

# Key inspection report

## Care homes for older people

<b>Name:</b>	The Friendly Inn
<b>Address:</b>	Gloucester Way Chelmsley Wood Birmingham West Midlands B37 5PE

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

<b>Lead inspector:</b>	<b>Date:</b>
Lesley Beadsworth	3   0   1   0   2   0   0   9

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](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.

## Reader Information

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## Information about the care home

Name of care home:	The Friendly Inn
Address:	Gloucester Way Chelmsley Wood Birmingham West Midlands B37 5PE
Telephone number:	01217795128
Fax number:	
Email address:	TheFriendlyInnCH@aol.com
Provider web address:	

Name of registered provider(s):	Mr Michael John Goss
Type of registration:	care home
Number of places registered:	30

Conditions of registration:								
Category(ies) :	Number of places (if applicable):							
	Under 65	Over 65						
old age, not falling within any other category	0	30						
Additional conditions:								
The maximum number of service users who can be accommodated is: 30								
The registered person may provide the following category of service only: Care Home Only (Code PC); To service users of the following gender: Either; Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category (OP) 30								
Date of last inspection	0	9	0	7	2	0	0	9

Brief description of the care home
The Friendly Inn Care Home is a converted public house. There have been several major extensions to the home over a number of years. The owner has recently upgraded the property with a new entrance, extended office space, provided a new communal wet room, an en suite facility in each bedroom and fitted a new kitchen. The home is registered to accept up to 30 residents in the category of old age requiring personal care.
Accommodation is provided over two floors. The home has 30 single bedrooms, all of

### Brief description of the care home

which have en suite facilities. The Friendly Inn is located in Chelmsley Wood and is readily accessible to amenities such as shops, places of worship and public transport.

The home has a number of aids and adaptations to assist any frail residents including, emergency call system, shaft lift, hand and grab rails, a mobile hoist and assisted toilet and bathing facilities.

There is a well-maintained garden area at the front and rear of the building. Parking facilities are available at the front of the building and on-road parking is readily available outside of the home.

The weekly fees for living in the home were not discussed at this inspection and any enquiries regarding fees should be made with the manager of the home. Additional items such as the services of a hairdresser, newspapers and toiletries are paid for separately.

