However, he needs to keep a record of the action he has taken so he can use this information in the future when auditing the different areas of the home, and how satisfied people are.

Evidence:

One complaint about staffing, made by a professional to the previous commission, was sent to the registered provider to deal with. He did not respond to the complainant, or to the commission, within the timescale. We reminded him to do so. By responding quickly to concerns, people will have more confidence in the service, and will be reassured that their complaints are taken seriously. Feedback from professionals identified that one thought it was 'never' the case, one thought it 'usually' was, one 'sometimes' and one said it was 'always' the case that the home responded appropriately. One said that the home could do better by listening 'to client's concerns/complaints regarding food and other services in the home'. This suggests that professionals are not getting consistent feedback.

When we asked people whether staff and managers treat them well, ten said they 'always' did, and one said this was 'usually' the case. Since the last inspection, staff have undertaken training so they understand behaviour which may challenge the service, better. They have also completed training so they understand what abuse is, and what they must do if they suspect it has happened in the home. The staff spoken with knew their responsibility was to make sure that any matter was reported quickly. They also knew they could not keep secrets in such situations.

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.

Further refurbishment to the property would improve the environment for those who live there.

Evidence:

The home, situated close to the centre of Bridlington, provides two sitting areas, one of which is a smoking lounge, and a separate dining area. There is a small patio area to the rear of the property where people sometimes choose to eat their meals. The registered provider has advised them not to do so until the builders have finished working on the new bedroom, as the area has been used to store some of their equipment.

There are non assisted bathrooms to two floors, and a shower is available on the top floor, which people have to step up into.

The premises were reasonably clean and tidy, although some areas are in need of decoration and some comments were made from both people living at Pentrich, and also from professionals who visit there, which agreed with this. The flooring to the downstairs toilet was still in a poor state. We were told at the last visit that there were plans to re cover this. But it had not been done yet.

Evidence:

However, there are areas of the environment which have been improved since the last visit. For instance, some of the bedrooms have been redecorated, the dining room was in the process of being painted, after which it will have new floor covering, and a new bathroom has been fitted. People were pleased that an electric fire has been provided in the smoking room so that it is warm enough in colder weather.

The records showed that the registered provider visits regularly. They identified that he monitors the improvements that are being made. For instance, he has overseen the relocation of the laundry to a new area. And work is currently underway to create an additional bedroom, which will eventually reduce the number of shared rooms by one. We were told that the home has liaised with the building officer, and that the fire officer is satisfied with the arrangements in place for the change of use of this area. However, on completion of this work it is important that the fire officer is asked to visit to make sure that the new arrangements have been completed meet with the requirements of the fire authority.

However, a more proactive plan for the future refurbishment and improvement of the home could be devised so that slippage does not occur. This would help to make sure that future work was budgeted for, and was carried out, according to set timescales. For instance, the fire officer made requirements about the exit arrangements from the building along with other matters, which must be met by the end of August 2009. However, no firm dates are in place to make sure that this work is completed. This must be organised so that people live in an environment which will protect them in the case of fire.

The laundry was suitable, and there was a supply of disposable gloves and aprons for staff to use in order to reduce the risk from cross infection. Staff had access to information about the hazardous cleaning chemicals they use. This will help to make sure they take the right action in the case of spillages.

There was no soap or towels available in some of the toilet areas. This does not promote good hygiene, reduce the risk from cross infection, nor does it uphold people's dignity. The manager said he would make sure that this was provided straight away.

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.

Whilst training has improved, people cannot be assured that at all times there will be enough staff to meet their individual needs.

Evidence:

Two care staff are provided throughout the day. At night, there are also two staff, one of which sleeps on the premises, but is available if needed. The registered provider sleeps there as the second member of staff when he visits. He must satisfy himself that he also has up to date training to meet the needs of people. Three care staff thought that there were always enough staff available to meet people's needs. One thought this was usually the case.

People said that staffing levels could be better. For instance, one person had requested a bath, but had been told that staff were too busy to help them at the time they wanted it. People said more staff would mean that they could go out with them more regularly to join activities in the community. Further comments were made that staff shortages in the past had stopped these people from seeing their doctor as quickly as they had wanted to. And that 'with only two staff there is not a lot to do'. A concern was also raised by a health professional, who also thought that when they visited, there were not enough staff.

