

# Key inspection report

## CARE HOMES FOR OLDER PEOPLE

### Acorn Nursing Home

**46-48 All Saints Road  
Bradford  
BD5 0NJ**

*Lead Inspector*  
Steve Marsh

*Key Unannounced Inspection*  
10th September 2009 09:30

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

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

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

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

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

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# SERVICE INFORMATION

<b>Name of service</b>	Acorn Nursing Home
<b>Address</b>	46-48 All Saints Road Bradford BD5 0NJ
<b>Telephone number</b>	01274 734004
<b>Fax number</b>	01274 740859
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Regency Healthcare (UK) Limited
<b>Name of registered manager (if applicable)</b>	Manager post vacant
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	34
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (34), Physical disability (34)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following category of service only: Care home with nursing - Code N, to service users of the following gender: Either, whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP and Physical disability - Code PD.
2. The maximum number of service users who can be accommodated is: 34

**Date of last inspection** 12th May 2009

## Brief Description of the Service:

Acorn Nursing Home is a thirty-four bedded care home, which provides both residential and nursing care. The home was formerly a vicarage and it is conveniently situated less than one mile from Bradford City centre and close to St Luke's Hospital. The home is well served by public transport and there is adequate parking to the front of the property.

There are double and single rooms situated on the ground and first floor of the building, with two having en-suite facilities. There is level access to the main door and a passenger lift is available. The communal areas are situated on the ground floor, comprising of two lounges and a dining room. There are communal bathroom and toilet facilities located throughout the building. There are gardens and a patio area for the people to use and enjoy when the weather permits.

Current fees for the service range from £359:25 to £465:08 per week (Residential) and £525:00 to £675:00 (Nursing).

# SUMMARY

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

The quality rating for this service is **0 stars**. This means people that use the service experience **poor** quality outcomes.

The last key inspection for the service was carried out in May 2009. As a result of that inspection our Regional Lead Pharmacist carried out a random inspection in July 2009 to follow up on concerns about medication administration and record keeping. A warning letter was sent to the registered providers in August 2009 clearly outlining where the home was in breach of the Care Homes Regulations 2001 and what action they must take to improve outcomes for people living there.

This inspection was carried out by two inspectors between the hours of 09:30 and 18:30. The Regional Lead Pharmacist also joined the Inspectors for part of the day. During the visit we talked to people living in the home, visitors, staff and management. We looked at various records including care records, maintenance records and staff files and we looked around the home.

We did not ask the home to complete a self assessment form and we did not send surveys to people using the service.

The manager was on annual leave on the day of the visit and therefore the operations manager for Regency Healthcare (UK) Ltd attended on her behalf.

The purpose of the visit was to assess what progress had been made in meeting the requirements and the impact of any changes in the quality of life experienced by people living at the home.

We have recently improved our practice when making requirements to improve national consistency. Some requirements from previous inspections may have been deleted or carried forward as recommendations, but only when it is considered that people that use the service 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.

Feedback was given to the operations manager and providers at the end of the visit.

## **What the service does well:**

The staff are approachable, have a caring attitude and try hard to create a homely atmosphere. Comments from people living at the home and/or their relatives included the following "the staff are kind, considerate and very friendly" and "I am pleased with the care and support provided by the staff"

and "I have no complaints about the service provided – all the staff are kind and caring."

People are encouraged and supported to participate in a range of social and leisure activities, which helps to improve their quality of life.

People were very complimentary about the standard of meals served at the home. Comments included "meals are always well cooked and plentiful" and "there is always a good choice at mealtime and the food is tasty."

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

Improvements have been made in the medication system, which means that most people living in the home can expect to receive their prescribed medicines correctly.

The first floor shower room has been refurbished and some areas of the home have been decorated.

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

The admission procedure must be more thorough so that people can be confident that once admitted to the home the staff have the skills and experience necessary to meet their needs.

Care plans and supporting documentation must be maintained in good order and give clear guidance to staff on how people's needs are to be met. This will make sure that people receive the level of care and support they require. Diet and fluid intake charts must also be accurately completed so that people's health care is not compromised.