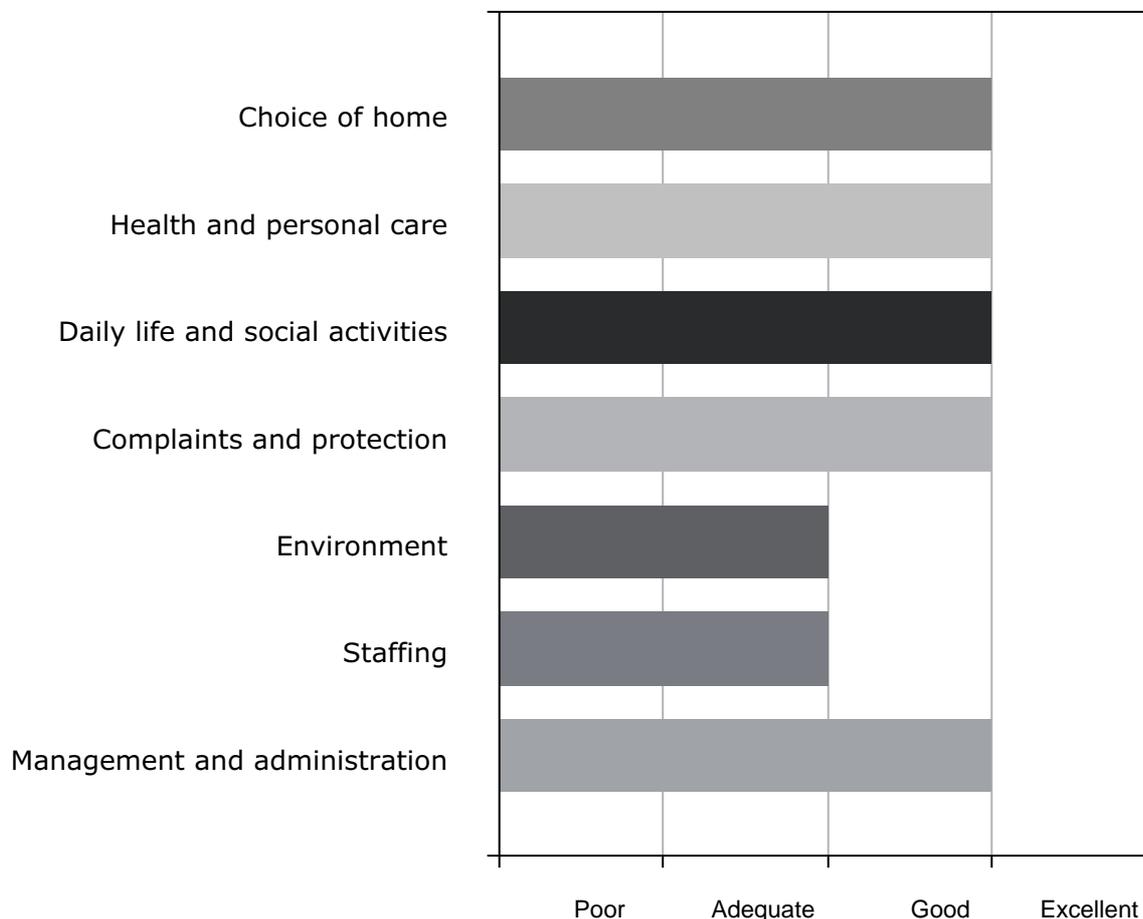
## Summary

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

The quality rating for this care home is:

two star good service

### Our judgement for each outcome:



### How we did our inspection:

The inspection included a visit to The Friendly Inn. As part of the inspection process the registered manager of the home completed and returned an Annual Quality Assurance Assessment [AQAA], which is a self assessment and a dataset that is filled in once a year by all providers. It informs us about how providers are meeting outcomes for people using their service. Information from previous reports, including that from a Random Inspection carried out in July 2009, and any other information received about the home has been used in assessing actions taken by the home to meet the care standards.

Three residents were case tracked. This involves establishing an individual's experience of living in the care home by meeting or observing them, talking to their families, where possible, about their experiences, looking at residents' care files and focusing on outcomes. Additional care records were viewed where issues relating to a residents' care needed to be confirmed.

Other records examined during this inspection included, care files, staff recruitment, training, social activities, staff duty rotas, health and safety and medication records.

The registered manager was on leave at the time of our visit. The inspection process also consisted of a review of policies and procedures, discussions with the acting manager, the deputy manager, staff, visitors and residents and the son of the owner [who is now working with the organisation] was present throughout a large part of the visit. These people made a positive contribution to the inspection. The inspection visit was undertaken by one inspector and took place between 10:40am and 5:35pm on 20/10/09 and 12:10pm and 5:30pm on 30/10/09.

## What the care home does well:

Pre-admission assessments are in place that identify a person's needs in sufficient detail are in place in order that a decision can be made about whether the home is able to meet those needs or not before a place is offered to prospective residents.

Care plans are in place in all care files seen that give the care staff the information they require to be able to meet the person's needs. They are reviewed monthly, or more often if circumstances change, in order to make sure that they are up to date. Each care file also included a personal profile, which gave useful information that helped staff know the resident 'as a person' to help with more personalised care.

Appropriate records were available related to risk assessments for falls, moving and handling and the development of pressures sores. These should minimise the risk in these areas.

Residents on going health and welfare needs are being met with records showing that health care professionals make regular visits to the home, or residents make visits to them.

Observations made of staff and residents' interaction and discussion with residents and staff indicated that residents are cared for in a respectful manner.

Seventy per cent of the care staff have achieved National Vocation Qualification Level 2 in Care, exceeding the required 50%.

Discussion with staff and residents, records and notices about forthcoming events indicated that there are sufficient activities provided for the people living at the home. The reception was excellently decorated for Halloween and in readiness for the family and residents party planned for the coming weekend. People spoken with said that they were impressed with the decorations.

Observations made and discussion with residents showed that people living and staying at the home have the opportunity to make choices in their daily lives.

