

Key inspection report

Care homes for adults (18-65 years)

Name:	Elwin Lodge Care Home
Address:	58 Fishponds Road London London SW177LG

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

Lead inspector:	Date:
Louise Phillips	0 4 0 2 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 or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Elwin Lodge Care Home
Address:	58 Fishponds Road London London SW177LG
Telephone number:	0000000000
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Mr Mark Anthony Peake
Name of registered manager (if applicable)	
Mr Martyn Stace Cooper	
Type of registration:	care home
Number of places registered:	2

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	2	2
Additional conditions:		
The maximum number of service users who can be accommodated is: 2		
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 categories: Learning Disability - Code LD		

Date of last inspection								
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Brief description of the care home
Elwin Lodge Care Home is situated in a residential street close to Tooting High Street. The home is a terrace house which has been split into two flats, which share the same front door and small entrance area, though have separate lockable doors to each flat.
People who live at the home are funded by Wandsworth local authority.
Parking is available on the roads around the home, and is metered.

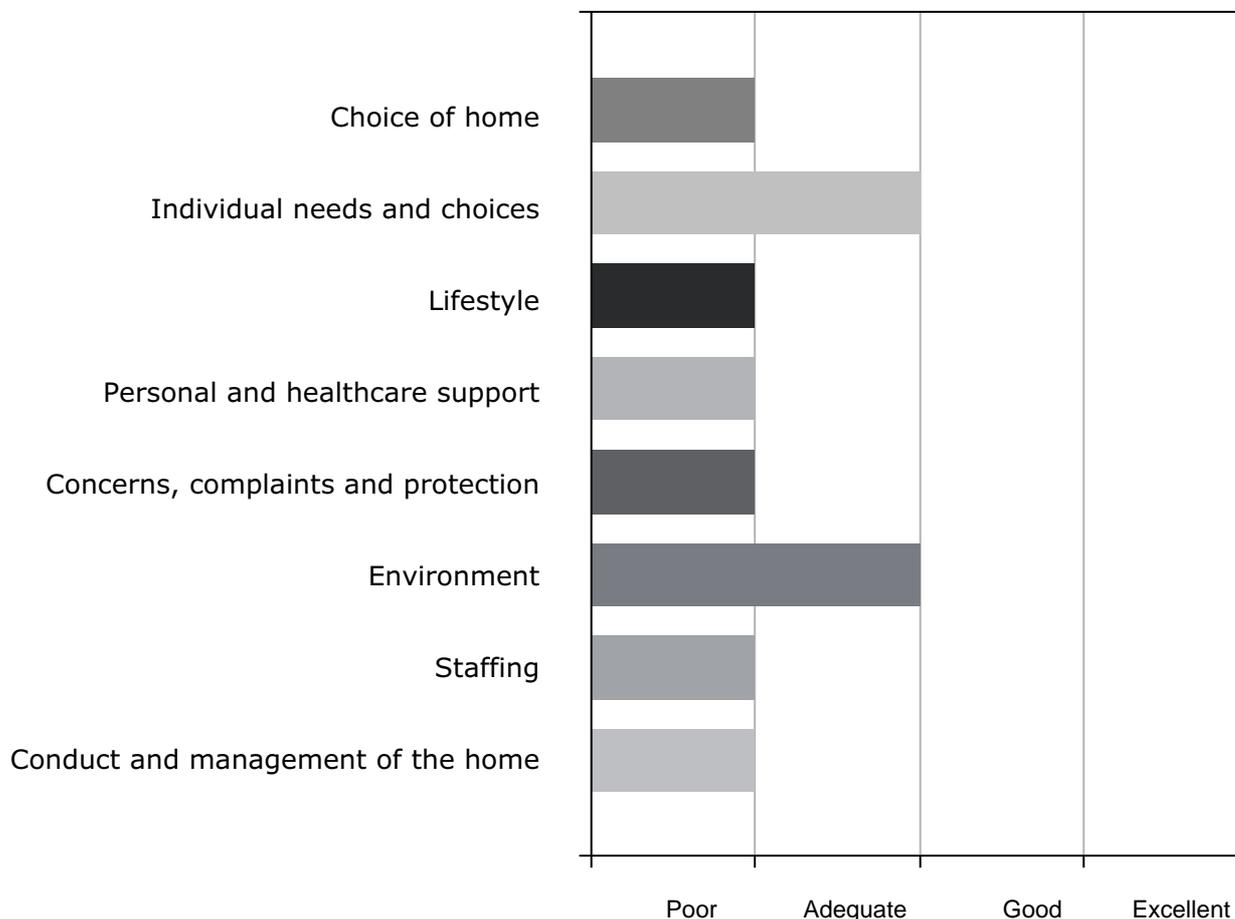
Summary

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

The quality rating for this care home is:

zero star poor service

Our judgement for each outcome:



How we did our inspection:

This was the first inspection of the service since it registered with the Commission.

The inspection took place over one day and included a visit to the service by a Regulation Inspector, where we looked at records and relevant documentation relating to the service.

We also looked at the environment and spoke to the manager of the home.

We sent surveys to people who use the service and staff, but these had not been returned in time to add to the draft report. However, these will be considered for adding to the report prior to it being finalised.

On arriving at the service the inspector was physically attacked by a person who uses the service. In light of this inspector decided to carry out the inspection in an area of

the home where the person does not access, to minimise any upset to the person who uses the service, and to protect themselves from further harm. This incident, and the way the inspection was conducted is referred to in the report.