Staff must make sure that they follow health and safety policies and procedures so that people are not put at risk of injury or harm.

The staff recruitment and training files need to be maintained in good order so that the home is clearly able to evidence that it is employing staff that are suitable to work in the caring profession. Staff must also receive the support and supervision they need to carry out their roles effectively so that people can be confident the home is run in their best interest.

Documentary evidence of the five year electrical wiring certificate for the home and confirmation of the servicing and safe operation of all gas appliances within the home must also be made available on request.

Staff must receive appropriate training in first aid, infection control and manual handling so that people's health and safety is not compromised. Staff must also receive fire safety training and all records relating to fire safety must be kept up to date and in good order.

The provision of appropriate assisted bathing facilities must be reviewed to make sure that they are adequate and meet people's needs. The review must take into account the number, height and accessibility of assisted baths and the equipment installed. This will make sure that the health and safety of both staff and people using the facilities is safeguarded.

Improvements to the environment are required including replacing the double glazed window units and vanity units in some bedrooms and improving the lighting in some bedrooms and communal areas. In addition, all central heating radiators must be guarded or have guaranteed low temperature surfaces so that people are not put at risk of injury.

Clear lines of communication and accountability both within the home and external management need to be established so that the home is managed effectively and in the best interest of people living 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 on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line – 0870 240 7535.

# DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

### The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

### The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

3 and 5 standard 6 is not applicable to this service

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

The lack of pre-admission assessment information means that the home is admitting people without knowing if they are able to meet their needs. This is unsafe practice, which might lead to people not receiving the care and support they require.

### EVIDENCE:

The nurse in charge confirmed that people's needs are always assessed before they move into the home either in their own home or temporary place of residence. However on reviewing the care documentation for four people, in two instances we could find no documentation to show that a pre-admission assessment of their needs had been carried out.

In one instance a person had been admitted for respite care on a number of occasions before being admitted on a permanent basis. The nurse in charge was unable to confirm when they were admitted on a permanent basis or the circumstances surrounding the admission as the documentation was confusing and disorganised. We did eventually find a Social Services assessment, which showed that they had been last admitted on an emergency basis. In the second instance a person had been admitted to the home on respite care at least twice but there was no documentation at all to indicate that a pre-admission assessment of their needs had been carried out. There was also some confusion about how many times the person had actually been admitted on respite care, the circumstances surrounding their admission and their clinical diagnosis. On discussing this matter with the nurse in charge it was apparent that the person's primary care needs related to their mental health and this was supported by the limited care documentation available. The home is not registered to care for people under this category and therefore it was recommended that situated is reviewed to make sure that the placement is right for the individual concerned.

The care documentation looked at for two other people showed that pre-admission assessments had been carried out and people considering moving in to the home and their relatives had been involved in the process. The assessments of needs were completed to a good standard and provided staff with good information on the individual's social and health care needs.

The nurse in charge told us that people are encouraged to visit before making a decision about moving in although in some cases it is relatives who visit on behalf of the person needing care. She also said that people are able to stay at the home for a trial period, which gives them the opportunity to experience at first hand the standard of care and facilities provided. Feedback from two relatives spoken with on the day of inspection confirmed this and they felt the information they received about the home before admission was good and the initial visit was helpful and informative.

# Health and Personal Care

## The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

## The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

7, 8, 9 and 10

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

Care records do not always provide accurate and up to date information, which means that some people might not receive the level of support and care they require to meet their health, personal and social care needs.

### **EVIDENCE:**

We looked at two care plans in depth and sampled several others. The nurse in charge confirmed that since the last inspection the manager had audited all the care plans and highlighted where information was either missing, required updating or did not give clear guidance to staff on how to meet people's needs.

The home is also in the process of introducing a new care planning system, which is currently in use in other homes managed by Regency Healthcare (UK) Limited. The nurse in charge confirmed that care plans are evaluated on a monthly basis or sooner if there are changes in people's general well-being.

Moving and handling and nutritional assessments are routinely completed for all new admissions and risk assessments are completed, where areas of potential risk to people's general health or welfare are identified.

