



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	Clanfield
Address:	3 Toll Bar Road Islip Kettering Northants NN14 3LH

The quality rating for this care home is:

one star adequate service

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

Lead inspector:	Date:
Kathy Jones	0 3 0 3 2 0 0 9

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

Copies of the National Minimum Standards – Care Homes for 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 Commission for Social Care Inspection aims to:

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

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

Reader Information

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

Information about the care home

Name of care home:	Clanfield
Address:	3 Toll Bar Road Islip Kettering Northants NN14 3LH
Telephone number:	01832732398
Fax number:	01832734094
Email address:	crss468@aol.com
Provider web address:	

Name of registered provider(s):	Mrs Paulette Yvonne Crossley
Type of registration:	care home
Number of places registered:	30

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	13
old age, not falling within any other category	0	12
physical disability	5	0
Additional conditions:		
No more than 5 service users may fall within the category of Physical Disability (55 years and over).		

Date of last inspection									
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Brief description of the care home
Clanfield is a care home providing personal care and accommodation for 30 service users who are over 65 years of age up to 5 whom also have dementia-related care needs. Clanfield is privately owned by Mrs Paulette Crossley who is also the Registered Manager. The home is located in the village of Islip. The village of Islip, although quiet, is on the outskirts of the town of Thrapston. There are, therefore, numerous shops and other community facilities within a reasonably short distance, although realistically transport would be needed for this resident group to travel into the town. Clanfield is a two-storey house, with lift access to the upper floor, set in large and attractive gardens and providing a peaceful setting for the residents There are twenty single bedrooms

Brief description of the care home

and five shared rooms with eleven of the single bedrooms having en-suite facilities. The following fees were provided by the registered manager as being current at the time of submission of the pre-inspection questionnaire on 3 July 2006: Fees range between #348.55 and #395.00. The fees include personal care, accommodation and meals. Chiropody and hairdressing services can be arranged and are charged separately. Other costs would include clothing, toiletries and newspapers.