Evidence:

In addition, a volunteer has been asked to undertake tasks, such as attending medical appointments with people. Volunteer input is good practice, but they should not be asked to undertake tasks which are the responsibility of paid staff, who have the right to access people's medical information, which the health professional may need to know about.

These comments must be treated seriously, and action taken, in line with people's needs, wishes and interests, to ensure that sufficient staff are always available to meet these individual needs.

Four staff have left since the last inspection. There is still one staff vacancy which the manager has not yet filled. The records of two recent recruits were looked at. Before the first employee began to work at the home, the manager had received back their police check, and had also made sure they were not barred from providing care to vulnerable adults.

The second had begun to work prior to their Criminal Records Bureau check being returned. It was planned that they would soon work during the night, when the supervision arrangements which need to be in place to protect people until the full police check was returned, would not be possible to meet. The manager agreed this was not acceptable, and put other plans in place so this did not happen.

The manager needs to make sure that he obtains a full employment history for each staff member he employs so that the applicant can explain what they were doing where gaps emerge. And he should ask referees to date their returned references, to show that this information was received before the staff member was deployed.

Staff now get a proper induction when they start. We were told the staff whose files were looked at had kept their induction record, but the induction of another was seen, which confirmed that this was being done. Supervision happens on a daily basis. Better formal supervision arrangements could be put into place so staff get regular one to one contact with the manager to discuss their training needs, and so they understand how he wants the home to develop in people's best interests. Although staff surveyed said the manager gives them enough support, and that they meet with them for discussion on a regular basis.

Staff training has improved. As well as commencing on a course of compulsory training, staff have also received some training to help them understand better the needs of people who live at Pentrich. For instance, many of the people living there are older, so training in palliative care has been provided. In addition, they have had

Evidence:

learnt about how to deal with challenging behaviour. There is also a rolling programme in place for staff to achieve National Vocational Qualifications in Care at Levels 2 and 3. This collective training should continue so that people can be assured that they are cared for by a well qualified staff team who understand their needs well.

The manager was asked at the last inspection to organise some training for staff in mental health. He said this had been done. However, a staff member could not recall having had the training. He must check to make sure that this has been provided for everyone.

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.

Further improvements are needed to check that those with an interest in the home are satisfied with the service, and to make sure that people's health and safety is fully taken into account.

Evidence:

The manager has still not completed his application to become registered with the commission. This must be done, so people can be assured that he has been assessed as being fit to carry out his duties. We have reminded him previously, and separate to this report, of the requirement for him to do so.

He has previous experience in the management of a similar home elsewhere. He is currently undertaking a management qualification to underpin the skills he has, and intends to have this completed by the end of the year.

Staff spoke positively about his management input. They confirmed that he is at the home 'almost every day', that he works 'long hours' and that he visited regularly

Evidence:

outside these hours when a person living at the home was not well. Other comments included that he was a 'good support', and a 'good manager', 'lovely', 'always here when you want him', 'One of the best we have ever had'.

People living there also said that he was good, and that they could go to him with any issues they may have. One person said Pentrich was 'a good place really'. Another said the manager was 'a fantastic man'.

Visiting professionals did not all agree about his level of management input. One thought he and the registered provider were rarely there. Another thought that staff did not get enough support. However, the views collected and evidence seen on the day contradicted these comments.

Surveys are now being sent by the manager to people living at the home and their families to seek their views on how it is being run. It is recommended that he sends these to visiting professional also, so they have the chance to pass on their views about what the home does well, and where it could do better.

The monitoring of the service does not yet include regular audits of each area of the home. These should be put into place, so that either the manager, or the registered provider on his regular visits, can identify slippage at an early stage. Currently the manager keeps a record of what the registered provider has done when they visit, and what has been discussed. It would be good practice as part of the monitoring of the home that the registered provider gives the manager a formal action plan to follow, with set timescales, so each are able to meet goals they have set for the future.

Information provided by the manager before the visit, and that seen at the site visit, showed that further planning is needed to make sure that the premises and working practices remain safe for the people who live there. As stated previously, improvements required by the fire officer need to be organised so this work is completed within the set timescales.

