

Key inspection report

Care homes for older people

Name:	Las Flores
Address:	55 Ash Hill Road Castle Circus Torquay Devon TQ1 3JG

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

Lead inspector:	Date:
Clare Medlock	1 8 0 3 2 0 1 0

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

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:	Las Flores
Address:	55 Ash Hill Road Castle Circus Torquay Devon TQ1 3JG
Telephone number:	01803293392
Fax number:	01803293392
Email address:	Lasflores55@hotmail.com
Provider web address:	

Name of registered provider(s):	Mr Geoffrey Briddick
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	25

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	25	0
mental disorder, excluding learning disability or dementia	25	0
old age, not falling within any other category	0	25

Additional conditions:

The maximum number of service users who can be accommodated is 25.

The registered person may provide the following category of service only: Care home only - Code PC to service users of either gender whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category (Code OP) Dementia (Code DE) Mental Disorder (Code MD)

Date of last inspection									
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Brief description of the care home

Las Flores is set in its own grounds in an elevated position overlooking Torbay and the harbour. It is close to Castle Circus and Torquay town centre. Las Flores offers

Brief description of the care home

residential care to older people who may be suffering from psychiatric conditions, organic or functional, and associated behavioural problems. The home is arranged over two floors and can accommodate up to twenty-five people of either gender. A shaft lift goes from one floor to another. There is a minibus for people to use on recreational trips. Fees currently range from two hundred and eighty three pounds to eight hundred and twenty five pounds per week, depending on individual need.

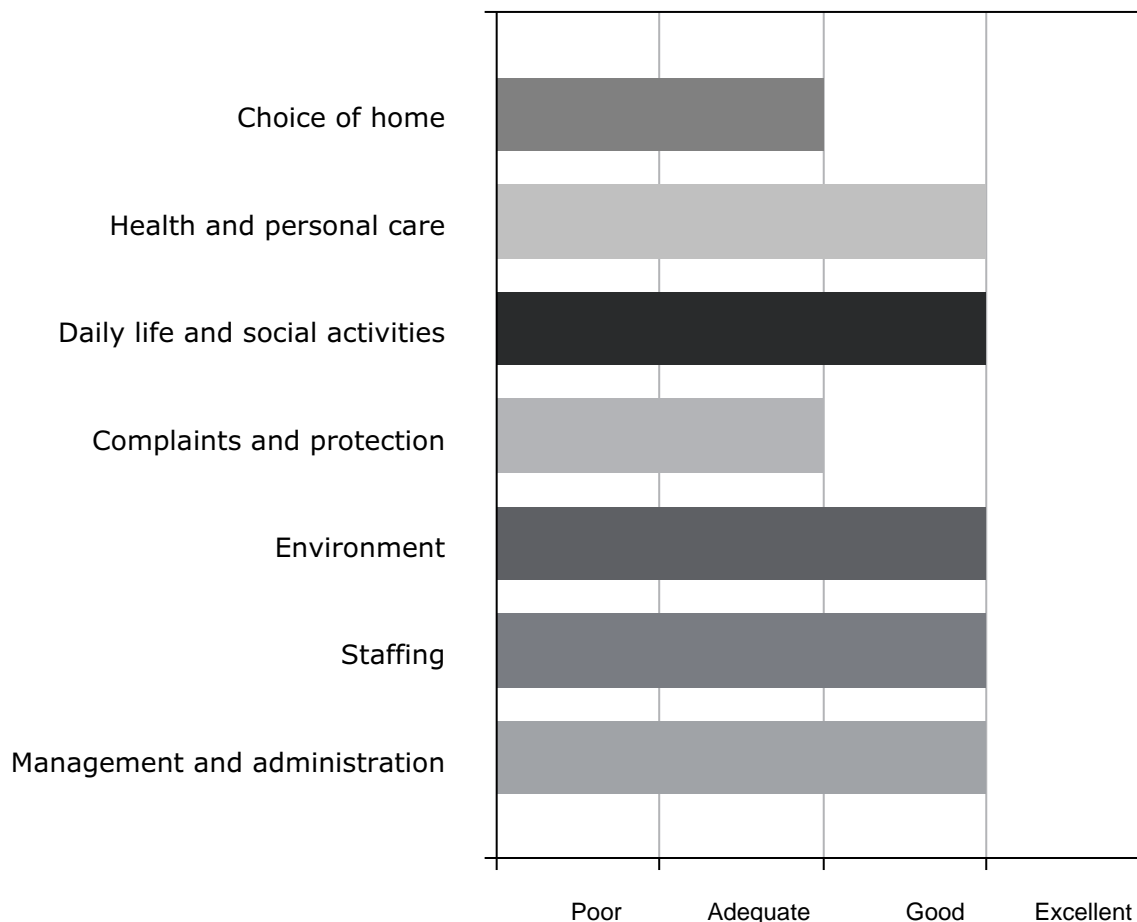
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