Although some work has started to introduce the new care planning system it is apparent that a great deal more work is still required before the care plans can be used as working documents. The care plans and supporting documentation we looked at were generally disorganised with information either difficult to find, not updated or duplicated.

For example the monthly care plan evaluation report completed for one person in July 2009 showed that they had experienced a significant weight loss, had been prescribed a diet supplement and been put on a food and fluid intake chart. However, the care plan had not been updated to reflect this change in circumstances. We looked at the food and fluid intake charts completed by staff and found that they were not always accurately recording the amounts taken. For example on the 9 September staff had recorded what the person had eaten during the day but it clearly showed that they had only taken 100mls of fluids between getting up in the morning and retiring to bed. An additional 400mls of fluids were taken during the night.

There are currently five people living at the home on food and fluid intake charts and we reviewed a random selection and found that in many cases there were similar gaps in the recording. For one person the chart completed on the 8 September 09 showed what they had to eat and drink up until lunchtime and then no further entries had been made. For another person the chart showed that on the 9 September they had only had 590mls of fluid during the day and 200mls during the night. The nurse in charge acknowledged that staff had failed to accurately record people's fluid and food intake but said that everyone was encouraged to eat and drink plenty. It is however apparent that the qualified nurses are not checking records completed by the care staff, but just simply filing them away. This is unsafe practice, which puts people's health care at risk.

The care plan for a second person admitted to the home at least twice on a respite care basis had not been reviewed since their first admission in March 2009. There was not a clear clinical diagnosis recorded although while staying at the home they had been visited by a community psychiatric nurse for anxiety. There was a care plan in place, which gave guidance to staff on how to manage their anxiety and also one in place to manage their confusion. However, the nurse in charge appeared unaware that this care plan had been completed and questioned whether or not the person concerned was actually confused.

All people living at the home are registered with a general practitioner and are supported in having access to the full range of NHS services. The input of

other healthcare professionals is recorded in the documentation available, which shows that staff are seeking advice if they have concerns about an individual's health.

During the visit, a pharmacist inspector examined the current medication administration record charts (MARs), medication storage, ordering and disposal arrangements and observed medication being given to people living in the home.

We observed medication being given to six people during the morning. Good technique was seen and careful encouragement was given to people to promote acceptance of their medicines. During the period of observation the nurse was occasionally interrupted to take telephone calls and to issue advice and directions to care staff on duty. Medication errors are more likely to occur when people giving medicines are distracted and interrupted. Staffing numbers and arrangements in the home should always allow the nurse on duty to administer medicines accurately and safely in a timely manner without interruption.

There were very few administration gaps on the MARs examined. This means that most people living in the home can expect to receive their prescribed medicines correctly. However, some improvements in record keeping and practice recommended at the last pharmacist inspection two months ago still need to be made. Firstly, we were told that nurses still sign the MARs on behalf of a care worker who has applied prescribed creams to people. This practice goes against current professional guidance and should be changed to make sure a record of skin cream use is made by the person responsible. Secondly, there is still inconsistency in the way hand written entries of new medicines are made on the MARs. Six entries on three MARs lacked sufficient detail or evidence of a check that the information has been copied accurately. To make sure an accurate record of new items or changes is made, the quantity supplied, the date of entry, the signature of the person making the entry and a witness signature where possible should be included when copying information from the pharmacy label. Details of the person authorising the change should also be included. This will make sure all staff understand and follow any changes made and will therefore give new or changed medicines correctly.

Since the warning issued at the last pharmacist inspection two months ago, we found that the home has now taken steps to ensure no-one would be without their medicines at any time. Checks we made of the quantities of medicines remaining in the home confirmed that there were enough medicines available until the next monthly supply was due. Controlled drugs storage and record keeping meet current regulations meaning that the additional security needed for these medicines is being provided. General medication storage arrangements are adequate but all staff should be advised not to store personal or non-clinical items in locked medication rooms and cupboards.

Regular monthly prescriptions are checked by senior staff before the medicines are delivered. This good practice enables staff to check for any omissions and changes to make sure all the correct medicines are received each month. We found evidence of improved communications with healthcare professionals about the appropriate use of medicines prescribed as and when needed.