In addition, the manager needs to contact the Environmental Health Officer to check what training staff who prepare or handle food need in order to do so safely.

There were a number of faults detected when the fire alarm was last serviced. Although there was some evidence to show that repairs had been carried out, there was no follow up certificate to confirm that the system had been restored to full working order. The manager has agreed to bring the test, which is due in July 2009, forward, so that this can be obtained.

Evidence:

The gas certificate was out of date. The manager said that this work has been booked to be completed by the end of June 2009, although no specific date has been set. He needs to formalise these arrangements so that people can be assured that the system is running safely.

We were told that weekly checks are done to make sure that the fire alarm is working. This check was not recorded as being done for a month. The manager said it was two weeks since he had checked to make sure the system was operating successfully. He agreed to resume this check on a weekly basis, to begin on the day that this site visit took place.

The records showed that one of the fridges in the kitchen area was not being kept cool enough. The manager said he would attend to this. He should also check the information the home has about what temperature hot food should reach before being served, so he can be assured that current guidelines are being met.

Staff have received training in fire safety awareness and health and safety. Further training is planned in moving and handling and infection control. Staff need to have this compulsory training so that they are fully knowledgeable about how to work in a safe way. And the manager needs to complete a risk assessment to give people assurance that there is suitable first aid attention available for people in an emergency.

The manager has developed a training plan in order to achieve this. He must refer to this regularly so that updates, now this training programme has been established, do not fall behind.

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
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Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	<p>As stated at the site visit, the care manager must be contacted to discuss the risk assessment identified, the outcome of which was not being followed.</p> <p>This is so a better way of managing this risk can be discussed and agreed with all concerned.</p>	10/06/2009
2	14	16	<p>As stated at the site visit, the strict 'blanket visiting' restrictions applied to everyone in the home must cease, and a separate risk assessment completed where problems with an individual visiting arrangement applies.</p> <p>This is so that other people living there, and their families, are not penalised and can continue to have their visitors as and when they wish.</p>	05/06/2009

3	14	13	<p>As stated at the site visit, a risk assessment must be completed to make sure that, where a volunteer assists people with social activities away from the home, that the person has the capacity to agree to this, and that the volunteer has the right skills and training to care for the person whilst they are away from the home.</p> <p>This will ensure that activities away from the home are always run by suitably trained staff with appropriate professional support and advice.</p>	05/06/2009
4	19	13	<p>People must be able to see their doctor when they choose, and staff must be available if they ask for this support.</p> <p>This is so that they are supported in making decisions about their own healthcare, and to make sure that their health is maintained.</p>	30/06/2009
5	20	13	<p>For those who do not get their medication as the doctor has prescribed it, he/she must be approached and a medication review requested.</p> <p>This will give the opportunity for alternative times for administration to be discussed, to make sure that</p>	30/06/2009

			the individual gets their full treatment.	
6	23	23	<p>The work to the premises, required by the fire officer, must be completed within the timescales set by them.</p> <p>This is so people can be assured that they will be properly protected in the event of a fire at the premises.</p>	31/08/2009
7	23	23	<p>As stated at the site visit, appropriate hand washing and drying facilities must be provided in the communal toilets.</p> <p>This is to help reduce the risk from cross infection, to reduce risk to people's health, and to promote their dignity.</p>	11/06/2009
8	23	23	<p>The fire officer must be invited to visit the home to check the new bedroom.</p> <p>This is to make sure that the works have been completed correctly, and in line with the fire authority's requirements.</p>	30/06/2009
9	31	18	<p>Volunteers must not be used as a substitute to carry out tasks which are the responsibility of paid staff, unless the person they are assisting has the capacity to decide that this is acceptable to them.</p> <p>This is to ensure that people get the right level of support</p>	10/06/2009

			and input from staff who have access to their care plan, are trained in what they do, and who have sufficient knowledge about the person to act on their behalf.	
10	33	18	<p>Staffing levels at the home must be reviewed, taking into account the views of people using the service. Action must be taken where the outcome shows that there are insufficient staff to meet people's overall needs and choices.</p> <p>This is to ensure that current staffing levels provide the right level of flexibility and support that people need to ensure their health, safety and welfare.</p>	30/06/2009
11	34	19	<p>Where staff have been deployed after it has been confirmed that they are not barred from providing care, but before the full Criminal Records Bureau check has been returned, they must not work unsupervised.</p> <p>This is so every step is taken to protect people from unsuitable workers.</p>	30/06/2009
12	42	13	<p>Regular in house checks of the fire alarm system must be maintained and a record kept of the results of the check.</p> <p>This will show that staff have made sure that the</p>	30/06/2009