There is evidence to support that residents' are made aware of their right to access their personal files.

The home provides comfortable, clean and attractive surroundings, in most areas, for the people living there.

Observations, records and discussion indicated that there are sufficient staff to meet the needs of the people living at the home.

70% of the care staff have achieved the National Vocational Qualification Level 2 or 3 in Care. This exceeds the required minimum of 50%. The qualification shows that the person has been trained and assessed as competent to carry out their role.

## What has improved since the last inspection?

The registered manager has made progress in meeting the National Minimum

Standards, requirements made by us and managing staff disciplinary issues.

The registered provider has revised the recruitment procedures and maintenance of relevant records in order to ensure that future recruitment is sufficiently robust to minimise the risk of the employment of unsuitable people.

An improved nutritional screening form is to be used for all residents that directs staff on any necessary action if concerns are identified as a result of the screening.

The kitchen has been refitted and is clean and hygienic. Other building work has taken place since the last key inspection to improve the environment of the home, including providing all bedrooms with an en suite facility, extending the manager's office, providing a welcoming entrance to the home, the addition of an attractive and quality fitted wet room off the first floor corridor.

There have been improvements in meeting the National Minimum Standards and the requirements made at the previous inspection and that need to be sustained.

The reasons for any offences on existing positive Criminals Records Bureau checks are now explored and that this has taken place is recorded on the staff file. To carry this out prior to an appointment being made is good recruitment practice.

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

The statement of purpose did not include all the details required or our current title and contact details. This should be updated to include this information.

There were some concerns regarding the excessive amount of creams and ointments kept in the en suite facilities visited. Some of these were dispensed in 2008. Those that had been opened did not show the date of opening to enable the cream or ointment to be disposed of within the correct timescale.

Protocols (procedures) had not been provided for any 'as required' medication so that staff were aware of when and why this should be administered.

Recommendations made by Environmental Health at their recent visit should be addressed as promptly as possible.

The external door from the store room adjoining the kitchen is used to access the outdoor smoking area and should be fitted with fly screens to minimise the risk of contamination of food or food storage or preparation areas by flying insects.

Only fifty per cent of the staff have undertaken safeguarding training. The plans with the newly contracted trainers for the remaining staff to undertake this training, and any other outstanding mandatory training, should be implemented promptly.

A complaint sent to us was forwarded to the service for investigation and for us to be informed of the outcome. However this was not received and a copy was not available in the home. The manager should ensure that a copy of any response about complaints to us is kept with the complaint records. The owner should also ensure that all members of the organisation are aware that complaints should be received in the proper manner to ensure that the complainant can be confident they have been

listened to.

There were several areas of the home in need of maintenance following work carried out to provide en suite facilities earlier in the year. We were given assurances that these would be attended to within fourteen days of our visit. These assurances must be met.

Several en suite facilities do not receive hot water in the afternoon and not all tap fittings were correctly labelled or easy to use. These issues must be addressed as soon as possible so that people have hot water when they wish and are able to operate the taps easily and safely.

The laundry equipment is currently domestic in nature. The plans to change these to commercial machines should be implemented as soon as possible in order that the appropriate washing programmes are available and to make the laundry tasks more effective.

The registered manager should complete the Registered Managers Award as soon as possible.

Residents whose money is held by the home for safe keeping should be enabled to remain in credit with their 'accounts'. They should be able to request access to their own money whenever they wish.

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

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

## Details of our findings

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## Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them 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 **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Information required to make a decision about choice of home is available when needed. Preadmission assessments are carried out to assess if the needs of prospective residents can be met.

Evidence:

A statement of purpose, which is a document to inform current and prospective residents of the services provided, was made available to us. This consisted of two versions stapled together; one of which appeared to be an out of date version and the other a more up to date one. A document entitled 'statement of terms and conditions' was also given to us but this contained the same information as the statement of purpose. Our title and contact details need to be updated in the documents. Although informative not all the required details were included and in order to update and include these details the document should be cross referenced with the Statement of Purpose requirements.

Evidence:

Each care file looked at included evidence that a copy of the Statement of Purpose and Service User Guide has been received by the person. A service user guide was not seen on this occasion.