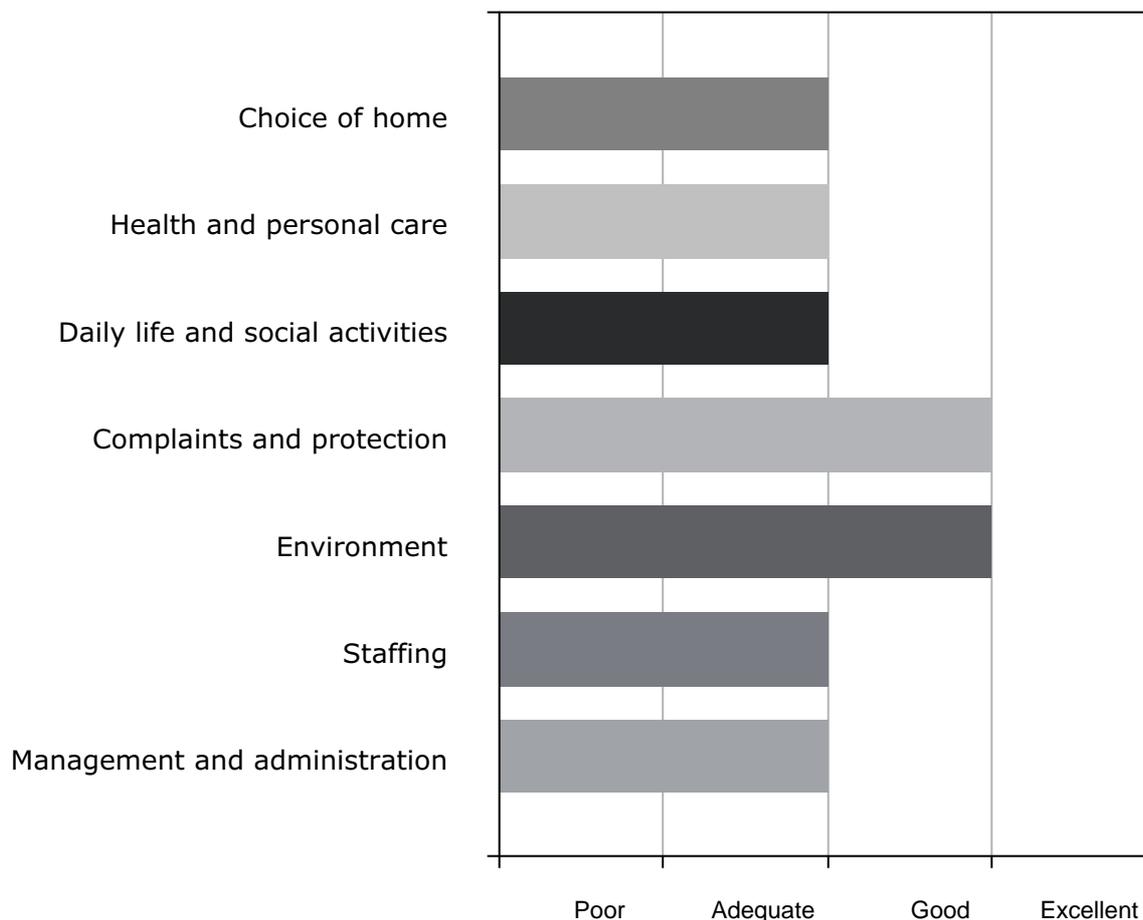
Summary

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 1 star. This means that people who use this service experience good quality outcomes.

The 'key' standards under the National Minimum Standards (NMS) were inspected during the course of the inspection. The Commission for Social Care Inspection (CSCI) focus on these standards as they are considered to be the standards, which have a particular impact on the health and welfare and outcomes for people who use the service.

This inspection was unannounced and carried out by one regulation inspector over the period of a day. On this occasion the inspection took place on a weekday.

Judgments within each outcome area in the report were reached as a result of drawing together information from a range of sources such as, the reviewing of care plans and other care records including medication records, complaints records and discussion with people who use the service, relatives, visitors and staff.

We found that some people were able to communicate their views about their experiences and the care and support provided, however some due to their dementia related illness were not. During the inspection we spoke with people who use the service including two on an individual basis and three visitors. We also observed interactions between staff and people who use the service who were unable to express their views.

To support the information we received, we 'case tracked' two people who use the service which involved sample checking care records held at the service in relation to their health, safety and welfare. In addition general observations of care practices were made and discussions took place with visitors and staff to help us gain an insight into people's experiences.

We saw shared areas of the premises, such as lounges and dining areas and a sample of bedrooms during the inspection. We looked at how people's money and medication is managed.

Staff files were sample checked to evaluate how the service ensures people are protected through their staff recruitment, training and support and development programmes.

We saw that a copy of the most recent Commission for Social Care Inspection report was available in the hall, which provides people with information about what we found during our last inspection.

Feedback on the inspection findings was discussed with the person in charge throughout the inspection.

What the care home does well:

People who use the service and visitors were happy with the care they receive at Clanfield and with the staff who provide their care. The fact that Clanfield is local was an important factor for one family.

Clanfield is a service for older people some who have dementia. One person was pleased that there are others in the home who do not have dementia which allows for more conversation.

There is clearly a commitment to staff training with the majority of staff having either achieved or undergoing a National Vocational Qualification (NVQ) which provides them with the skills and knowledge to meet the needs of older people.

Discussion with staff and people who use the service identified that staff are aware of people's needs and people spoken with were satisfied that their needs were being met.

What has improved since the last inspection?

The annual quality assurance self assessment identifies that one of the improvements that has been made is in gathering information through quality assurance surveys and listening to people. There was evidence that action is being taken based on feedback. One example is that six people who use the service are now going out regularly to a lunch club.

Some improvements have been made to the management of medication and previous requirements relating to this have been met.

What they could do better:

This inspection has identified some slippage in some areas indicating the need for more management oversight and monitoring. Examples include making sure care plans are in place for new people who are admitted and updating care plans as people's needs change. Although staff were aware of people's needs and providing appropriate care the purpose of care plans is to help ensure that people receive consistent care and changes to the planned care are not missed by staff who have been away or not known by a new carer.

While some improvements have been made to the management of medication, compliance with the legislation for controlled drugs needs to be adhered to at all times.