We issued recommendations at the last pharmacist inspection to update the medication policy and procedures in line with current best practice and to develop individual medication care plans to reduce the risk of medication errors and omissions. We were unable to find evidence of progress made in support of either of these good practice recommendations.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

### The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 and 15

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

People living at the home are encouraged and supported to participate in a range of social and leisure activities which take into account their preferences and ability.

### EVIDENCE:

The nurse in charge said that the daily routines are flexible and wherever possible people are encouraged to make choices about how they will spend their time whilst living at the home.

The home employs an activities co-ordinator who is responsible for organising activities, entertainment and outings for people living at the home. For people that don't like to join in group activities time is made to engage with them on a one-to-one basis. Through discussion with the activities co-ordinator it is apparent that she gets a great deal of job satisfaction from her role and is enthusiastic about giving people the opportunity to lead a full and active life.

The majority of people told us that they were generally pleased with the level of activities and outings made available to them and on the day of the visit a number of people enjoyed participating in a quiz held in one of the lounges.

People spoken with said that they were able to see visitors in their own rooms if they wished to do so and family and friends were always made to feel welcome and offered light refreshments when they visited.

During the visit we observed the lunchtime meal. The dining room cannot accommodate everyone living at the home therefore people can have their meals in the lounges or in the privacy of their own bedroom. The meal served looked good both in quality and presentation and we saw that staff showed a good awareness of people's needs and preferences and offered assistance discreetly to people who were not able to manage to eat independently.

People spoken with confirmed that the food is always good and their preferences are taken into account when menus are planned. Comments included "there is always a good choice at meal times" and "the food is always well cooked and very tasty."

## Complaints and Protection

### The intended outcomes for Standards 16 - 18 are:

16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
17. Service users' legal rights are protected.
18. Service users are protected from abuse.

### The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18

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

The majority of staff have now received the training they need to make sure that complaints are dealt with appropriately and people are protected from any form of abuse.

### EVIDENCE:

There is a clear complaints procedure in place and the nurse in charge confirmed that the home operates a zero tolerance approach when dealing with complaints and adult protection (safeguarding) issues.

Relatives spoken with on the day of the visit said that they were aware of the complaints procedure and would have no problem at all in approaching the manager or any of the nursing staff if they had any concerns about the standard of care being provided.

Adult protection policies and procedures are in place and the improvement plan provided by the manager following the last key inspection shows that all staff have recently attended training on the recognition and reporting of allegations of abuse (safeguarding). Training records looked at also evidenced that the majority, but not all staff have safeguarding training. Further safeguarding training should therefore be arranged for staff to make sure that they are all

fully aware and understand their responsibilities to protect people living at the home from any form of abuse.

## Environment

### The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

### The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

19, 20, 21, 22, 24, 25 and 26

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

The home is clean and comfortable however people living there are having their health and safety put at risk because staff are failing to follow basic health and safety procedures.

### EVIDENCE:

All the communal areas including lounges and the dining room are on the ground floor of the home, conveniently close to toilet facilities. The standard of décor and furnishing in these rooms is generally satisfactory although the dining room would benefit from decorating.

Bedrooms are situated on both the ground and upper floors of the building and there are two passenger lifts available to assist people with mobility problems. On admission people are encouraged to bring personal possessions into the home to personalise their room and it was evident during the tour of the building that many people had done so. The standard of décor and furnishing in the majority of bedrooms was good although some would benefit from decorating. However, in at least four rooms we found that the seals had gone in the double glazed window units and in three rooms the vanity units around the wash hand basin were damaged/worn and required repairing or replacing. We found that in some rooms the only lighting was provided by a single bare low energy light bulb, which made the rooms look dark and gloomy. Bare low energy bulbs were also in use in other areas of the home including some corridors, the office and medication store room. The lighting in these areas should be reviewed to ensure the lighting throughout the home is sufficiently bright to allow people to carry out their daily lives unhindered.