Three care files were looked at as part of the case tracking process. Each had a pre-admission assessment that had been carried out in order to assess if the home could meet the persons needs prior to offering them a place at the home. All the appropriate heading were included in the assessment and all medical conditions and needs were identified. There was sufficient detail to decide if the home could meet the persons needs or not.

During our visit it was noted that a high number of residents showed symptoms of dementia. The home is not registered to accept new residents with dementia but the registered person should monitor carefully that any undiagnosed mental health symptoms, that may or may not be progressive, identified at pre-admission can be met by the home and are within the service's registration conditions.

## 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.

Care plans are in place that are in sufficient detail to assist in staff meeting the needs of the people using the service. Residents have access to health care professionals and are cared for in a respectful manner. There are some concerns around the medication process in relation to the storage and ordering of external medication.

Evidence:

Three care plans were looked at in detail as part of the case tracking process with a further two care files looked at briefly to provide further information. A care plan had been devised related to each assessment need. The care plans were sufficiently detailed to inform staff of the care required for that person. They had been reviewed monthly in order to keep them up to date and a dependency profile in the care file was reviewed and revised at the same time. These should assist staff to meet the needs of the people living at the home.

Each care file looked at included a personal profile containing useful information, which gave staff a better knowledge and understanding of that person.

## Evidence:

Where it was relevant care files included accident details. Accident forms are audited by the manager and a falls register is updated in order to monitor the occurrence and cause of falls. This should assist in preventing falls.

Records were in place within the files looked at, including for falls, pressure areas, weight, bathing, nutrition and nutritional screening . The previous nutritional screening form used indicated the score achieved but not what to do if the scores were of concern. A new form recently introduced, and to be used for all residents, directed staff as to what action to take if the scores indicated concerns. Weight charts were also seen in the care files looked at. Although the weight of the people whose records were looked had remained stable the staff were able to tell us the action they would take if this was not the case.

Completed risk assessments for tissue viability in relation to the development of pressure sores (a break in the skin due to pressure, which reduces the blood supply to the area) were now in place and risk assessments for moving and handling (transferring a person from one place to another) were also in place. These would help to minimise any risk in these areas.

Residents on going health care needs were being met with evidence of visits to or visits by the GP, District Nurse, optician and chiropodist being identified in the care files looked at. A specialist nurse was in the home to see a resident on the day we visited.

The medication system was inspected. The pharmacist supplies most of the medicines in a 'monitored dosage system' where each medicine is dispensed in a blister pack from which to administer it on a daily basis.

The Medication Administration Records were correctly completed and through observation, discussion and examination of records it was demonstrated that the staff generally order, store, administer, record and dispose of medication in accordance with current clinical practice. However there were some shortfalls. We found a large supply of prescribed creams and ointments in most of the en suite facilities visited. Many of these were several months old. This shows that the stock was not checked before orders were made. The open containers, in some cases more than one of the same cream or ointment, had not been dated when they had been opened so that they could be destroyed within the timescales required to maintain their stability. There also needs to be protocols for 'as required' medication to ensure that staff are aware of when or why the medication is given.

Evidence:

The contents of the controlled drug cabinet were audited against the controlled drug register and the quantities were correct. Storage and records were appropriate.

Observations and discussion with staff and visitors showed that residents are cared for in a respectful manner.

## 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 living at the home were sufficiently occupied and had choices and control over their daily lives. Visitors were made welcome and their needs considered. Residents enjoyed the nutritious and varied meals provided.

Evidence:

The home does not have a designated activity organiser. However records, notices displayed about forthcoming events and discussion with staff and residents showed that there is regular activity offered to the people living at the home. An action plan provided the day after our visit included that an activity organiser was to be recruited in the near future but this should not be at the expense of the care staff to resident ratio.

The reception area and other communal areas had been elaborately decorated for Halloween. Residents spoken with about the decorations said they were impressed and were looking forward to the Halloween party with family and friends at the weekend.

The home keeps hens and rabbits for the enjoyment of the residents but they are kept in cages in the garden and are without a run. The care of the animals has been delegated to members of staff.