Recruitment procedures need to be more robust which includes ensuring that a full employment history has been obtained and references sought from employers where people have worked with vulnerable people. This is to help ensure people are suitable, and people who use the service are safeguarded.

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

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

Details of our findings

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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 admission process establishes whether the needs of people admitted to the home can be met, however more information would enable them to make more informed choices when choosing a home.

Evidence:

An important part of choosing a home is having access to information. We requested copies of the current statement of purpose and service user guide. The documents were found to contain basic information about the service, however some important information such as the fees charged was not included. This is important in helping people to make informed decisions when choosing a care home and also to help when planning finances.

We found reference to 'NCSC' within the service user guide indicating that the documents have not been reviewed for some time. The National Care Standards

Evidence:

Commission (NCSC) ceased to exist in April 2004 when The Commission for Social Care Inspection (CSCI) took over the regulatory responsibilities for care homes. These responsibilities will pass to the Care Quality Commission from 1st April 2009, therefore information will need to be updated accordingly.

At the time of inspection an application for an increase in the number of places for people with dementia was being considered by the registration team within CSCI. Advice was given that the statement of purpose will need to include the types of dementia related conditions to be catered for and the ethos and type of dementia care. It is also important that information is given about how the range of needs and how these will be met. Areas to be considered are staff training, environment and the mix of needs. This information is important in helping people looking to use the service and people supporting them in choosing a care home decide if the service is able to meet their needs. For example it is important for people with dementia and their families that their specific needs can be met by staff who are trained to understand them, however we spoke with someone without dementia and they valued the fact that at present there were people they were able to converse with.

The statement of purpose states that a copy of the most recent inspection report is available on request. It is important that the information is made readily available to people. We would also recommend that details of the website to access the reports is provided within the statement of purpose.

We looked at the records for someone who uses the service and found that basic information had been gathered about their needs prior to admission to Clanfield. This included basic information about health conditions, mobility, diet, religion, language and nationality. It is important that detailed information is gathered firstly to help ascertain if a person's needs can be met and secondly to form the basis for care plans to guide staff in meeting people's needs, however in this case no care plans had been developed just over three weeks after admission, creating a risk of their needs not being fully met.

Intermediate care is not provided at Clanfield, therefore this standard was not assessed.

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

People are happy with the care and support they receive, however the lack of up to date care plans has the potential to put people at risk of their needs and preferences not being met.

Evidence:

We spoke with people who use the service and some relatives who were visiting during the inspection. People spoken with were happy with the care and support being provided.

An annual quality assurance self assessment received in December 2008 identifies that one of the things they do well at Clanfield is having up to date individual service user plans. We looked at records for someone who had been living at Clanfield for just over three weeks at the time of inspection and found that no care plans were in place for this person. While there was some information within the daily notes about the persons needs, care plans are important documents and are required to be in place to guide staff in the care to be provided to meet people's individual needs. Without these

Evidence:

plans there is a risk that people will not receive consistent care according to their assessed needs. No poor outcomes were identified for this person who was able to confirm that they were getting the care they needed, however not everyone admitted would be able to express their needs.

We looked at a sample of care plans for someone who had been using the service for some time and found that care plans were in place and in some cases these contained clear and relevant information. For example information was included about the effects of a stroke and how this affected the level of assistance required. However in other cases care plans needed updating or more detail. For example a record of a review carried out by Northamptonshire County Council stated someone was at risk of choking and needed a soft diet. Although the person was observed to be given a soft diet and staff were aware of this need, the care plan stated that they needed their food cut up. Following the inspection further documents have been submitted, the most recent of which is signed and dated 04/09/07. The assessment of needs states "---- has her food liquidised as her appetite is poor". The last entry in the evaluation of the plan is dated 24/03/08 and states "at the moment ----- food and fluid intake is poor so needs encouragement". It is important to ensure that care records are kept up to date and that there is not conflicting information about people's needs.

Review of the health professional visit records for someone identified that advice had been given by the dietician to weigh weekly, give a build up drink, add additional cream and give full fat foods. Just over two weeks following this advice, the care plan still had not been updated. We looked at the food and fluid records for this person and found that entries indicated some additional milky drinks were being offered. Fluid intake was not collated and did not specify the size of the cup or glass making it difficult for staff to check against recommended daily intake.