On the day of the inspection the manager for the service was working at another service that is run by the same provider. However, after we telephoned the other service, the manager came to Elwin Lodge and was present for the duration of the inspection.

What the care home does well:

The environment of the home is modern and in keeping with the area.

The service appropriately records complaints that are received about the service.

What has improved since the last inspection?

This is the first inspection of the service.

What they could do better:

Areas where the home needs to improve are emphasised in the report and were detailed to the manager during the inspection.

Improvements are needed in all aspects of the service, which include improvements to the recruitment, training and support of staff, as well as increasing the number of staff working at all times in the home.

The Statement of Purpose for the home is misleading and very inaccurate to the actual service being provided, as well as the needs of the people that are accommodated.

The home does not ensure the safety of people who use the service in a number of areas, including fire safety, medication administration, physical interventions and environmental hazards.

Aggressive incidents are considered to be 'part of the job', and are not recorded, monitored or managed properly.

There is a real lack of management at the home, which has had detrimental affect on the practices, procedures and running of the service.

As a result of the concerns highlighted in this report, the Commission is considering enforcement options to ensure prompt compliance with regulations and better outcomes for people who use the service.

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

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

Details of our findings

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

Information available about the home is misleading and does not provide an accurate picture of the home, service and people who live there.

The home does not demonstrate that it assesses the needs and suitability of the service for meeting the needs of the people who live there.

Evidence:

The Statement of Purpose (SOP) available for the home states that it will be "...updated as necessary..". The SOP in use at the service (dated November 2008), and that supplied to the Commission prior to the service being registered, contain the same information.

Findings from this inspection indicate that the SOP does not reflect the actual service provided, or accommodate the people to whom it states a service will be provided to. An example of this is that the SOP states that: "...home registered to accept people with mild or moderate learning disability. Anyone referred with additional needs would require discussion with the local registration officer..". The Commission has not received any contact from the service since it was registered, and the care files of the

Evidence:

people who are accommodated at the service indicate that they have profound learning disabilities. Similarly, the SOP states that the service will "..support service users to constantly develop their living skills in order to live as independent as possible..be enabled rather than provided for..and be supported to make lifestyle choices that minimise dependency..". However, this is not what we found to be the situation at the service, where the people who use the service are not being supported to develop independent living skills, and are being care for in most aspects of their daily lives.

The Statement of Purpose must be re-written to reflect the actual service provided, and a copy of this supplied to the Commission.

The 'planned referrals and admissions procedure' at the service says that referrers to the service need to complete an application form that will be considered by the manager. We looked at the care files of the two people who use the service. Neither contained an application form completed by the care manager. Information had been obtained from the care manager involved in the persons care, and for one person, information from where the person lived before moving to Elwin Lodge. However, the home has no record of the assessment that it carries out to record whether the service is the right place for people to move to, and the manager confirmed that the service does not carry out its own recorded assessment of peoples needs prior to them moving to the service.

This is not good practice, particularly as one person who uses the service had moved directly from a much more highly staffed and securer environment to being looked after at the home by one member of staff. When we asked the manager about the recorded assessment and processes of their decisions surrounding this, the manager said that they did not have any written information about this. Similarly, the manager told us that a person who uses the service had been detained in hospital under the Mental Health Act, and is now under a Community Treatment Order (a doctors order for a person to receive care and supervision in the community). As part of this there should be a community treatment plan developed by the doctor outlining the medication, appointments and treatment that the person receives whilst living in the community. However, the manager said that they do not have any information about this.

This is all information and documentation that should have been gained as part of the homes assessment of the person when looking at the suitability of Elwin Lodge as a place for them to live, particularly as both people who use the service have high needs, and are living in a community-based care home for the first time in their lives.

Evidence:

Similarly, there is also no written record by the manager describing the suitability of the home for the people who live there, or how their health and welfare needs will be met by Elwin Lodge.

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.

There are care plans and risk assessments that detail support for people who use the service, however these need to contain more information to ensure people are supported appropriately.

Transactions relating to the monies of people who use the service need to be properly recorded and audited.

Evidence:

The Statement of Purpose for the home refers to people who use the service having a key worker. The manager said that people who use the service do not have a key worker, and that the deputy manager, or himself, writes the care plans and risk assessments. Those we saw for both people had been written and signed by the manager and were dated July 2009. They were due to be reviewed in January 2010, though this had not taken place yet.

When we first asked to see the care plans for both the people who use the service the manager said he was in the process of reviewing one of these, and that it was at

Evidence:

another service run by the same provider (Laetus Lodge care home). During the inspection this was brought to Elwin Lodge by a support worker, and was dated July 2009.

As stated earlier in the report, a thorough assessment had not been carried out by the service, nor all relevant information obtained as part of the assessment process, such as the Community Treatment Order referred to earlier, so it is difficult to ascertain if the care plans and risk assessments cover the meeting of all the needs of the people who use the service.

The information which is in the care plans is individualised to each person and cover areas such as their mobility needs, lifestyle and support they need with personal care.

The risk assessments are also individualised, though need to contain more information about hazards that were identified during the inspection, and which were pointed out to the manager. These include the locking of the kitchen in the top floor flat (which the manager said takes place), cleaning products being kept in unlocked cupboards, restraint of a person who uses the service and also the different triggers to a persons challenging behaviour, and how to deal with these appropriately.

Similarly, the risk assessment for one person who displayed particular aggression during the inspection must detail why, and how, a lone member of staff is to deal with their behaviour, in light of there being no other staff to support either them, or the person who uses the service. Risk assessments and risk management plans should also include any historical, yet still relevant risks, that can also trigger a person's challenging behaviour.