## Evidence:

Visiting times are open and visitors spoken with said that they were made welcome. Residents spoken with were able to confirm this. Interaction between staff, management and visitors showed that there was an easy rapport between them.

Observations made and discussion with residents showed that people living and staying at the home have the opportunity to make choices in their daily lives, such as when to get up and go to bed, what to eat and where to spend their time. Although there was only one main meal choice on the menu each day, several different staff said that if a person did not like or want this main meal an alternative would be provided. The menus included meals that appeared nutritious and varied. Two residents that were spoken with about the meals at the Friendly Inn told us that they said that they were happy with the food and choices provided. A third person said that the meals were, "Alright."

Each care file looked at included evidence that residents and/or their representative had been informed and understood that they had the right to access their personal file if they wished. Each bedroom visited had been personalised by, or for, the occupant with photos, pictures, ornaments and small pieces of furniture that they had brought into the home.

The kitchens were visited and had been refitted since the previous visit and looked clean and hygienic. Staff told us how much better this was. There are two new domestic cookers, whereas a commercial cooker may be more appropriate for the number of meals being cooked at the home. A member of staff was using damp tea towels and the significance of this in relation to infection control was discussed. The use of tea towels should be avoided wherever possible and should not be necessary when a dishwasher is used.

An Environmental Health inspector had made some recommendations in their report, the majority of which were related to the food store room and the need for infection and pest control. We also noted that a fly screen is needed for the external door from the store room, which is used frequently by staff via the staff room to access the smoking area. The door between the kitchen and store room was open during our visit even when the kitchen was unoccupied. This door should be kept closed in order to reduce the risk of contamination, especially if the kitchen becomes a thoroughfare from the staff room.

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

The home has appropriate policies and procedures related to addressing complaints and concerns and to safeguard residents. Not all staff have undertaken safeguarding training.

Evidence:

The complaint procedure is available to residents and visitors and all care files seen included a complaints awareness form that evidenced that residents (or their representatives) had received and understood the policy. We observed that a concern made by a health care professional received an inappropriate response. The concern was later investigated and appropriate action was taken but the initial reaction made to the complainant could create a lack of confidence that people are listened to and possibly prevent them from raising concerns directly with the home in the future. Other staff asked were aware of how to receive and act upon receiving a complaint.

A complaints log is maintained showing the action taken following a complaint and a copy of the correspondence informing the complainant of the outcome. One complaint shared with us by the complainant regarding the lack of hot water in a resident's bedroom en suite facility was said in the records to be resolved. However we found that there continues to be limitations to the times that hot water is available in the residents' en suites visited. A copy of the letter to inform us about the outcome had not been received and the home was unable to locate a copy whilst we were there.

## Evidence:

A safeguarding investigation that arose earlier in the year has now been closed and the restriction to admissions placed by Solihull NHS Care Trust has now been lifted.

Only fifty percent of the care staff have attended safeguarding training, as was the case at our last visit. Discussion with the representative of the owner confirmed that the organisation has recently contracted with a different training company and that safeguarding training will be included in the programme. The importance of this training in order to assist in the safeguarding of people living at the home should be recognised. However staff spoken to on the subject of abuse were aware of the different types, how to recognise abuse and what to do about it if they witnessed or suspected abuse of any kind had taken place.

Previous staff recruitment has not been sufficiently robust to safeguard residents from the employment of unsuitable people. However no new care staff appointments have taken place since the last inspection and the director of the organisation has informed us of the improvements to be made in all future recruitment.

Money held on behalf of residents is safeguarded but they are not able to access it at all times.

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

The home offers the people living there comfortable surroundings, which are clean, free of offensive odour but with shortfalls in maintenance and the provision of hot water. Infection control is adequately managed.

Evidence:

The approach to the home is attractive and well maintained and provides ample car parking. There have been some building work carried out since the last key inspection that includes a new and welcoming porch area, an extended office and the addition of en suite facilities to several bedrooms. The kitchen has been refitted and a new wet room on the first floor provides showering facilities of a high standard. The home has a large main lounge, a second lounge and a smaller 'quiet' lounge. There is also a small and cosy visitors room, and several other seated areas around the home. The dining room adjoining the main lounge is a pleasant area for residents to take their meals and has attractive and appropriate cutlery and other tableware.