We reviewed the communal bathing/shower facilities and found that currently the home has one shower room on the first floor and bathrooms on the ground and second floors of the building. We looked at the bathroom on the ground floor and noted that it contained a low level bath positioned against the wall with a manual fixed bath hoist. We were informed that this was the only communal assisted bath in operation and with the exception of two people everyone living at the home used this facility. However, as the bath is low and does not allow for staff access from both sides it is not appropriate for use with nursing or physically dependent people. The extractor fan in this room made a loud noise when activated and clearly required repairing or replacing. The bathroom on the second floor also contains a low level bath positioned against the wall and therefore it is only used by people who can access it independently. The shower room has recently been refurbished and now provides a good but under used facility for people to use. Since the inspection we have been informed that the problem with the extractor fan in the bathroom on the ground floor is being looked at and will be resolved.

During the tour of the building we found that the locking device on the door at the top of the stairs leading down to the lower ground floor laundry room was not working and one of the people living at the home was standing at the top of the steps shouting for the laundry assistant. A sign on the door clearly stated "do not prop open – this door is a health and safety issue – someone could fall down the steps and injure themselves." In addition, we found that the door to a storeroom on the ground floor containing an electrical supply box was not locked and the door to the room where the sluice disinfectant is situated had been left unlocked even though in both cases there were signs stating that they must be kept locked at all times. Since the inspection we have been informed that a new lock has been fitted to the door at the top of the stairs therefore this matter has now been resolved. In addition, we have been informed that staff have been told that doors to high risk areas must be

kept locked at all times and that they must strictly adhere to all health and safety warning notices on display.

We also raised concerns about a bank of staff lockers that had been placed at the bottom of the main staircase with combustible material stored behind them as this would impede people trying to evacuate the building if there was a fire. At the bottom of a second flight of stairs we again found the evacuation route impeded by two sets of step ladders propped up against the wall even though a sign on the wall clearly stated that the stairs and stairwell must be kept clear. These ladders were removed during the course of the inspection.

On the day of the visit the central heating was on all day as staff were not aware of how to turn the system off. We found the surface temperature of the radiators in the dining room, ground floor toilet and outside the main office was extremely hot. None of these radiators were fitted with guards therefore there is a serious risk of people receiving burns if they touched them. The general lack of awareness shown by staff in relation to maintaining a safe environment means that people's health and safety is put at risk and therefore urgent action is required to address this matter.

On the day of the visit the home was clean, tidy and with the exception of one bedroom free from offensive odours.

Externally the grounds are pleasant and well maintained.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

27, 28, 29 and 30

People using the 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 staff recruitment and training files are very poorly maintained, which makes it extremely difficult to assess if the home is employing staff that are suitable to work in the caring profession.

### **EVIDENCE:**

On the day of the visit there was one qualified nurse and four care assistants on duty. However, as the nurse told us that she did not have a key to the filing cabinet containing staff recruitment and training records she asked a second qualified nurse who did have access to the files to attend. When she arrived the nurse said that in the absence of the manager she was dealing with staff rotas and the post. She could give no satisfactory explanation as to why she had taken the keys to the filing cabinet home and the operations manager later confirmed that these should not have been removed from the premises.

On reviewing the staff rota we noted that in the absence of the manager these were the only two qualified nurses working shifts on day duty as there were no duties listed for the third nurse shown on the rota. We also noted that in several instances the rota did not show the surnames of qualified staff or their nursing qualification. We recommended to the operations manager that these

details are in future recorded on the rota so that people can clearly identify who is providing their care and support and their professional qualification.

Recruitment and selection procedures are in place, which include checking the Protection of Vulnerable Adult (POVA) register and obtaining at least two written references and a Criminal Record Bureau (CRB) report before new staff are permanently employed.

We looked at the employment file for the most recently appointed care assistant and although the file was disorganised we were able to find satisfactory evidence of good and thorough practice by the manager. However, although references had been obtained they appeared to have been faxed through to the home with some information missing. Only one of the three references seen was stamped with a business stamp and in the absence of suitable reference request letters we were not able to establish who the referees were. This matter was discussed with the operations manager who acknowledged that this is unacceptable practice which the manager needed to address quickly.