The manager informed us that he is the named person within the corporate appointeeship for the people who use the service. He said that this helps to ensure that the people who use the service get their right benefit entitlements and their rent is up-to-date. The manager said that both peoples monies are pooled into the same bank account at present, but that he is trying to open a separate account for one of the people so that they can both have individual bank accounts.

The records of transactions of the monies held for the two people who live at the service were seen. A running balance is kept, along with information about credits made to the account and monies paid out, including receipts.

Further work is needed in this area, as the records and receipts do not always detail what has been purchased, making it difficult to track the transactions that have been

Evidence:

made. Similarly, for one person, the records indicate that they are purchasing packets of biscuits and a lot of cans of carbonated drinks. The manager said that this is because the home will not buy them, as they want to encourage the person to have a healthier diet and loose weight. Therefore if they want these, then they have to purchase their own. However, there was no information in their care file as to why this decision had been made, and whether they wanted to loose weight. We also did not see any weight monitoring charts.

Because the manager is an appointed agent, the management of the peoples monies, and transactions needs to be independently audited and monitored, as this does not currently take place at the service. The monies belonging to people who use the service should not be pooled into one account, and each person should have their own bank account.

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

There is no evidence to support that the service provides any activities for the people who use the service. There is no programme of activities provided in-house, nor specialist or sensory stimulation for the people to engage in.

Work needs to be carried out to demonstrate that the service is working in the interests of the people who live there, and promoting their independence and quality of life.

Evidence:

Elwin Lodge is a care home for people with learning disabilities, and as described on the Statement of Purpose, for people with mild to moderate learning disabilities.

The Statement of Purpose (SOP) for Elwin Lodge describes the service as supporting people to "..constantly develop their living skills in order to live as independent as possible..enabled rather than provided for..lifestyle choices that minimise

Evidence:

dependency..".

The SOP also says that the service provides a "..range of daytime, evening and weekend activities..", and that people who use the service "..will be supported to make full use of wide range of community facilities in pursuit of ordinary, enjoyable and meaningful leisure pursuits and hobbies..".

The environment of the home is suitable for supporting people with mild and moderate learning disabilities to develop their daily living skills and independence. However, the people living at the service have higher needs than that which the service is aimed at and, as the manager said, are not able to be involved in programmes of care that develop their independence.

The care plans indicate that one person is supported to attend a local day centre from 9:30am - 3:30pm during the week, which they had been doing prior to moving to the home. The manager said that at the day centre the person is supported to go swimming, cycling, walking and to the leisure centre.

The care plans for the other person who uses the service say they have an occasional trip to the shops in a wheelchair, although the manager says that they often refuse to go.

We did not observe any sensory stimulation, activities or occupation for the person who stays at the home the majority of their time, and the service should consider installing a sensory area, and more in-house activities to occupy people when they are at home. These should be provided by appropriately trained staff.

The layout of the home is such that the people who live there do not interact with each other, and there are no shared communal areas. Each flat contains a television, although the manager said that these are not used by either person who lives at the service. We did not observe any books, computers, games or videos that people can be involved in.

There is no use of pictures or symbols anywhere to provide people who use the service with information they can understand. We also did not observe any photographic menus or rotas, or any pictorial information whatsoever. There was no evidence that photos, symbols, or information in different formats was available to help people make choices about their lives. Similarly, no information of this kind was found in the care files.

Evidence:

The care plans for the people who use the service indicate that they have high needs, yet there is no information about any specialist support that people receive, or specific programmes of care/ support that are aimed at developing people's skills and quality of life.

The manager described that people are supported to maintain links with their family, and the SOP states that "..visitors can come without notice to staff..".

The kitchens in each flat contain food for the people to eat, however the manager said that the cooking of the meals predominantly takes place in the top floor flat, with meals being brought down the stairs to the person who lives on the ground floor.

We saw food in the kitchen cupboards, fridge and freezers, which was a mixture of meats, vegetables, dairy products and dried goods.

In both kitchens we saw food that was out-of-date, or that had been opened, but not labeled properly. This included a number of jars in the fridge and cupboards of the top flat, plus an out-of-date packet of ham, and an opened tin of coconut milk that was being stored in the fridge.

Similarly, in the ground floor flat cupboards, opened jars had not been labeled with the date of opening, or date to be disposed of.

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

It is unclear if people are receiving the care and support that they want. and if their health needs are being met promptly by the service.

The medication system at the service is poorly managed, allowing for errors to occur and bad practice to be encouraged.

Evidence:

The people who use the service are supported by people of the same gender, and the manager said this was necessary, due to the personal care needs, and behaviours of each person.

During the inspection we left the building, and then returned shortly after. A staff member opened the front door to the building, and also unlocked the entrance door to the top flat, all whilst the front door was open. Whilst doing this a female person who uses the service was stood behind them, at the entrance door to the ground floor flat. She was completely naked from the waist up. The staff member was aware that they were there, as they were trying to prevent them from coming out into the entrance area, even though they did, and were in full view of anyone passing in the street.

Evidence:

A requirement has been made regarding this, as the care home is not being managed in a way that promotes the privacy and dignity of the people who live there.

The care plans do not detail that people receive specialist support with any aspects of their care. A key worker system is not in use at the service, and the manager said that him, or the deputy manager plans the care for the people who use the service.

The manager said that the service has a very good relationship with Wandsworth social services, who fund the placements of the two people who use the service.