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

The inspection was unannounced and took place on Thursday, 18 March 2010. The inspection was conducted by a regulatory inspector and a pharmacy inspector and took place between the hours of 9:30 am and 16:00 hours p.m.

Prior to this inspection we were sent an AQAA (annual quality assurance assessment). This document provides us with an overview of what is happening in the home. It tells us about staffing levels, recent complaints, fees, and information about improvements, general maintenance and policies within the home.

Prior to this inspection we also sent surveys to people who use the service and to staff who work at the home. The views of these surveys are incorporated within the report.

During the inspection we 'case tracked' two people who use the service. This means we looked in detail at the care these people receive. We spoke to staff about their care, looked at records that related to them, spoke to them and made observations if they were unable to speak to us.

During the inspection we spoke with the acting manager, provider, three staff and four people who use the service. We also observed interactions between staff and the people who live at the home. We looked around the home, inspected staff files, policies and procedures and other relevant records. We also looked in depth at the way medicines are managed at the home.

All this information gives us a picture of what life is like at Las Flores.

What the care home does well:

The procedure followed before a person is admitted shows that staff make sure they can meet the person's needs before they are admitted to the home, and have the equipment and knowledge before the admission.

People are cared for in a safe way and receive a good standard of personal care. Communication with healthcare professionals in the community is very good. The care people receive is good and provided in a safe and respectful way. Medicines are generally well managed at the home and staff ensure that people see the Doctor or other health care professionals when they need to.

The improving care planning systems helps staff to know how to care for somebody in a safe and consistent way.

People think the food is very good at the home. Menus are wholesome, of good quality and attractively presented.

People are satisfied with the activities provided at the home, and have access to an organised activities programme.

The people who live at the home appreciate the friendly, caring, dedicated staff group. Staff are well supported and enjoy working at the home. They consider that the induction process is good and prepares them for work in the home.

Las Flores is generally a safe and pleasant place to live and work. The ongoing redecoration programme means that people live in a comfortable environment.

The Provider, acting manager, and staff group have suitable qualifications and experience to care for people who require personal care.

What has improved since the last inspection?

The new manager is proving to be popular with the staff team, healthcare professionals and people who live in the home. Staff say that the morale has improved and standards have improved at the home.

Staff have all been issued with the new job descriptions which have been updated to reflect the care provided.

Records and office management appears to be more organised and updated. The management of peoples' money is better and includes separate storage facilities and robust record keeping.

Care plans and risk assessments continue to improve which means care is more consistent and communication is more effective between staff and people who live in the home. More documents and records are updated, signed and reviewed.

The activities programme has continued to improve ensuring that people have a planned programme of activities as well as more one to one activities. People are

happy with the activities provided. The minibus has been repaired to ensure trips out can continue.

The environmental improvements in the home have also continued. New kitchen flooring, tiling and kitchen cleaning schedules have been introduced. A decking area has been introduced in the garden, the garden has been cleared to provide space for a gazebo to be used in finer weather. Many rooms have been decorated to a high standard, often with the suggestions from people who live in the home. A new industrial washing machine and dryer this have been purchased.

What they could do better:

Attention to the outstanding (But being acted on) requirements must be a priority within the timescales to prevent enforcement action being taken. The safeguarding of people must continue to be a priority in the home. Any staff in the home must ensure that they are aware of the correct locally agreed reporting procedures should a safeguarding alert been made. The provider must as a matter of priority, ensure that all staff have received recent training in the safeguarding of adults. This will ensure that staff are aware of the different types of abuse and know what to do if abuse is suspected or noticed.