We looked at a sample of medication and records kept relating to people's prescribed medication. We also looked at the action that had been taken to meet requirements made during an inspection carried out by a pharmacist inspector. A staff member was aware of the fact that certain medications can't be crushed and that it would be necessary to ensure the pharmacist was consulted in addition to obtaining consent from the person who uses the service or where applicable their representative and the General Practitioner. The pharmacist inspector made a requirement relating to covert administration and crushing of medication and the need for policies and procedures to support the safe management of medication. While Staff confirmed that people are no longer given medication covertly and that at the present time no medication is being crushed guidance for staff is not included in the medication policy. Review of the policy indicates the need for more detail to guide staff.

Evidence:

The staff member responsible for the administration of medication on the day of inspection advised that they and other staff had received training over a two day period provided by an in house trainer which included a test to check understanding. Improvements had also been made in respect of record keeping for creams and ointments administered.

The majority of medication is supplied in a monitored dose system. Observations of practice during the inspection identified that staff were following correct procedures for administration and when medication was taken from the system and given, then staff signed the medication administration system to confirm administration.

For medication supplied in the monitored dose system it is easy to check medication received, medication administered and the balance left in stock. However for other medication this is more difficult, particularly as it involves checking different records which are not all kept in the same place. A sample check of the quantity of a medication received, signatures confirming administration and medication in stock identified a discrepancy which was then difficult to source. The way records are organised increases the risk of errors not being identified in a timely way and advice was given to look at simplifying the systems.

Currently controlled drugs are kept in a safe controlled by a key code within a locked cupboard. We advised that the storage must be reviewed as new guidelines have been introduced. We were concerned that at the time of inspection we found some controlled drugs were also stored in a safe used for other valuables which does not meet the requirements for the safe storage of controlled drugs.

We looked at the medication policy which would benefit from further review and revision based on Royal Pharmaceutical Society's *The handling of medicines in Social Care*, ensuring that it is relevant to arrangements at Clanfield. For example the document refers to a medication trolley which is not in place.

People spoken with confirmed that staff speak to and treat them with respect and that staff respect their privacy by knocking on doors before entering.

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

Visitors are encouraged and welcomed into the home and people are happy with the food provided. Activities meet the needs of some people, however further consideration is needed to activities, occupation and stimulation for people with dementia.

Evidence:

The quality of people's daily lives varies according to people's needs and expectations. One person spoken with had chosen the service with the help of their family and the fact that the home is in close proximity to their family enabled the family to visit regularly. The family visits were an important part of the persons daily routine. Relatives said that they can visit as and when they wish.

Another person spoken with valued the fact that there are other people who do not have dementia as they enjoy the company and conversation.

People told us that there are activities such as quizzes and games and staff advised that following a survey arrangements had been made for six people to join a local lunch club.

Evidence:

We observed the daily routines throughout the day and advised of the need to look at the daily routines, engagement and activities for people with dementia. We observed one person who staff said was at high risk of falls. Staff were gentle and kind in their approach to the person, however interactions were mainly around guiding the person back to their chair. We advised that some dementia care training relating to activities, occupation and stimulation for people with dementia may be beneficial as their understanding was that this person could not take part in activities due to their dementia.

We spoke with a Community Psychiatric Nurse who has had a lot of involvement with Clanfield. She was very positive about the way staff treat people with dementia as individuals and had no concerns about the management of people with dementia.

People spoken with were happy with the meals provided and confirmed that they are provided with alternatives to the menu. The majority of people choose to eat in the dining room, however if people prefer to eat in their rooms then this choice is respected.

The need for care plans to be kept up to date in relation to people's dietary needs is raised in the previous section of this report. We would also advise that more flexibility is considered in relation to meals as part of the care plan for people with dementia. For example we noted that the food and fluid records for someone showed food as being offered only at regular meal times, although additional snacks had been recommended by the dietician. A member of staff said they do try to give extra things such as chocolate but this is not always recorded. Given that the records showed food and fluid intake as being poor for this person we would have expected to see evidence that food and fluid were being offered at more frequent intervals and that this was part of the planned care.