Evidence was seen in the care files that a care management review was carried out six months after each person had moved into Elwin Lodge.

It is unclear how the health needs of people who use the service are monitored, and it is required that the service develops a health action plan for each person. This needs to also include information regarding Community Treatment Orders, where relevant.

We were informed that both people who use the service take medication orally only. We observed that the medication in the top flat is stored in a locked cabinet in the staff sleep-in room. In the ground floor flat a medication cabinet was observed attached to the bedroom wall, and we were informed that the medication for this person is stored within this. A record of medication received into the home is kept, though not a running balance of medication held.

The Medication Administration Record (MAR) charts do not contain information about any allergies of the person who uses the service.

We looked at the medication held in the top floor flat only. The person takes only one prescribed medication, yet we identified a significant number of errors in the recording of this, which were pointed out to the manager.

The errors found were due to gaps on the MAR chart, where staff had not signed this to confirm that medication had been administered to the person. We saw gaps for four dates in January 2010, six dates in December 2009 and one date in November 2009.

One support worker told us that when they see areas where staff have not signed on the MAR chart they telephone the staff member who worked the shift and ask if medication was given to the person, and they remind the staff to sign the MAR when they are next on duty. The manager said he also does this, as he knows that staff would have given the medication, even if they had not signed the MAR. This is poor

Evidence:

practice, and incorrect recording on a legal document.

Also, we found that between the dates of 15th August 2009 and 3rd December 2009, medication had been signed on the MAR chart as being given at 8am and 1pm, despite the MAR chart saying that this is to be given in the morning and at night. The manager said that there had been no changes to the medication prescription during this time, and that he was sure that staff would have given the medication at the correct times, even if they were signing the MAR chart incorrectly.

However, without a proper balance updated when medication is received into the home, and no auditing of medication taking place, the actual administration of medication cannot be established.

There is little evidence to support that medication is being managed at the service, which has led to areas of poor practice and incorrect recording on the MAR, which is a legal document. We found that the incidents we identified had not been reported as a medication error and that there is no evidence of staff management of these errors.

The medication system had not been audited since the service opened.

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

Complaints are appropriately recorded by the service.

The service does not demonstrate that people who use the service are protected from abuse.

Evidence:

We looked at the complaints log book and there is a record of any complaints or concerns received, actions taken and the outcome of this.

We looked at the training records for three staff who work at the home. Of those we looked at, two staff had received training in safeguarding of vulnerable adults, whilst the other had not received this training. All staff must receive this training, to minimise risks to people who use the service.

During the inspection we observed a member of staff using physical interventions to try and control the physical aggression of a person who uses the service.

The manager told us that all staff use physical intervention with a person who uses the service. The manager also confirmed that none of the staff who work at the service had received training in the use of physical intervention, control and restraint or breakaway techniques.

The home also does not keep a separate record of all incidents of aggression, or of

Evidence:

physical interventions used, and a requirement has been made for the service to address this.

Staff using this intervention without having been trained are putting themselves and the person who uses the service at risk of injury and abuse, and all staff must receive training in this.

Following the inspection we reported the use of physical intervention, without staff having been trained in this, to Wandsworth local authority to investigate under their safeguarding procedures.

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.

The home is suitable for its intended purpose.

However, improvements are needed to ensure that maintenance and cleaning is carried out routinely and appropriately, for the comfort and safety of the people who use the service.

Evidence:

Elwin Lodge Care Home is a terrace house on a residential street that has been converted into two flats. One flat is on the ground floor, whilst the other is spread over the first and second floor. Each flat has a bedroom, bathroom, kitchen area and lounge or conservatory. The top flat has a staff sleep-in room and, although the Statement of Purpose (SOP) for the home states that there is "...a separate staff sleeping-in room on each floor..", there is not one in the ground floor flat.

The two flats share the main front door to the home and the small entrance inside this, though each has a separate, lockable door to the flat.

The home is suitable for the intended purpose which is outlined in the Statement of Purpose (SOP) for the service. This was provided when the service was being registered with the Commission, and has not been updated since. However, the home accommodates people that have higher needs than that described in the SOP, and

Evidence:

with no assessment, or written record by the manager, describing the suitability of the home for the people who live there, it is unclear if the environment is suitable for the people who are accommodated.

The manager told us that the staff are responsible for cleaning the flats, and that the owner visits approximately three times a week to address any maintenance issues.

We observed a number of cleanliness and maintenance issues in the environment that need to be addressed by the service.

In the top flat these include addressing the damp area on the wall just outside the top flat shower cubicle and cleaning of the shower cubicle, as it is very lime scale stained.

The kitchen of the top flat has grease marked cupboards, the curtain is hanging down in areas, and the oven has burnt on grease.

The store cupboard in the kitchen needs clearing as it is overflowing with boxes and carrier bags, and one sofa in the lounge needs replacing, as it is broken on one side.

In the bedroom of the top flat the window blinds were found to be very dusty and in need of cleaning. We also saw that there are two doors missing from the top of the cupboard in the bedroom, which need to be replaced or boarded up.

The reason for the removal of the bedroom door (and replacing it with a curtain) in the top flat needs to be clearly detailed in the person's risk assessment. We were informed this is because the person who lives there keeps opening and closing it, and it upsets the neighbours, however the justification for the removal of this is not clear, regarding meeting the needs and wishes of the person who uses the service, and minimising risks to them in the event of a fire.

In the ground floor flat there is an area of damp and cracks on the bathroom ceiling that needs to be addressed. The ground floor bathroom also needs curtains or window blinds to be installed to make it more homely and promote the dignity of the person who uses this bathroom.