The provider must also ensure that staff have appropriate knowledge and skills to perform their roles in a safe and appropriate way. This must be achieved by ensuring staff are up to date with mandatory training and should be prioritised, ensuring the staff with the least evidence of up to date training receive training first.

The way complaints are managed at the home should also be improved as a matter of priority. The complaints policy should be updated to include the new contact details for the Care Quality Commission. The policy should also include information regarding the timescales, so people are aware of what to expect when they make a complaint. The home should have a complaints register and maintain accurate records to show what action has been taken following a complaint.

The home must also ensure correspondence, reports, records of disciplinary action and any other records in relation to employment is kept. This will accurately show what action has been taken regarding staff disciplinaries.

The improvements of care plans should continue. These improvements should include more detail regarding the individual needs of people, including medication requirements to provide a more person centred plan to ensure that staff are aware of how to meet the needs of each individual in a person centred way. Improvements to the way nutritional screening takes place should also occur at the home, to reflect any specific needs of people who need nutritional support.

Controlled drugs storage must be changed to make sure controlled drugs are safely stored and to comply with current legislation. The ordering of drugs should be managed more efficiently to prevent over ordering. The assessment of staff giving medications should also be recorded to show that staff are safe giving out medications.

Staff at the home should also monitor the activities provided, to ensure they continue to be appropriate and sufficient for people living at the home.

The new manager should continue with the improvements that she has identified that need to take place at the home. These should include the improvements to the recruitment process to show that people have had all the pre employment checks, and to the assessment process to ensure that more detailed information is obtained on people before they move into the home.

The information provided in the format of the Statement of Purpose and Service User Guide must also be amended and improved to show that documents reflect the services provided at Las Flores so people know what to expect.

The planned programme of redecoration in the home should also take place and should include ensuring that the flooring is safe in the two identified rooms.

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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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

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

This is what people staying in this care home experience:

Judgement:

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

The information given to people before they are admitted is insufficient and lacks detail regarding the services provided at Las Flores. The planned improvements in the assessment process would mean staff gain more detailed information on the person before they are admitted to the home.

Evidence:

The majority of people who completed surveys, indicated that they were asked if they wanted to move into Las Flores. However, the majority of respondents indicated that they had not received enough information about the home before they moved in.

This view was reflected in conversations held with people during the inspection. One person we spoke with said they did not get a choice of which home to come to, but they were asked if they would like to move to Las Flores. We were told that the admission process was smooth and that staff were kind and welcoming.

Evidence:

The Statement of Purpose and Service User Guide provided for inspection did not contain information that reflect the services provided at a Las Flores. The Statement of Purpose did not contain the information necessary for people to decide whether this service could meet their needs. The Service User Guide contained more information, however this document did not reflect the services provided at the home.

The new Acting Manager told us that she visits people before they are admitted to the home. We were also told that she performs a pre-admission assessment to decide whether staff at the home can meet the needs of people before they are admitted to las Flores. The acting manager informed us that she had identified that current pre-admission assessment was not detailed enough and that she had to adapt it for each person individually. We were told that it is her intention to re write this assessment. Inspection of the admission assessment confirmed that it lacked certain detail, but in conjunction with healthcare professional information, suitable assessments had been performed on people recently admitted to the home.

During to the pre-admission process, people are assessed for any equipment or specialist services they may need. Evidence was provided that specialist equipment is obtained prior to, or shortly after admission. Staff are also prepared for any knowledge gaps, to ensure they know how to care for people before they are admitted.

The acting manager told us that people can be offered trial visits if this is appropriate, however, the majority of people are admitted from hospital where this is not appropriate.

The AQAA stated that 'We have started to restore relationships between social workers and other healthcare professionals in the caring industry.'

Health and personal care

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Although people are well cared for, improvements in the care planning process would mean that care could be more person centred, detailed and accurate.

People in the home receive their medicines in a safe way, and as their doctor has prescribed for them. However there are some improvements needed in the way that some medicines are stored and handled in the home.

Evidence:

People we spoke with told us that they thought the care they received at las Flores was very good. We were told that people have access to community and NHS services and are able to see their doctor when necessary. People told us that staff responded quickly to call bells and that they received their medicines on time.

The staff use the services of community nurses where appropriate and access the services of other health care professionals through the GP. Each person had a named GP assigned to them.