The general appearance of the home is that it offers comfortable, attractive and well decorated and furnished surroundings. Soft furnishings are also of a good standard. However there are several maintenance requirements, many created as a result of adding en suite bathrooms to several bedrooms earlier in the year, that spoil this and detract from the comfort of the people living at the home. These include exposed wiring (although safe) and decoration not made good leaving several areas difficult to

## Evidence:

keep clean and therefore can become unhygienic as well as unsightly. Several taps in the en suites were difficult to use as there was a mixer tap for both hot and cold water and in some cases were both labelled as hot. The representative of the owner gave us written assurances that these maintenance needs would be completed within fourteen days of our visit. Assurances were also given that a plumber would be attending to the problems with hot water and the taps in some en suites. Currently hot water is not available in some bedrooms during the afternoon. Evidence was provided to show that a new boiler had been ordered to address this. All bedrooms are of single occupancy and each now has an en suite facility. Seven bedrooms were visited and all of these were clean and in good decorative order and well furnished, apart from the concerns in en suites already discussed. All other areas of the home that were visited were clean and most areas were free of any offensive odours. There was a faint smell of urine in the quiet lounge and between the lounge and dining room. These need to be addressed so that residents' comfort and the hygiene of the home are not compromised.

Staff had access to disposable aprons and gloves to use when carrying out personal care in order to prevent cross infection. Appropriate hand washing facilities were also provided to be able to maintain infection control and staff have attended infection control training to give them the knowledge they need to further maintain this.

The laundry is small, but was clean and hygienic. There are domestic appliances provided that do not have the appropriate programmes for sluicing soiled items. Written assurances were given that these were to be replaced with commercial equipment in the near future. The tumble drier has already been purchased and was on the premises but awaiting the installation of adequate ventilation before it could be fitted.

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

There are sufficient care staff available to meet the needs of the residents. Revised recruitment procedures should protect residents from the employment of unsuitable people. Staff

Evidence:

Observations made, discussion with the acting manager, deputy manager, staff and residents and inspection of the staff rotas indicated that there are sufficient care and ancillary staff at the home each day to meet the needs of the people living at the home. A cook and a domestic assistant employed to work at a new sister home in the organisation that is yet to open, were also working at the home.

Records showed us that almost 70% of the care staff have achieved the National Vocational Qualification (NVQ) Level 2 or 3 in Care exceeding the minimum requirement of 50%. This qualification means that staff have been trained and assessed as competent in their role.

Three staff files were looked at to assess the recruitment procedure and practice of the service. Each of these raised some concerns that indicated that the recruitment process was not sufficiently robust to safeguard the residents against the employment of unsuitable people. Close family members, including one who was also an employee at the home, had been used for references; another person's reference was from an

## Evidence:

employee who had only known them for two months. This does not adequately ascertain that these employees are suitable, and is poor recruitment practice. Furthermore there was no evidence that employment history had been verified or the reasons any gaps in employment having been explored. However only one person, previously a volunteer, had been appointed since our last visit. The representative of the owner was able to advise us of improved procedures. Future recruitment practice needs to be much more robust in order to safeguard residents from the employment of unsuitable people.

Protection of Vulnerable Adult (POVA) checks were not found in any of the files looked at. Discussion with a representative of the owner advised us that these checks were held at head office although at this and the previous visit senior staff had not been aware of this, believing that they had not been requested until recently. Copies of the POVA checks for all staff were emailed to us the following day. These need to be added to the staff files in the home. However the owner's representative was able to advise us of the improvements to be made in any future recruitment and record keeping.

Induction training had taken place with all staff but there was no evidence to support that this was in line with 'Skills for Care'. However no new care staff have been employed since our last visit. The home has the documentation to implement this training with future new staff but it should also be completed by recently appointed staff who have not achieved a minimum of NVQ 2 in order to confirm that they have the basic skills and knowledge to meet the needs of the people living at the home.