We also found original copies of Criminal Record Certificates on a number of other staff files we looked at, at least one dated April 2006. We brought this matter to the attention of the operations manager and providers and raised concerns over their responsibilities in relation to Data Protection requirements. They accepted our findings but were clearly unaware of the procedures to be followed and the guidance available from both the Criminal Record Bureau and the Commission. We found no photographs on any of the staff files we looked at and therefore recommend that a recent photograph is put on file as part of the recruitment process.

We asked the operations manager to provide us with details of the two qualified nurses on duty in relation to their Nursing and Midwifery Council (NMC) registration. However, she was unable to provide the information and appeared unaware of what was needed and what should be held on file. She told us that this area of work was covered by the providers. They later confirmed this and gave us an account of their caller code arrangement with the NMC. They agreed to get this information transferred to the home so it was available to be reviewed as part of the inspection process.

Staff training records are held within their individual files. However, the whole process of establishing exactly what training staff had received was hindered by the extremely poor state of the staff files which were in total disarray. Items relating to recruitment, training, supervision, holidays, disciplines, personal details including tax details and CRB results were all mixed up together.

We found that neither the two nurses on duty nor the operations manager could assist in this matter and they had no access to any attendance sheets of

recent training which had been provided. A staff training matrix was available which listed all the staff names with the exception of one newly appointed care assistant. However, from talking to staff, the operations manager and providers we found that the information provided on the matrix was not accurate and could not be relied on to provide a clear picture of the staff's training status. For example according to the training matrix two care staff had attended fire training on the 21/07/09. When asked about this training both staff were very clear that they had not received this training. This was later confirmed by the operations manager who had been the trainer that day and could remember the five staff that had attended. She was at a loss as to why these entries had been made in the fire safety training section of the matrix. One of the staff also said that they held a basic food hygiene certificate, had achieved a National Vocational Qualification (NVQ) at level two and had started to study for a NVQ at level three. We could not find any evidence of this training in their file and it was not recorded on the training matrix. The same member of staff could not remember when they had last updated their manual handling training but agreed it may be as long ago as 2006. We also discussed manual handling training with a member of the domestic staff and were informed that she had received no training although she did lift and move items during her working day. On discussing this matter with the nurse in charge she said that she thought all the staff had received manual handling training but only the manager had evidence of this. She did however produce three staff training certificates for moving and handling dated August 2009.

We also found that there were no entries in the health and safety column of the training matrix and no reference at all on the topic of infection control. In addition, none of the staff spoken with held a current first aid certificate and on discussing this matter with the nurse in charge she confirmed that there was no accredited first aider on duty that day or at any other time as far as she was aware.

We looked at the induction training record for the most recently appointed care assistant who had worked one shift supernumerary to allow them to receive induction and supervision. The checklist had been started and various sections signed by the carer although none had been signed by the person doing the induction or by management. This included several topics relating to health and safety including the fire procedure, which were highlighted as needing to be covered within the first week of employment but were found to be blank. This matter was discussed with the operations manager who said that she would look in to the matter as she felt that in the absence of the manager the induction training had not been adequately recorded.

# Management and Administration

## The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

## The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

31, 32, 35, 36, 37 and 38

People using the 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 are no clear lines of communication or accountability either within the home or with external management, which means that the home is not being managed effectively and in the best interest of people living there.

### **EVIDENCE:**

A new manager was appointed at the home in April 2009 but as yet we have not received a registration application form. The manager is a Registered Mental Nurse (RMN), who we were informed is studying for the Registered Managers Award (RMA).

Feedback from staff and people living at the home and relatives shows that the manager is approachable and operates an open door policy, which means that they are able to speak to her at any time if they have any concerns. Comments from two relatives included "things have improved since the new manager arrived" and "the manager is very easy to talk to if you have a problem."

We discussed with the operations manager the level of support the manager receives from the senior management of Regency Healthcare. The operations manager told us that she undertakes the monthly visits to the home required under Regulation 26 of the Care Homes Regulations 2001 and is also responsible for carrying out the manager's supervision. We asked for evidence of the formal supervision sessions and were informed that there was none because nothing "formal" had been recorded. We also asked to look at the Regulation 26 visit reports and were told that there were no visit reports prior to June 2009. The reports for June and August 2009 were produced during the course of the visit but the operations manager did not know where the report was for July 2009.