Evidence:

When asked what the home does well, one person wrote 'Helps give me a decent life.' Another person wrote 'Helps with my rehabilitation.' whilst another person wrote 'moving me to a bigger room.'

When asked what the home does well, one member of staff wrote 'The home takes service user's who are challenging and I feel all the staff cope exceedingly well providing care and comfort to all.'

Care plans, records, and the home's diary confirmed that people have access to a wide variety off health care services including: occupational therapist, community psychiatric nurse, social worker, district nurses, general practitioners, optician's, NHS outpatient appointments, chiropodist, amongst others.

Each person has a service user plan. These service user plans (care plans) had improved greatly since the last inspection. However, the acting manager had recognised the need to develop these plans even more to ensure systems were in place to ensure they are kept under review by staff. Inspection of care plans showed some lack of specific detail regarding some individual needs. Care plans were written in a health care orientated way rather than a person centred viewpoint. Discussions were held with the new acting manager regarding the importance of drawing up a plan that is specific to the needs of the person, which also provides clear information for staff on how to care and support the person.

Although care plans contained various assessments, there were no nutritional assessments for people despite identified individual needs such as being underweight, overweight or having diabetes. However, nutritional supplements and staff knowledge of how to care for people meant that people received the care they needed. One example for one person was staff knowledge about specific diets which had not been assessed or recorded as a care need.

Care Plans contained dependency profiles, which are identified as good practice. However, these dependency profiles and care plans of the people we case tracked had not been reviewed since December 2009. The acting manager gave assurances that this would be addressed as a matter of priority.

End of life care provided at the home is good. Some staff have attended end off life and palliative care training. When somebody is reaching the end of their life, the Liverpool care pathway (A nationally recognised document for multidisciplinary use, showing good practice) is used. Conversations, before the inspection, with healthcare professionals, confirmed that there were no concerns regarding the care provided for

Evidence:

people at the end of their life.

The AQAA states that 'GP's are happy to leave service users at the home to receive palliative care instead of going into hospital or hospice care. We also have the support of the Rowcroft hospice home care team and district nurses.'

We looked at arrangements for storing and giving medicines in the home. We checked the records that are held in the home for medicines given to people, and discussed how medicines are handled with the manager and other staff working in the home. We watched some medicines being given to people as part of the midday medicines round.

Medicines are stored in locked cupboards for the protection of people in the home. Controlled drugs are stored inside a separate locked cupboard, but this cupboard does not meet the Misuse of Drugs (safe storage) regulations. It is a requirement to store controlled drugs safely and securely to meet current legislation. There is a separate refrigerator for any medicines that need cold storage and this is monitored to show that these medicines are stored at the correct temperature.

Clear records are kept of medicines received into the home, those given to people, and any unwanted medicines that are sent for destruction. These records help to show that people receive their medicines as their doctor has prescribed for them.

We found a few external products where new supplies had been ordered although there had been previous supplies that had not yet been used. The new supplies had been placed on top of previous months supplies and so it is likely that these would be used first. It is recommended to review the ordering processes and ensure supplies are put away correctly. This is to make sure that only those items needed are ordered each month and that supplies are used in the correct order. This will reduce wastage and reduce the chance of products going past their expiry dates.

We looked at some people's care plans to see what information is recorded about their medicines. We found information and risk assessments in some care plans but for others there was not much information recorded and no up-to-date lists of medicines.

We watched some of the lunchtime medication round and found that medication is given to people in a safe way. Staff who give medicines to people have had training, although some of the training records are not up to date. We were told that staff assessments take place, but there is no system for recording this. Policies on medicine handling are available in the home to help staff.

Daily life and social activities

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

People are satisfied with the activities and lifestyle at las Flores.

Evidence:

When asked what the home does well, one person wrote 'The food is good.' Another person wrote 'Making my dinners, I really enjoy the food.'

As a result of listening to people in the home the AQAA states that the following changes have taken place. 'We now have a secure garden and have prepared the minibus to enable service users to go out on outings. We have changed our monthly menus to include more popular dishes. Fresh fruit has been made available more often.'

Surveys were mixed about the activities at the home. One person who regularly goes out stated that he liked his afternoons out, whilst another person wrote they would like 'More going out.' Another person wrote that they would like to 'go in the garden more.'