			system remains in good working order, and that problems are identified and rectified quickly.	
13	42	13	<p>A risk assessment must be completed to check that the home is suitably equipped, and staff suitably trained, to deal with first aid emergencies. In the absence of a risk assessment, there must be a qualified first aider on duty at all times.</p> <p>This is to ensure that the right action is taken where an emergency requiring first aid attention arises.</p>	30/06/2009
14	42	13	<p>Firm arrangements must be made so that servicing of the fire alarm system and gas appliances does not fall behind.</p> <p>This will make sure that the systems are in full and safe working order, and will assist in keeping the premises safe for people.</p>	30/06/2009

Recommendations

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

No.	Refer to Standard	Good Practice Recommendations
1	2	<p>The pre admission assessment should be available for staff to refer to before the person is admitted so they know what care they are likely to need, and any risk associated with this care, as soon as they arrive.</p> <p>Information from other professionals involved in the person's care should always be collected so it can be considered before a decision is made whether the home will</p>

		be able to meet the person's needs.
2	6	People should be invited to be involved in the review of their care plan with their key worker. This would help to check with them that they agree with it, and also agree with any restrictions to their liberty that have been put into place to reduce identified risk to them.
3	13	There should be more opportunity and flexibility in the staffing arrangements so that people who would like to attend events in the community more regularly can do so.
4	18	People should be able to bath at the times chosen by them so that their personal needs and choices are met.
5	20	<p>Medication prescribed and dispensed should be for their consumption only, and should not be shared with others who are prescribed the same medication. This is because it is their property, for which staff have taken on the responsibility to manage on their behalf.</p> <p>Hand written entries on the medication records should always be checked, signed and dated by another appropriately qualified member of staff. This should reduce the risk of hand written errors occurring.</p> <p>The manager should check that the medication training update due to be given to staff is sufficient to update their knowledge and skills, and not just about how to use the system.</p> <p>A daily check should be made, and a record kept, of the temperature at which that the medication fridge is being maintained. This is so that any problems can be identified quickly, and will ensure that medication which needs to be kept cold is stored at the right temperature.</p>
6	22	<p>Complainants should be responded to within the agreed timescales, so that people can be confident that the home has taken their concerns seriously.</p> <p>A proper record should be kept with regards to complaints made to the home, so it is clear to see what has been done in respect of the investigation, and what the outcome was, and whether the complainant was satisfied with the response.</p>
7	23	As part of the improvements to the premises, there should be a planned programme in place for the redecoration and refurbishment of Pentrich, for which records should be kept, to help make sure that achievable timescales set do not fall behind.
8	34	Referees should be asked to date their references so that

		<p>anyone with the authority to do so can be assured on inspecting the records that the right steps have been taken to protect people during the recruitment process.</p> <p>People should be asked to give a full employment history so any gaps, and the reason for them can be explored.</p>
9	35	All staff should receive training in mental health matters so that their skills and knowledge base about the people they care for is up to date.
10	37	The manager should complete his application to be registered with the commission by 31 July 2009. This is so people can be assured that the service is being managed by someone who has been assessed as being fit to do so.
11	39	Visiting professionals should be surveyed by the home so they have the opportunity to pass on their views about what the service does well, and what it could improve for the people who live there.
12	42	Staff should complete training in moving and handling and infection control as soon as is practicable, so that they know how to work in a safe and lawful way, which keeps people protected from harm caused by lack of knowledge and poor practice.
13	42	<p>Contact should be made with the Environmental Health Officer:</p> <p>To establish what level of Food Hygiene training staff who handle and prepare food need to undertake so that they have up to date information about how to do so safely. This should then be organised.</p> <p>To clarify the temperature at which fridge temperatures should be maintained to assure the safe storage of food.</p> <p>To clarify the correct temperatures at which hot food should be served.</p> <p>This will make sure that current good practice guidelines are being met.</p>

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