Information provided in the improvement plan completed by the manager following the last key inspection shows that all staff have received supervision and a written record of this could be found on their individual files. We therefore looked at staff supervision records and discussed supervision with three care staff, one auxiliary worker and a qualified nurse who is responsible for providing some staff with formal one-to-one supervision. We were informed by one care staff that that they had received supervision from the manager in June 2009 and a useful supervision agreement document signed by both the member of staff and manager was on file. However, the supervision record was brief and only covered training, with the review of work and performance sections left blank. We were told by the same member of staff that this was the first time she had received supervision even though she had worked at the home for over three years. The two other care staff told us that they had not had a supervision session with the manager since she was appointed even though the training matrix showed that one of them had received supervision in August 2009. The auxiliary worker confirmed that although she had worked at the home for about three years she had her first supervision in July 2009 and found it very useful.

On discussing the lack of appropriate staff supervision with the operations manager she confirmed that she does not cover the provision of supervision during her Regulation 26 visits and had not seen the improvement plan sent to us by the manager showing that all staff had received supervision.

We reviewed the way the home manages people's finances and were informed the policy is not to hold money in safekeeping for anyone but would help individuals to seek appropriate external help and support should they require assistance to manage their finances.

The operations manager confirmed that the home has recognised quality assurance monitoring systems in place. However, it is apparent that if effective systems were in place many of the concerns highlighted in the body of the report would already have been addressed without them having to be brought to the attention of the provider through the inspection process.

We reviewed the documentation relating to fire safety and again found the documentation to be disorganised and confusing. For example as we were looking at information in one fire register a second register was produced, which also had information about fire drills and training. We looked at the fire registers and found only one record of a fire drill being held and this was in September 2009. The operations manager was asked to provide any evidence of additional drills but was unable to do so and was unaware of the good practice guidance of three monthly updates for night staff and six monthly updates for staff on day duty. The only entry in the fire drill section of the second register was an updated list of the staff that had attended the fire training done by the operations manager in July 2009. We noted that the operations manager had not entered her name in the instructor section of the document and on discussing our findings she acknowledged the poor quality of record keeping.

We did find that the home has a written fire risk assessment, which had been revised in February 2008. However, the section for staff to sign and date to confirm they had read the document contained only one name and this staff has since left the home's employment. The last recorded weekly fire alarm test was carried out by the manager on the 18 August 2009 just before she went on annual leave. There was no evidence to suggest that anyone had tested the alarms during her absence. There was no evidence of any in house or contractual checks on the emergency lighting although information in the improvement plan provided by the manager shows that this work has been carried out. The providers later told us that some emergency lights had recently been replaced but the records relating to this work were not available at the home but would be forwarded to us.

Given our concerns about the fire hazards we found during the tour of the building and extremely poor record keeping the fire safety officer was asked to visit the home following our visit. The provider should make sure that any recommendations made by the fire safety officer are acted on, so that people can be confident the home is safe and staff are aware of the procedures to be followed in case of fire.

We looked at the general maintenance records for the building and equipment in use and found that they were held in one folder but not in any logical order or divided in any way. We saw evidence of portable electrical appliances checks in January 2009 and a gas safety boiler call out visit in October 2008. We also saw an electrical installation certificate for the extension of the circuit to the kitchen and shower dated March 2008, but nothing for the building overall. We

have therefore asked the providers to forward us copies of the five year electrical installation certificate for the whole building and confirmation of the servicing and safe operation of all gas appliances within the home. We have also asked them to provide us with the most recent insurance and service documentation for the passenger lifts and the sluice disinfector which could not be found on the day of the visit.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	1
4	X
5	3
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	1
8	1
9	2
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	1
20	2
21	3
22	1
23	X
24	2
25	2
26	3

STAFFING	
Standard No	Score
27	2
28	2
29	2
30	1

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	1
32	2
33	2
34	X
35	3
36	1
37	1
38	1

Are there any outstanding requirements from the last inspection?