People we spoke with told us they have choice in relation to daily routines, and what they did during the day. Staff told us that if people wanted to lay in bed in the

Evidence:

morning this was not a problem, or if they wanted to go to bed later or earlier this was their choice.

A structured activities programme displayed in the entrance hall indicated that activities include: Word games, board games, movie afternoons, exercise games, resident meetings, bingo, and arts and crafts. We were also informed that an outside entertainer visits the home every two months to provide musical and singing activities. Staff also informed us that they use softballs for throwing and catching games. Staff also informed us that activities were not always formal or arranged and that one to one sessions were provided for people who were less likely to join in.

One person said 'I'm a bit lazy, if there is something going on, I don't want to get involved. I sometimes have visitors but not often. They ask if I want to go out and sometimes I do but mostly I don't.'

The AQAA indicated that plans for the next twelve months include 'More trips out for service users and trying to involve family and friends in the activities. We also intend to get more garden entertainments to encourage people to go outside.'

On the afternoon of inspection, a film afternoon had been scheduled, but people were enjoying watching the Cheltenham horse racing on television, whilst two people were being taken out for a bacon sandwich and a cup of tea. One person told us that she preferred to sit in the quiet lounge with the smaller television, as she liked her own company.

We were informed that the mini bus has been repaired since the last inspection and that trips out are regularly organised.

Feedback regarding food was generally very good. On the day of inspection, chicken and mushroom pie with fresh vegetables was served followed by chocolate mousse. Discussions with people confirmed that if they did not like the food staff are always provided something else they liked. One person said he particularly liked the fry ups, whilst another person described the food as 'excellent'. The kitchen was well organised and fridges and freezers were well stocked with quality produce.

Complaints and protection

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Major improvements are needed to ensure that complaints and staff disciplinarys are well managed and recorded at the home.

Improvements in staff knowledge of how to refer and record safeguarding alerts would help protect people in the home.

Evidence:

Half the people who completed surveys said they did not know how to make a formal complaint. However, all of these respondents knew who to speak to if they were unhappy.

People we spoke to at the inspection also did not know how to make a formal complaint, but said they would feel comfortable speaking to any off the staff or the new manager if they were unhappy.

A new complaints procedure has been introduced since the arrival of the new manager. However, this document did not contain the correct contact details for the Care Quality Commission. The procedure did not contain timescales of how any complaints would be managed.

The acting manager told us there was not a complaints register in the home, but that any complaints would be recorded in individual service user plans or staff files.

Evidence:

Inspection of staff files confirmed that the recording of complaints and staff disciplinarys were inadequate and did not clearly include details of any investigations and action taken, apart from letters sent to staff. Discussions were held with the provider and manager regarding the importance of record keeping for complaints and staff disciplinarys.

The Care Quality Commission received two complaints regarding the service. One was referred to the Provider for action. This was dealt with to a satisfactory conclusion. The second was managed by us speaking to healthcare professionals (who had no concerns about the service) and bringing forward the key inspection.

People we spoke with told us they felt safe living at the home, and that staff were kind and caring.

Written policies regarding safeguarding adults were present in the home, however these did not clearly reflect locally agreed processes followed in Torbay. The new acting manager was unclear what processes she should follow if an allegation of abuse is made, before investigations take place. The correct process was explained to the manager, and contact details provided for who she should contact.

All staff spoken to said they would inform the manager or provider if they needed to report any abuse. Feedback regarding safeguarding training was mixed. Some staff told us they had received recent training, and others informed us they were booked onto training in May and July. The training matrix was unclear and out of date.

The manager stated that all staff have a criminal records bureau (CRB) and protection of vulnerable adults (POVA) check are performed before they are able to work. Of the four staff files inspected, all had suitable checks. The manager explained that should a CRB or application form comeback with any conviction present, this is discussed with the provider, to decide whether the member of staff will be employed.

Environment

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Although the home is a safe and homely place to live and work, the planned improvements and recommendations suggested would improve the appearance and aspects of safety in the home.

Evidence:

The home appeared generally well maintained, clean and tidy. However, some areas of the home appeared worn and in need of re-decoration. The downstairs hall had areas of chipped paint on door frames. Two rooms had flooring with 'rucked' carpet or vinyl which could cause a trip hazard. One bathroom contained cleaning materials and shampoo which should be placed in a cupboard. (Later discussion revealed that this bathroom was for the sole use of one person only, however the Provider confirmed that these products were usually stored in a cupboard). Some bathrooms were dated in style, although clean and functional. The new acting manager explained that the planned re-decoration programme included addressing the downstairs hall and including a wet room.

