

Key inspection report

Care homes for older people

Name:	Grafton House
Address:	157 Ashby Road Scunthorpe North Lincolnshire DN16 2AQ

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:
Theresa Bryson	0 6 0 5 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

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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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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Grafton House
Address:	157 Ashby Road Scunthorpe North Lincolnshire DN16 2AQ
Telephone number:	01724289000
Fax number:	01724289000
Email address:	alan_bruce_42@hotmail.com
Provider web address:	

Name of registered provider(s):	Mrs Saima Munir Raja, Mr Sami Ullah
Name of registered manager (if applicable)	
Mrs Patricia Anne Bruce	
Type of registration:	care home
Number of places registered:	26

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	15
old age, not falling within any other category	0	26
Additional conditions:		

Date of last inspection	2	7	1	0	2	0	0	9
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Brief description of the care home
Grafton House is set in the centre of the industrial town of Scunthorpe, with easy access to all local amenities and near to public transport.
The home is a two-storey building with stairs and a lift joining the two floors. The service users rooms are a combination of single and shared rooms, with some en-suite facilities. There are a selection of different sitting rooms and dining room areas. The home has adequate bathrooms and toilets. There are gardens areas surrounding the home and a secluded piece at the back of the property.

Brief description of the care home

The statement of purpose and service users guide is on display in the main entrance and is given to each prospective service user. The home will take service users funded by the local authority and those privately funded.

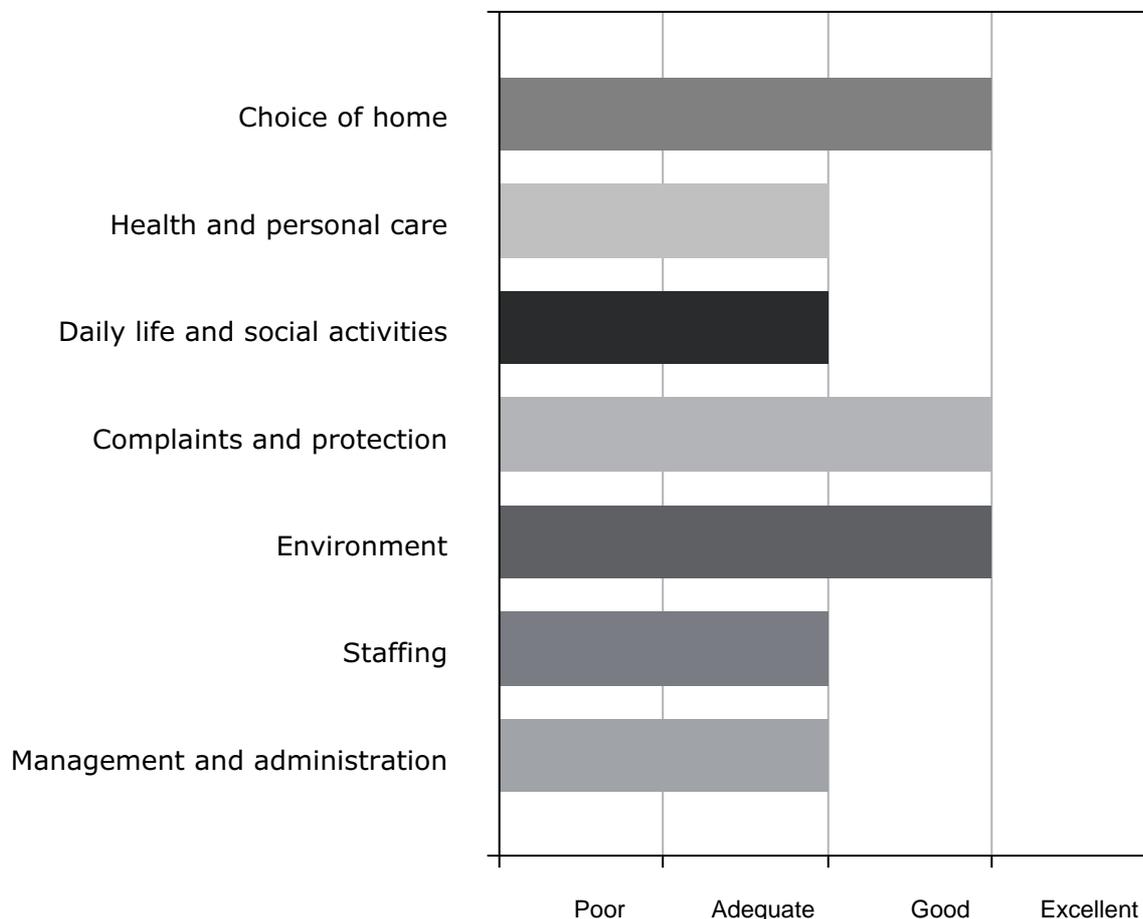
Summary

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:

This inspection took place over one day in May 2010. Prior to this we sent out a number of surveys to people who use the service, relatives, health and social care professionals and staff. We had a small number returned. We also spoke to some health and social care professionals prior to the site visit. We looked at the service history CQC keeps on the home to see what they had told us had been happening since we last visited.