The service should also provide separate shower facilities for sleep-in staff, particularly as the SOP describes that people who use the service have their own private bathroom, yet the manager says this is also used by staff.

Control of Substances Hazardous to Health (COSHH) products must be stored in a

Evidence:

locked cupboard when not in immediate use, as these were found in the kitchen and bathroom areas of the home.

Requirements and recommendations have been made for the service to address these findings.

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

Staff that have not had appropriate recruitment checks carried out on them prior to starting work are employed in minimal numbers to provide a service to people that they have not received appropriate training for.

There is also no evidence to demonstrate that they received an induction prior to starting work, nor ongoing supervision and support in their work.

Evidence:

The manager told us that there are twelve staff who work at the service on a rota basis. There are two different rotas for the service, each detailing which staff will work in each flat during the week.

The rota details that the home is staffed throughout the 24 period, with one member of staff supporting each person on a one-to-one basis throughout this time, apart from between the hours of approximately 9:00am and 4:00pm, from Monday to Friday. This is because the person who lives in the top flat goes to the day centre during this time, and so there are no staff that work in the top flat. Therefore the staff in the ground floor flat works in the home without any other staff during this period.

During the night shift the staff who work in the top flat do a sleep-in shift, whereas the staff in the ground floor flat work a waking night.

Evidence:

When we arrived at Elwin Lodge we were informed that the manager was working at Laetus Lodge, another care home that is run by the same provider. When the manager arrived at Elwin Lodge he told us that he works at the other home sometimes to deputise for the manager.

The manager told us that, due to the challenging needs of the person who lives in one of the flats, they can only have one member of staff working with them at any one time.

When the inspector arrived at the service they were met by the staff member who was working in at the home, as well as a person who uses the service. The person who uses the service was immediately physically aggressive to the inspector, and the staff member used physical intervention to pull the person away from the inspector and prevent further physical aggression.

When inside one of the flats the person who uses the service was again physically aggressive towards the inspector, where the inspector and staff member had to avoid further aggression by shutting themselves in another room. At the same time the staff member tried several times to telephone the manager of the service (where he was at Laetus Lodge), and was unable to make contact with the service. The staff member also informed us that the person who uses the service was capable of very severe physical aggression. The staff member said that the aggression could be due to various factors, but that "..generally that's the way (they) is..". They also told us that the person "..does not like visitors..".

On one occasion during the inspection the inspector left the building for a short while. The staff member opened the door on their return. The person who uses the service was stood behind the staff member and naked from the waist up, and again trying to be physically aggressive towards the inspector.

During the inspection the manager also told us that the person who uses the service has previously, on two separate occasions, thrown a microwave oven at staff, and will "..throw anything (they) can lay (their) hands on..", and "..don't be deceived by (their) size, (they) are very strong..". The manager also said that they had been kicked in the leg by the person who uses the service during the time that we were at the service. The manager further told us that "..just the telephone ringing can set (them) off..".

The service does not record these in an incident report, and there was no accident

Evidence:

book at the service.

It is of significant concern that someone with such high needs is being supported by one member of staff only, with no other staff in the building. It is unclear, and not evidenced by the home as to how this staffing level was deemed as sufficient by the service.

If to have more than one person working directly with the person who uses the service upsets them, and exacerbates their aggressiveness, then there needs to be at least one extra member of staff in the building, to not only support the member of staff should an incident happen, but also support the person who uses the service, should the staff member be injured. The extra member of staff would also be able to answer the telephone and door, without causing the person who uses the service to become upset.

A requirement has been made for the service to have a minimum of two staff working in the building at all times throughout the 24 hour period, regardless of whether there is only one person who uses the service in the building.

The manager said that staff meetings at the home take place regularly, although was unable to evidence to us any records of these having taken place.

We looked at the recruitment files for three staff who work at the service, one of whom was working when we visited. The files contain different information for each person, and none of them evidence that all appropriate recruitment checks had been carried out prior to any of the staff starting work. The contracts we saw for staff are all detailed for working at Laetus Lodge care home.

The contract for one person says that they started work on the 1st June 2009. However, the Criminal Records Bureau (CRB) check for them is dated September 2009, three months after they started work. Only one reference (instead of the required two), has been obtained for them. There was no photograph of the staff member and only one form of identification. Also, the manager confirmed that they do not keep records of interviews with staff, so there is no evidence that the gaps in employment and inconsistencies in the information provided in their supporting statement (of their application form), have been addressed.

An example of this is that for one staff member, their supporting statement says that they have been in care work for the past fifteen years, however the employment history they gave does not support this, and their passport, which is dated 2002,

Evidence:

states their profession as being a salesperson.

Similarly, for another member of staff, there was no photograph and only one reference obtained prior to them starting work. One copy of identification had also only been obtained for them (instead of the required two). Their CRB was dated prior to them starting work. Their application form shows gaps in their employment history from 1999-2002, and from 2007 until they started working at the service, yet there was no evidence that this had been addressed by the service.

In the third staff file we found that the application form they completed was dated after the start date in their contract. Their references had not been obtained until two months after they had been working at the service, and their CRB check not obtained until their third month of work. There are also no copies of identification or a photograph of this staff member.

The manager said that initially staff start work with another staff member, but that this only lasts "..a week or two..", before they work on their own.

There is no evidence that staff undergo a three month probationary period when they start work at the home.

These recruitment practices are not at all thorough, and do not demonstrate that the home is promoting the protection of people who use the service.