The AQAA states that 'We have plans to build a new wet room and to move their smoking room away from the kitchen. We are also decorating throughout to make the environment more comfortable.'

When asked what the home could do better one member of staff wrote 'It needs a

Evidence:

little updating, but that is coming. We also need a larger bathroom for wheelchairs.'

Many bed rooms had been redecorated and refurbished to a high standard to include colour coordinated bedding and furnishings.

When asked in a survey what the home does well one person wrote 'The decorating and cleaning.' and another wrote 'Provides the best views'.

When staff were asked what the home does well, one person wrote 'It is always clean and tidy.'

People we spoke with told us that they had their bedrooms vacuumed every day, and their sink cleaned every day. The home employ a designated cleaner for this task.

Investment in the home has continued since the last inspection. The kitchen floor has been replaced, new industrial washing machine and tumble dryers have been installed, many bedrooms had been decorated, the garden area had been cleared and tidied with the introduction of a gazebo in finer weather. A deck area has also been installed from the patio doors in the lounge area.

The home have recently had an environmental health office inspection. During this inspection it was identified that a written record of kitchen maintenance was required, tiles needed to be replaced, several repairs needed to be performed, and hand towels needed to be available. All of these issues have been addressed. The environment health officer also noted that the kitchen flooring appeared worn and dirty, therefore the provider replaced the kitchen flooring.

During the environmental health office inspection it was also noted that smoking room was no longer suitable in its current location. The provider explained that, when the building company were available to smoking room was going to be moved to a separate area of the home.

One person, who did not smoke, was sitting in the smoking area. This person said she didn't mind sitting in a smoking environment and liked it because it felt more cosy. She stated that staff had often encouraged her to move to somewhere else in the home that she had declined.

There were many bathrooms and toilet facilities located around the home.

Two people were sharing a bedroom. These people said they were happy sharing and

Evidence:

were good friends. Two bedrooms (currently vacant) were accessed by two small steps. A risk assessment would be performed on the mobility of the person before they are admitted to these rooms. Each room contained personal items for personalisation. Some rooms contained specialist equipment, such as mattresses, hoists or cushions where appropriate. Window restrictors were noted on windows and radiators were guarded.

Infection control appeared to be managed well at the home. Staff were seen appropriately using protective personal equipment such as gloves and aprons. Bathrooms and toilets were provided with liquid soap and paper towel dispensers. The laundry room was well equipped. Washing machines were industrial and appeared to be fit for purpose.

Staffing

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

The identified Improvements to the recruitment procedure would show that staff have had robust checks performed before they work at the home.

Evidence:

People we spoke to thought the staff were 'kind and caring' and 'super'. One person said 'the girls are lovely -- they are very kind and I get what I need. I think I must be a nuisance at times, but they never make me feel like that.'

When asked what the home does well, one member of staff wrote 'Staff are professional and qualified.'

Off duty records showed that currently (for the thirteen people) there is a carer and a senior carer on each morning, afternoon and evening. During the week the manager is also on duty, but is supernumerary, as is the provider who visits the home at least twice a week. At night there are two staff on duty.

Staff surveys informed us that pre-employment checks had been performed before they worked at the home. Three staff files were inspected which showed that newly recruited staff had more robust checks carried out than under previous management. The acting manager showed us a quality audit check that had highlighted gaps of evidence within staff files.

Evidence:

All staff files we inspected contained application form, at least one reference, records of supervision where appropriate, records of induction, and evidence of criminal records bureau and protection of vulnerable adults pre-employment check. All files also contained a health declaration. None of the files contained an up-to-date photograph of the staff member, however the acting manager confirmed that photographs of staff were on the digital camera ready to be printed off. One file did not contain any proof of identity, however, this had been obtained for the criminal records bureau check. This shortfall had also been highlighted within the quality audit to check performed by the acting manager. One file did not contain two written references, and this was also highlighted within the quality audit check. None of the staff files contained interview records to show that process meet equal opportunities standards.