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.

There is a complaint procedure which people are aware of and they feel confident that any concerns they have will be addressed.

Evidence:

People spoken with told us that they had no complaints but felt that if they did have their concerns would be addressed. A copy of the complaint procedure was displayed in the hall and we were advised that a copy is also given out to people with the statement of purpose. Advice was given to update the document to include the name and address of the current regulatory body. While the expectation is that the service will have robust complaint procedures and manage their own complaints, it is also important that people have the correct contact details to enable them to contact the regulatory body which at the time of this inspection was The Commission for Social Care Inspection and as from 1st April 2009 will be the Care Quality Commission .

A sample check of the complaints records confirmed that complaints are looked into and where appropriate action is taken. Discussion with staff including senior staff confirmed that they are aware of their responsibilities in relation to safeguarding vulnerable adults and have received training. This is important in helping to safeguard people who use the service.

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.

The home was clean, comfortable and there is a maintenance and redecoration programme which helps to maintain a pleasant environment for people who use the service.

Evidence:

A sample of shared areas such as lounges and dining rooms and a sample of peoples bedrooms on both floors were seen during the inspection. All areas were clean and tidy and comfortably furnished. Communal areas consist of a dining room, which is accessed via a slope and has a hand rail for assistance, two lounge areas and a conservatory, which is used mainly by residents as a lounge area. A corner of the conservatory is used as an office area, however this did not appear to have any detrimental effect on people who use the service and confidentiality was maintained throughout the inspection.

People are encouraged to personalise their rooms with photographs, pictures, ornaments and items to provide additional comfort and familiarity. Bedrooms seen were clean and comfortably furnished.

Information was received in the annual quality assurance self assessment (AQAA) about maintenance of equipment. We asked about the arrangements for ensuring that

Evidence:

emergency lighting is working as the AQAA stated it was not tested. Staff advised that this is tested three monthly which was supported by the records. Discussion with staff confirmed that there is an ongoing process for maintenance and replacement of equipment. Planned work to replace the boiler and fit thermostats to the radiators had been delayed due to snowy weather but was being rescheduled and quotes for lifts were being obtained to replace the existing stair lift in the next couple of years.

On the day of inspection a fire risk assessment was being carried out and a senior member of staff confirmed that an electrical wiring check was due to be done. Arrangements for maintenance checks and the repair and replacement of equipment are important factors in helping to maintain the safety and comfort of people who use the service.

The home was clean and no offensive odours were identified. The AQAA identifies that staff have received training in infection control which was confirmed by staff. Staff confirmed the availability of protective aprons and gloves and an anti-bacterial spray is available in the hallway of the home for visitors to use which helps reduce the risk of transferring some types of infection.

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 is evidence of a commitment to ensuring staff have received basic training in the needs of older people, however recruitment procedures need to be more thorough to provide people with better protection.

Evidence:

People spoken with were happy with the staff team. One person said "staff are kind and check me through the night". Staff were observed to treat people with respect and discussion with them indicated that they were aware of people's needs. We were informed that staffing levels have been increased in the early morning and the evening when people need assistance with washing and dressing. Observations indicated that there were enough staff to meet peoples needs.

We looked at the recruitment process for two members of staff and found that criminal record bureau checks are carried out and references obtained prior to employment. We did however find that information received as part of the application was not effectively collated to determine the applicants suitability to work with vulnerable people and ensure that the Care Homes Regulations 2001 are complied with. For example it was evident that one person had not supplied a full employment history as there was no mention of care homes, however in the additional information section of the application form it stated that the person had worked in care homes. No references

Evidence:

had been obtained from any of the care homes.

There was no employment history recorded in the other file checked, however senior staff advised that this was the persons first employment. Advice was given to ensure that if this is the case that this is recorded. It is important that a robust recruitment procedure which establishes as far as possible a persons suitability to work with vulnerable people.

There is a good commitment to staff training in that all staff apart from four have either obtained or are undertaking a National Vocational Qualification (NVQ) in care. This qualification provides staff with the knowledge and skills to meet the needs of older people.