There is also no staff recruitment policy or procedure at the home.

There is no staff training and development policy at the service. We saw a blank template for the induction of new staff, but these were not present in any of the staff files we looked at. The manager said that staff would have received an induction when they started work, but this could not be evidenced.

The training records for the three staff were looked at. One person had done training with their previous employer in fire safety, mental capacity act, safeguarding, understanding challenging behaviour. The training they had received since working at Elwin Lodge was in equality and diversity, mental capacity, safeguarding and medication handling.

Similarly, another staff member had received the same training from Elwin Lodge, plus some training from their previous employer.

Evidence:

However, one person had no evidence to support that they had done, or received any training.

Of the training that staff had done recently, there was no evidence to support that statutory areas such as fire safety, first aid, medication, moving and handling, basic life support and basic food hygiene had been provided by the service for any for the staff. Staff have also not undertaken any specific training to help them meet the needs of the people that they are providing a service to. Also, as highlighted earlier in the report, staff have not received training in physical intervention or control and restraint techniques.

We looked for evidence in the staff files that they are receiving regular supervision to support them in their work. In two of the files we found that two staff had received one supervision each since they started work, whilst the other staff had received none. All staff should receive a minimum of six supervision sessions a year, at regularly spaced intervals, and a record maintained of these.

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

The service is negatively affected by a lack of management input and leadership at the service.

There are no quality assurance systems in place or self-monitoring at the home.

Health and safety and fire checks are inconsistent and do not ensure the health and safety of the people who use the service.

Evidence:

As highlighted earlier in the report, when we arrived at Elwin Lodge we were informed that the manager was working at Laetus Lodge, another care home run by the same provider. Following a telephone request by ourselves to a member of staff at Laetus Lodge, the manager arrived at Elwin House approximately twenty to thirty minutes later, and stayed for the duration of the inspection.

The manager said that he sometimes deputises for the manager of Laetus Lodge when they are away, and that he tries to spend time at Elwin Lodge everyday when he is

Evidence:

working. This would indicate that the manager works more at Laetus Lodge than Elwin Lodge, and indeed it is unclear how long the manager spends in each service, and of the input he has at Elwin Lodge. This is particularly because findings from this inspection indicate that there is very limited management of the service.

There is no information that has been received by the Commission indicating that the manager would not be in day-to-day management of the home, nor that he would be based away from the service. In light of the findings from this inspection, and the responsibilities involved with being the Registered Manager of a service, it is recommended that the manager be based at Elwin Lodge throughout the week.

The manager told us that he is doing a National Vocational Qualification in Leadership Management for Care Services.

The Statement of Purpose for the service states that "..keyworkers meet regularly with individuals..", "..we continually consult with our service users through quality reviews, spot checks and quality assurance questionnaires and informal visits..". The Service Users Guide says that the service also holds "..monthly residents meetings..". We could find no evidence of any of these quality monitoring processes taking place at the service.

We asked the manager about the quality assurance processes in use at the service. He said that he has regular supervision with his manager and that he audits the petty cash. He told us he does the staff rota with his manager, and has regular meetings with a psychiatrist, advocate and social worker.

There is no evidence of any quality monitoring processes, like those described in the Statement of Purpose, or of any audits that are carried out by the service.

There was no evidence to demonstrate that people who use the service are consulted about any aspects of the service.

The manager confirmed that no visits by the Registered Person (in accordance with Regulation 26 of the Care Homes Regulations 2001) had taken place at the service.

We looked at the policies and procedures that the manager gave us for the service. Of those seen, all were titled with the name of Laetus Lodge care home, and service specific policies and procedures must to be developed for Elwin Lodge care home.

The policies and procedures in use do not cover all aspects of running a service, and

Evidence:

significant policies such as staff recruitment, staff management, training, quality assurance and health and safety had not been developed at all.

We looked at the health and safety practices of the service.

We found that not all the staff have received training in moving and handling, or in fire safety.

The fire log book states that different call points around the service need to be checked weekly. This was last recorded as having been carried out on the 11th December 2009. The log book also states that a fire system service took place in October 2009, though there was no evidence or certificate available to detail what was checked on this occasion.

The Statement of Purpose says that "...staff are trained in fire drills and evacuation of the home..". There was no record of any fire drills having taken place. The manager said that the home does not carry out fire drills due to the reactions of the people who use the service. There is no risk assessment in place to detail how this is managed by the service, and one must be developed to minimise risks to people who use the service. The advice of the local fire authority should also be sought regarding all of the fire procedures of the home.

We asked the manager about emergency lighting at the service, where the manager told us he believed that the lights on the wall of the stairwells are the emergency lights, though no evidence to confirmed that these are checked.

Similarly, the fire policy and procedure for the service (although titled Laetus Lodge care home), says that fire training will be provided every twelve months for staff, and every six months for night staff.

The Statement of Purpose says that the fire assembly point is in the front garden of the service, whereas the Service Users Guide says to assemble at the corner of the High Street, or courtyard through the back door.

There is no evidence of the checking or testing of fire extinguisher equipment. Also, the fire extinguisher and fire blanket in the top floor kitchen was found to be attached to the wall above the fridge freezer. The inspector was unable to reach this, and this needs to be re-situated to ensure easier access for staff.

We did not observe where the fire extinguishing equipment was situated in the ground

Evidence:

floor flat, but asked the manager to ensure that they are easily accessible.

The layout of the home is such that there is no fire escape from the top flat, other than the internal stairs. There is no risk assessment or policy in place for how the service will assist with evacuation should there be a fire emergency.