Most of the staff have undertaken all mandatory training related to health, safety and welfare issues but in order to ensure that staff have the information and learning that they need to work effectively, safely and in a manner that protects residents all staff must undertake this training. There was evidence that this training has been planned for the near future.

## 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.

A person undertaking the appropriate qualification and who has previous management experience manages the home. Money held on behalf of residents is secure but access is limited. Health and Safety practice generally protect residents and staff at the home but with with some maintenance concerns.

Evidence:

The registered manager of the home was on leave at the time of our visit. In her absence the home was being managed by a person newly appointed to manage a new Nursing Home in the organisation that had not yet opened. He is a registered nurse and has had previous experience working in care homes. However he was not yet fully conversant with the National Minimum Standards or Care Regulations, although was enthusiastic and keen to raise standards of care and to comply with requirements. The manager is supported by the home's deputy manager who knows the service well and is familiar with the managing of a non-nursing care service and with the Standards.

The registered manager has made progress in meeting the National Minimum

## Evidence:

Standards, complying with requirements and handling staff disciplinary issues. The manager continues to undertake the Registered Manager Award and should complete this course promptly so that she has the skills and knowledge that is required to continue and sustain this progress.

The home has a Quality Assurance programme and residents and other interested parties are asked for feedback on their views of the home. Surveys are also distributed for this purpose.

Some money is kept on behalf of residents, which is kept in a secure location. There were appropriate records of all transactions although once again some residents were in debit, indicating that the practice continues of residents owing money to staff or other parties until reimbursed by the representative of the residents. The should support the residents in ensuring that this does not happen. In the absence of the registered manager the residents' money cannot be accessed for them as she is the only person able to open the safe. A system to enable residents to be able to spend their own money when the wish needs to be implemented without the manager needing to be disturbed when at home.

There was evidence from a random check of records, that equipment was regularly serviced and maintained, health and safety checks were carried out and that in house checks on the fire system were up to date. However hot water temperature checks carried out by us showed that there are times of the day when hot water is not available for residents.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	<p>Creams and ointments must show the date they were opened in order that they can be disposed of correctly.</p> <p>This will assist in safeguarding the residents' welfare.</p>	23/12/2009
2	9	13	<p>Medication must be ordered in a manner that prevents over stocking the items. This includes creams and ointments.</p> <p>This will ensure that items do not accrue and protects the security and cost of the items.</p>	23/12/2009
3	15	16	<p>The recommendations made by Environmental Health must be addressed promptly.</p> <p>This will assist in safeguarding the welfare of the people using the service.</p>	23/12/2009

## 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
4	19	23	<p>The home must be kept in a good state of repair and all outstanding maintenance tasks be addressed.</p> <p>This will ensure that the people using the service have safe and pleasant surroundings.</p>	23/12/2009
5	29	19	<p>The registered persons must ensure that the planned procedures for recruitment are implemented and that robust practice is followed for all future employment</p> <p>This will minimise the risk of the employment of unsuitable people.</p>	21/12/2009

## Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	1	The Statement of Purpose should be updated to include our current title and contact details.
2	1	The registered person should cross reference the contents of the Statement of Purpose to ensure that all required details are included.
3	3	Pre-admission assessments should include assessing if undiagnosed dementia symptoms can be managed at the home.
4	9	A protocol for each 'as required' medication should be in place so that staff know when and why the medication is to be given.
5	15	The door that separates the kitchen and stock room should

## 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
		be kept closed.
6	15	Fly screens should be fitted to the external kitchen store door to prevent contamination by flying insects.
7	16	Confirmation of the investigation and the outcome of any complaint we have referred to the management for investigation should be sent to us, with a copy kept with the complaints records.
8	16	Complaints or concerns raised should be received appropriately in order that people are confident that they are being listened to and that any necessary action will be taken.
9	18	All staff should attend safeguarding of vulnerable adults training.
10	25	The people living at the home should have access to hot water when they wish.
11	25	All taps to be used by people living at the home should be clearly marked and be easily operated by them.
12	31	The registered manager should complete the Registered Managers Award as soon as is practical.
13	35	Money held on behalf of residents should be managed in a way that avoids them being in debit. They should also have access to their money at any time.

## Helpline:

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