Yes

### **STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP3	14	People must only be admitted to the home following a full assessment of their needs. This will make sure once admitted the staff have the skills and experience necessary to meet their needs.	31/10/09
2.	OP7	15	Care plans and supporting documentation must be better organised and give clear guidance to staff on how to meet people's needs. This will make sure that people receive the care and support they require and enable staff to use the care plans as working documents.	31/10/09
3.	OP8	12	Food and fluid intake charts must be accurately completed so that people's health care is not compromised.	31/10/09
4.	OP22	13 (4)	The provision of appropriate assisted bathing facilities must be reviewed to make sure that they are adequate and meet people's needs. The review must take into account the number,	30/11/09

			height and accessibility of assisted baths and the equipment installed. This will make sure that the health and safety of both staff and people using the facilities is safeguarded.	
5.	OP24	23	Double glazed window units and vanity units must be replaced in bedrooms as required to improve the general environment.	30/11/09
6.	OP25	13 (4)	All central heating radiators must be guarded or have guaranteed low temperature surfaces so that people are not put at risk of injury.	30/11/09
7.	OP29	19	The Commission must be provided with confirmation that all the qualified nurses hold current NMC registration and establish a system for this information to be held at the home.	31/10/09
8.	OP30	18(1)(c )	The provider must make sure that staff receive appropriate training to help them to maintain the health, safety and well being of people living in the home and themselves.  <b>This requirement remains outstanding from previous inspection reports. Previous timescales 30/09/08, 01/07/09 and 15/07/09 not met.</b>	30/11/09
9.	OP36	18(2)	Staff must receive the support and supervision they need to carry out their roles effectively. So that people can be confident the home is run in their best interest.	31/10/09
10.	OP37	17	All files, records and reports	31/10/09

			relating to staff recruitment and selection, training and the care and safety of people living at the home must be maintained in good and be available for inspection at all times.	
11.	OP38	13(4)	Documentary evidence of the five year electrical wiring certificate for the home and confirmation of the servicing and safe operation of all gas appliances within the home must be provided to the Commission.	31/10/09
12.	OP30	13(4)	Staff working in the home must receive training in first aid that is suitable to enable them to meet the health and welfare needs of people living in the home.	30/11/09

## RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP9	The medication policy and procedures should be updated in line with current professional guidance so that staff understand exactly what is expected of them.
2.	OP9	Individual medication care plans should be developed and agreed which reflect the needs and personal preferences of people living in the home. These care plans should be regularly reviewed in line with changes in people's medication, health and wellbeing.
3	OP9	When nurses delegate the task of applying creams to care workers, then the whole of the task should be delegated. Arrangements should be made for the care worker responsible to sign the record of administration in line with current professional best practice guidance.

4.	OP9	Handwritten entries and changes to MAR charts should be accurately recorded and detailed. This makes sure that the correct information is recorded so that each person receives their medication as prescribed.
5.	OP18	All staff should receive training around abuse awareness and adult protection. This will make sure staff will know how to recognise abuse and know what to do if they see or suspect it.
6.	OP25	The lighting in all bedrooms and communal areas should be sufficiently bright to allow people to carry on their daily routines unhindered.
7.	OP27	The full name and qualification of all qualified nurses should be recorded on the rota so that people can clearly identify who is providing their care and support.
8.	OP29	A recent photograph should be held on all staff files as part of the recruitment process.
9.	OP29	Reference request letters should be sent out as part of the staff recruitment and selection process so that we can clearly identify who actually provided the reference.
10.	OP31	Clear lines of communication and accountability both within the home and external management should be established so that the home is managed effectively and in the best interest of people living there.
11.	OP31	The manager should make sure that she applies to become registered with CQC so that people will know the home is being run and managed by somebody who fit to be in charge and able to discharge their responsibilities fully.
12.	OP38	All recommendations made following the recent visit by the fire safety officer should be acted on immediately, so that people can be confident the home is safe and staff are aware of the procedures to be followed in case of fire.



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