It is recommended that the service seek the advice and guidance of the local fire authority to ensure that the service is appropriately equipped to deal with any fire emergency.

We looked at the records for the fridge and freezer temperatures in both flats. These are supposed to be carried out daily, though records indicate that in the top flat these were recorded on the 3rd February 2010, and previously on the 15th January 2010. The thermometer also did not appear to be working properly, and giving out inaccurate readings, and so needs to be replaced.

The records of fridge and freezer temperatures in the ground floor flat were similar to those above, with the last record being on the 3rd February 2010, and prior to this on the 17th January 2010.

There is no evidence that water testing to control the risk of Legionella has taken place, and the record of weekly water temperature checks is last recorded to have taken place on the 18th December 2009.

There was no evidence at the service to demonstrate when the most recent gas safety and electrical installation checks took place. There was no evidence to demonstrate that the Portable Appliance Testing (PAT) has been carried out on electrical appliances.

The manager confirmed that the service does not have any risk assessments in place for any health and safety and safe working practices at the service. These must be implemented to cover all hazards identified at the service. This must include a risk assessment for the use of the microwave oven in the ground floor kitchen, which is at least five foot above the ground.

The manager could not locate the accident or incident record book.

A policy at the service is titled 'Use of physical intervention policy and procedure'. It says that any incidents of use need to be reported, and there is a template of a form for recording this. The manager said that the form is not used, as incidents of

Evidence:

aggression and use of physical intervention is too frequent. He says these are recorded in the daily care notes.

However, these incidents must be recorded and reported appropriately to ensure that they are monitored and managed properly at the service, and that the needs of people who use the service are being acknowledged and managed properly.

The Employers Liability Insurance certificate at the service is dated as having expired on the 19th January 2010, and this must be renewed, with evidence held at the service.

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	1	4	The Statement of Purpose must accurately detail the service aims, objectives and services to be provided, and be revised as necessary. So that information about the service is accurate and not misleading.	31/03/2010
2	2	14	As part of the assessment process, the service must confirm in writing the suitability of the service in meeting the needs of the people they propose to accommodate. So that the service demonstrates why it can provide a service to the people who live there.	31/03/2010
3	6	15	Care plans must include all information gained from the assessment process, including information relating to Community Treatment Orders.	31/03/2010

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
			So that the service can meet all the needs of the people who use the service.	
4	7	13	<p>Limitations on facilities and the use of physical interventions must be clearly detailed in the care plans.</p> <p>So that the service can demonstrate why these actions take place.</p>	31/03/2010
5	9	13	<p>A detailed risk assessment and risk management plan must be in place for each person who uses the service to ensure that all risks to their safety are appropriately managed. These must be kept up-to-date and reviewed appropriately.</p> <p>So that the service can demonstrate how risks to people who use the service are minimised.</p>	31/03/2010
6	12	16	<p>The service must demonstrate that it is supporting people to lead independent lives, that they choose.</p> <p>So that people who use the service have a good quality of life</p>	31/03/2010

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
7	13	16	<p>The service must ensure that activities for people who use the service are planned to take place during the day, evenings and at weekends, and that they are fully involved in planning these.</p> <p>So that people who use the service have a good quality of life.</p>	31/03/2010
8	16	16	<p>People who use the service must be encouraged and supported to be involved in daily routines around the service.</p> <p>So that people can develop independence in their life.</p>	31/03/2010
9	16	16	<p>The home must promote the independence of people who use the service through appropriate signage and use of symbols.</p> <p>So that the service can promote independence.</p>	31/03/2010
10	17	16	<p>Opened tins of food must be decanted into an appropriate container, and labeled, if being stored in the fridge.</p> <p>So that people who use the service are not put at risk by unhealthy food.</p>	28/02/2010

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
11	17	16	<p>Opened packets of food must be labelled with the date of opening and date to be disposed of, according to manufacturers instructions.</p> <p>So that food provided is nutritious and healthy for the people who use the service.</p>	28/02/2010
12	18	12	<p>The registered persons must ensure that the care home is managed in a way that respects the privacy and dignity of the people who use the service.</p> <p>So that peoples privacy and dignity is respected.</p>	11/02/2010
13	19	12	<p>Each person who uses the service must have a health action plan in place.</p> <p>To detail all their health needs and how these are met by the service.</p>	31/03/2010
14	20	13	<p>The 'allergies' section of the MAR must be completed for each person who uses the service.</p> <p>To ensure medication is not given that can harm the people who use the service.</p>	11/02/2010
15	20	13	<p>The registered persons must ensure that medication audits are carried out</p>	11/02/2010

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
			<p>weekly, and any errors recorded and addressed promptly.</p> <p>To minimise risks to people who use the service and ensuring that medication is managed properly.</p>	
16	20	13	<p>The service must ensure that medication is given at the prescribed time, and that this is recorded.</p> <p>So that people receive their medication at the right time, and this is confirmed.</p>	11/02/2010
17	23	13	<p>Staff must not use physical intervention with a person who uses the service unless they are trained to do so.</p> <p>Because staff doing this without having been trained can cause harm to the person who uses the service and themselves.</p>	31/03/2010
18	23	13	<p>All staff must receive training in safeguarding vulnerable adults.</p> <p>To minimise risk to people who use the service.</p>	31/03/2010
19	23	13	<p>All occasions where physical restraint is used must be recorded in a separate incident report.</p>	11/02/2010