Discussions were held regarding the records and check performed before a person is employed at the home and the processes to follow if a member of staff presents with declarations on criminal records bureau check. The acting manager explained a specific example where a previous member of staff had been employed with convictions and explained that this would not occur without detailed discussion with the provider. Suggestions were made for the application form to contain space for staff to include details of any criminal convictions, to be able to be discussed at interview.

Staff surveys informed us that staff thought the induction process was good. Discussion with staff confirmed that the induction process has improved in recent months and involves discussion on the first day regarding the job description and daily duties. On the first day emergency procedures, fire procedures, exits, emergency telephone numbers, and action to be taken if they service user dies or goes missing is also covered. Staff told us that new staff work alongside more experienced existing staff to ensure they are familiar with the moving and handling equipment used at the home. We were told that new staff usually had previous experience and would only be allowed to work individually when they were deemed capable.

Records informed us that of the thirteen staff, six had NVQ two training, three had NVQ three training and the homes administrator had NVQ two in business. The training matrix and certificates within staff files showed that other recent training courses achieved for some staff included: dementia care training, nutrition training, swallowing and feeding workshops, pressure ulcer and skin wound care courses, conflict resolution and de-escalation training, medication training and mental capacity act training.

Management and administration

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The new management structure is having a positive impact on morale at the home.

Improvements in the mandatory training programme are a priority and would ensure that staff are provided with the knowledge needed to care for vulnerable people.

Evidence:

When asked what the home does well, one member of staff wrote 'The home has improved positively in all aspects, and residents are happier and well looked after.' Another member of staff wrote 'Since the new manager has taken over, there has been a big change in the home. It has a different atmosphere. Residents and staff feel more relaxed.'

The new acting manager has officially been in post since January 2010, although she has been working in a managerial capacity since November 2009. She has worked in the care environment for 13 years and has been a senior carer for 12 years. She has obtained NVQ level III in care and has recently signed up for a leadership and

Evidence:

management training course. The new acting manager has not yet applied to become registered with the Care Quality Commission. Discussions were held regarding the importance of ensuring this application is submitted as soon as possible.

Staff surveys informed us that staff were confident in the new acting manager. One member of staff wrote 'I feel my new manager will do a very good job in bringing this home up to standard.' Another member of staff wrote 'There is a good working relationship between the new manager and staff, problems are easily solved and in a much more civil way since the new manager took her position.' Another member of staff wrote 'I think the home has become a much better place to work, (cleaner), (safer) since the new manager took her position.' Further comments included 'The home has improved dramatically since the change in management. In recent months, every aspect of the home is done well, for example care, trips out, and supportive staff.'

During the inspection a staff meeting was being held to discuss recent specific events that had taken place at the home. Staff told us they felt able to openly discuss issues and felt supported by both the new manager and provider of the home. Friendly banter was heard between the provider and staff. The acting manager adopts an open door policy for staff and people living in the home.

When asked what the home could do better one member of staff wrote 'More referrals for service users.' Discussion confirmed that the home were not full at present because of the previous inspection report rating. The provider explained the specific reasons why previous requirements and recommendations had not been met and gave reassurances that the new manager had already met the majority of requirements and recommendations in the short time in which she had been in post.

Improvements into the way the personal monies are managed in the home has improved since the last inspection . Each person now has a separate envelope in which their money is stored. Accurate records and receipts are maintained of all transactions.

The AQAA informed us that staff at the home continue to listen to the views of people who use the service. The document states that 'We have fortnightly service use meetings and also have a key worker system where all requests are documented and needs assessed and acted upon.' As a result of listening to people in the home the AQAA states that the following changes have taken place. 'We now have a secure garden and have prepared the minibus to enable service users to go out on outings. We have changed our monthly menus to include more popular dishes. Fresh fruit has

Evidence:

been made available more often, and we have purchased new armchairs for the lounge.'

The new acting manager had already conducted several quality assurance checks including, an audit on the staff recruitment files, which highlighted gaps in staff that had been recruited under previous managements. The new manager has so conducted audits on care plans and had reviewed the information contained in the files, and had updated this information. The new manager had also highlighted an uncompleted requirement set at the last inspection of insufficient mandatory training. In the few months she had been in post she had facilitated a programme of mandatory staff training, although this had not yet been completed.