We looked at the training records for a member of staff and found that they had received training which included induction training, movement and handling, infection control, fire safety, food hygiene, health and safety, first aid and dementia care. We found that most of the training is delivered by a member of staff who has a Level 4 certificate in further education training and has also undertaken a movement and handling trainer for trainers course. The trainer uses training packs provided by a training organisation which include DVD's. We discussed the need to consider some external and more in depth training in some areas such as dementia care to supplement the internal training and provide staff with further knowledge and skills to meet peoples dementia care needs. Staff advised that some external professionals are providing training in for example the use of a malnutrition screening tool to enable them to identify people who may be at risk. Falls prevention training has also been provided by a visiting professional.

We also discussed the need for staff to keep up to date with new guidance and legislation such as the Mental Capacity Act 2005 and Deprivation of Liberty safeguards and were advised that training is being booked.

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

An increased level of management oversight and monitoring is required to ensure that regulations are complied with, standards are maintained and that people are appropriately safeguarded.

Evidence:

The registered owner who is also the registered manager has a number of year's experience of managing the home. The registered manager has no formal qualifications however the deputy manager has completed the registered managers award. The registered manager works part time in the home with the day to day running of the home being carried out by the deputy manager and senior staff.

Over recent years the fact that the registered manager only works part time has been questioned, however the registered manager is clear about her responsibilities in relation to the management of the home and responsibilities for people's care and staff confirm that they are always able to contact her if required. At the last inspection we

Evidence:

found that the management arrangements were working well and there was no adverse effect on people who use the service. There was a management team overseen by the registered manager who were working together effectively to provide good outcomes to residents. However the findings of this inspection indicate some slippage in recruitment practices, care planning and storage and management of medication indicating a need for the level of management oversight to be reviewed again.

Surveys had been sent to service users, visitors and health professionals. Constructive feedback was received in the surveys and there was evidence of action being taken to address comments and suggestions made. For example arrangements were made for six people to attend a lunch club and some falls prevention training was arranged for staff.

An annual quality assurance self assessment was submitted to the Commission for Social Care Inspection in December 2008. The document identified some areas where improvements have been made as a result of listening to people, however a more thorough review of practice in relation to each of the National Minimum Standards and the Care Homes regulations 2001 may have identified some of the issues identified during this inspection. This would then have enabled the service to address these shortfalls earlier.

Small amounts of money are held on behalf of people who use the service if required to assist with payments of services such as hairdressing. We checked the records for one person randomly selected and found that records of transactions are kept and the balance left corresponded with the records.

We did not identify any health and safety concerns during the inspection. Staff receive training in safe working practices which include movement and handling and food hygiene which helps to safeguard people.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	1	5	<p>The service user guide must include details of the fees, any additional charges and a statement as to whether the fee would be different if paid in whole or part by the service user.</p> <p>This is to help ensure transparency and enable people to plan their finances.</p>	08/06/2009
2	7	15	<p>Care plans based on an assessment of peoples needs must be developed to guide staff in the care to be provided and updated as their needs change.</p> <p>To help ensure people's needs are met.</p>	12/06/2009
3	9	13	<p>From receipt into the care home all controlled drugs must be stored in accordance with The Misuse of Drugs and Misuse of Drugs (Safe Custody)</p>	05/06/2009

			(Amendment) Regulations 2007. To help ensure the security and safe management of drugs.	
4	33	24	The registered manager must ensure that there is adequate management oversight and monitoring to ensure regulations are met and quality of care maintained. To ensure standards are maintained and where necessary improved.	26/06/2009

Recommendations

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

No.	Refer to Standard	Good Practice Recommendations
1	1	Information should be kept up to date and the statement of purpose should be expanded to include more information about the range of needs that can be met and how this will be done.
2	9	The medication policy should be reviewed and revised to ensure it takes account of the Royal Pharmaceutical Society's The handling of medicines in Social Care and should include arrangements for the storage of controlled drugs.
3	9	A more simplified system for record keeping in relation to medication with records kept together would enable any discrepancies to be identified and resolved more easily.
4	12	Appropriate activity and stimulation should be provided to help improve the daily lives of people with dementia.
5	33	A more robust and effective quality assurance system using National Minimum Standards as a baseline should be implemented.

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