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
			So that the use of this can be accurately monitored and appropriate actions taken to manage this.	
20	24	16	The broken sofa in the top flat must be replaced. To ensure the furniture provided is safe and fit for purpose.	30/04/2010
21	24	23	The areas of damp in the bathrooms must be repaired. To ensure the home is safe for the people who live there.	30/04/2010
22	26	23	The doors missing from the top flat bedroom cupboard must be replaced or boarded up. To make the service more homely for the people who live there.	30/04/2010
23	27	23	Curtains or blinds must be installed on the window of the ground floor bathroom. To promote the dignity and privacy of the people who use the service.	30/04/2010
24	28	23	The top flat kitchen must be kept cleaned, and free from rubbish at all times.	11/02/2010

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
			To ensure the service is safe for the people who live there.	
25	30	23	All areas of the service must be kept clean at all times. To minimise risks to people who use the service.	11/02/2010
26	30	13	Cleaning products must be stored in locked areas at all times when not in immediate use. To minimise risks to people who use the service.	11/02/2010
27	32	18	Staff must receive specific training to meet the needs of the people who use the service. So that people who use the service receive the right support to meet their needs.	31/05/2010
28	33	18	There must be a minimum of two staff working in the building at all times throughout the 24 hour period. To meet the needs of the people who use the service and minimise risks to people who use, and work, at the service.	28/02/2010

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
29	34	19	<p>All required recruitment information must be obtained for staff prior to their starting work at the home.</p> <p>To ensure that staff are fit for working at the home, and for the service to demonstrate that it carries out appropriate recruitment checks.</p>	11/02/2010
30	35	18	<p>All staff must receive training in the work that they are expected to perform, and all statutory training, including fire safety, first aid, basic life support and food safety.</p> <p>So that people who use the service are supported by properly trained staff.</p>	30/04/2010
31	35	18	<p>All staff must received a structured induction within six weeks of appointment, and this must be recorded.</p> <p>So that staff are properly inducted to working at the service.</p>	11/02/2010
32	37	9	<p>Robust processes for managing and leading the service must be demonstrated to develop the service.</p>	11/02/2010

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
			So that the service is managed properly.	
33	39	26	<p>Visits by the responsible person, in accordance with this regulation must take place monthly, and a written report maintained at the service.</p> <p>So that the service is monitored and improvements made.</p>	28/02/2010
34	39	24	<p>A robust quality assurance system must be implemented at the service to ensure close self-monitoring of the service takes place, and appropriate actions taken.</p> <p>So that the service monitors itself and makes necessary improvements.</p>	31/03/2010
35	42	13	<p>Water temperature testing must take place weekly, and a record maintained of this.</p> <p>To ensure the water is dispersed at 43 degrees Centigrade throughout the home.</p>	11/02/2010
36	42	13	A legionella test must be carried out on the water supplied at the service and a certificate maintained of this.	28/02/2010

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
			To ensure the water is safe for the people who live there.	
37	42	17	All accidents and incidents must be appropriately recorded and reported. To ensure that these are correctly reported, monitored and managed for the safety of people who use and work at the service.	11/02/2010
38	42	23	The service must ensure that the gas safety check, PAT and electrical installation checks are carried out and certificates maintained to evidence this. To ensure the home and equipment is safe for the people who live there.	11/02/2010
39	42	23	The fridge thermometer in the top flat must be replaced, and fridge and freezer temperatures recorded daily. To ensure that the fridge and freezer are working properly.	11/02/2010
40	42	23	A detailed fire risk assessment must be developed for the service, in accordance with advice from the fire authority.	31/03/2010

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
			To protect people who use the service.	

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	The home should carry out and record its own assessment to demonstrate how people who move to the service are assessed as suitable for the service, and how the service will meet their needs.
2	7	The monies belonging to people who use the service should not be pooled into one account, and each person should have their own bank account.
3	7	The service needs to ensure that the service user monies (that the manager is an appointed agent of) are audited by an independent person.
4	11	The service should provide a sensory area, and sensory stimulation for people who use the service.
5	11	The service should ensure specialist interventions are in place for people to develop independent living skills.
6	14	A programme of activities should be provided by the home, and provided by appropriately trained staff.
7	18	A key worker system should be implemented at the service to ensure consistency of support for the people who use the service.
8	19	The service needs to demonstrate that the health needs of people who use the service are monitored and appropriate actions taken as necessary
9	23	Physical intervention of people who use the service should only be used as a last resort
10	28	Separate shower facilities for sleep-in staff should be provided at the service.

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
11	33	Staffing levels need to be kept under review and adapted to reflect the changing needs of the people who use the service.
12	33	Staff meetings should take place monthly, and a record maintained of the minutes of these.
13	34	Interviews of staff should be recorded to demonstrate that gaps in employment have been addressed.
14	34	Contracts should be detailed for the staff members actual place of work.
15	34	All staff should undergo a three month probationary period when they start work, and this should be evidenced.
16	34	The home needs to develop a recruitment policy and procedure for the service.
17	35	The home needs develop a staff training and development policy for the service.
18	35	Individual training assessments should be carried out, and recorded for all staff.
19	36	Staff should have a minimum of six recorded supervisions sessions a year, at regularly spaced intervals.
20	37	The manager should be based at the service throughout the week to manage and lead the service appropriately.
21	40	The service needs to develop full service specific policies and procedures for the home to cover all aspects of running a service.
22	42	It is recommended that the service seek the advice and guidance of the local fire authority to ensure that the service is appropriately equipped to deal with any fire emergency.
23	43	An up-to-date Employers Liability Insurance certificate should be held at the service.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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