The AQAA highlighted barriers to improvements in the last twelve months as 'Due to managerial problems the improvements haven't gone as quickly as we would have liked.' and 'We have now started to get positive feedback from service users and the families of service users involved and from all professionals.'

The acting manager explained that the delay in improvements has included mandatory training which has now begun to be booked. Staff told us they had been given dates for some training. The Provider gave assurances that he would ensure this shortfall would be addressed.

Observation of staff using specialist equipment showed that staff were using the equipment appropriately. Staff spoken to knew what to do in the event of a fire and if an allegation of abuse was made. However, there was a member of staff who had no record of training on the staff matrix or in their staff file. The new manager gave assurances that this member of staff would be priority in receiving training. Staff were also informed during the team meeting that they must attend training when it was arranged.

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
1	18	13	The provider must ensure all staff receive POVA training. This will ensure that staff are aware of the different types of abuse and how to make an alert locally.	05/11/2009
2	38	13	The provider must ensure the mandatory training programme is complete and up to date. This will ensure that staff have all the skills and knowledge to care for people in a safe way	05/11/2009

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	5	<p>The Service User Guide must contain all the information necessary.</p> <p>This will mean that people are provided with accurate information regarding las Flores before they move to the home.</p>	22/09/2010
2	1	4	<p>The Statement of Purpose must be detailed and contain the information listed in schedule 1.</p> <p>This will mean that people are provided with accurate information regarding las Flores before they move to the home.</p>	22/09/2010
3	7	15	<p>Systems must be in place to ensure care plans are accurate, detailed and kept under review.</p> <p>This will mean that staff have all the information necessary to be able to care</p>	22/09/2010

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
			for a person in a safe and person centred way.	
4	9	13	Controlled drugs must be stored in accordance with the requirements of the Misuse of Drugs (Safe Custody) Regulations 1973 as amended. This is to make sure controlled drugs are safely stored and to comply with current legislation.	30/06/2010
5	16	22	The home must have a complaints register to record what action has been taken following receipt of a complaint. This will mean that the home can monitor any trends in complaints, and will be able to demonstrate what action has been taken.	22/09/2010
6	16	17	The home must ensure correspondence, reports, records of disciplinary action and any other records in relation to employment is kept. This will accurately show what action has been taken regarding staff disciplinaries.	22/09/2010
7	16	22	The complaints process must include how to contact the Care Quality Commission	22/09/2010

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>and include timescales in which the home will respond to complaints.</p> <p>This will mean that people have information on how they can make a complaint and know what to expect.</p>	
8	17	13	<p>The provider must ensure that training regarding safeguarding adults is up to date for new staff.</p> <p>This will ensure that all staff follow locally agreed procedures and do not affect any criminal investigations that they need to take place.</p>	22/09/2010
9	18	13	<p>The Provider must ensure that himself, all staff including any managers, are aware of how to correctly report allegations of abuse, and know what to do in the event of an allegation being made.</p> <p>This will ensure that all staff follow locally agreed procedures and do not affect any criminal investigations that they need to take place.</p>	22/09/2010
10	19	13	<p>The provider must ensure that all parts of the home to which service users have access are free from hazards to their safety.</p>	22/09/2010

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
			This must include ensuring that the two identified floor coverings do not cause trip hazards. This will mean that people are protected from unnecessary risks.	
11	38	13	<p>The provider must prioritise and mandatory training at the home to ensure that staff are provided with the information and knowledge needed to care for people in a safe and appropriate way.</p> <p>This will mean that staff who have the least amount of training are facilitated to attend training, in order to care for people in a safe way.</p>	22/09/2010

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	3	The planned improvements to the assessment process should continue.
2	8	People identified at being at risk should be screened using and appropriate nutritional screening tools.
3	9	Ordering and stock rotation processes for medication should be reviewed. This is to reduce the chances of products going out of date and being wasted.
4	12	Evidence should be provided to show that all people have had access to meaningful activities.

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
5	12	Continued consideration should be made to ensure people have access to a wide variety of activities.
6	19	The planned programme of redecoration should continue
7	29	The planned improvements to the recruitment process should take place to ensure that staff files contained the necessary equipment to show that the process is robust.
8	29	Records kept of the interview would show that the recruitment process meet equal opportunities standards.
9	31	The new manager should submit a application to become registered with the Care Quality Commission, as soon as possible.

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