During the site visit we looked at a number of records and documents and spoke to some people who live there, visitors and staff. As well as the management team. We have reviewed our practice when making requirements, to improve national consistency. Some requirements from previous inspection reports may have been deleted or carried forward into this report as recommendations - but only when it is considered that people who use services are not being put at significant risk of harm. In future, if a requirement is repeated, it is likely that enforcement action will be taken.

What the care home does well:

An holistic assessment of each person takes place prior to their admission to the home and this is used as a basis to develop a fuller plan of care. They can personalise their own bedrooms by bringing in items to display and furniture.

Each individual's views are sought to ensure their current needs are being met and they feel they can contribute to the running of the home and develop the environment to suite their needs and tastes.

A varied programme of social events take place to ensure peoples social, religious and cultural needs and expectations are being met.

A robust recruitment process is in place to ensure staff are safe to work with people prior to their commencement of employment and they are then trained to do their jobs to ensure people are not put at risk of harm.

A quality assurance system is in place which looks at all aspects of the business and audits all processes as well as ensuring the views of people living there and other stakeholders are taken into consideration when forward planning for the home.

What has improved since the last inspection?

Better links have been made with the local community since our last visit and people have been encouraged to explore the benefits of visiting and taking part in locally based events. Written records are now available to show how people have participated in events, or refused and what events have been covered and researched.

Staff have all received mandatory training to ensure they are working to safe practices in the home and we saw certificates for all staff members to show what topics had been covered.

There is a better system of supervision in place and a balance recorded of discussion periods and observational supervision, to ensure they are safe to work with people living in this home.

What they could do better:

The management team should ensure that all staff know how to look after people with memory loss who exhibit challenging behavior at times. To ensure they can be observed and staff are ready to take action should the need arise to protect them and others living in the home.

Staff must ensure that accurate recording of events take place at all times. To ensure peoples current needs are recorded and where significant events have occurred such as accidents there has been accurate recording. This will ensure suitable action can take place if required and all staff can see how to look after each individual.

Where significant events have occurred these must be reported to CQC so we can make a judgment as to whether suitable action has been taken to protect that individual from harm.

There must be sufficient staff on duty at all times and a matrix used to ensure the numbers of staff available can meet individuals needs regardless of their dependency.

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

The report of this inspection is available from our website www.cqc.org.uk.

You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them 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.

People are assessed prior to admission to ensure the home can meet a person's needs.

Evidence:

Prior to admission each person is holistically assessed using a pre-admission assessment record which covers all aspects of each person's well being. This is then used as a basis to develop a fuller programme of care for that individual. We looked at the latest admission's care notes and all sections had been completed and the care plan dates corresponded with their admission and we could see what aspects had been developed.

People told us they were comforted by how much staff knew about them when they arrived at the home and have been working with them to develop a care programme. To enable staff to meet the needs of people in the home they are trained in specific topics to cover the current needs of people they are looking after. This has recently covered the topic of dementia care and we saw written evidence that further courses

Evidence:

have been booked. This will need expanding upon further as the training programme and individual staff training needs are identified.

The home does not provide intermediate care and therefore Standard 6 is not applicable.

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.

Peoples care plans must reflect their current needs and staff must ensure all entries are accurate and these plans are up dated regularly. Sufficient staff must be on duty at all times to ensure peoples needs are being met and everyone is free from harm and risk.

Evidence:

Prior to the site visit we sent out surveys to people who use the service, relatives, health and social care professionals and staff. We had a large number returned. There were many positive comments received about the way staff cared for people, saying "they are really kind" and "staff are thoughtful". Several people told us they liked living in the home. We were also able to speak to several health and social care professionals before our site visit who had some concerns about how well some staff were delivering the day to day practical care to people in the home, but this was being monitored by the quality management team of North Lincolnshire.

During the site visit we spoke to eight people who live in the home and a relative. Each person had something positive to say about living at Grafton House. Such as "girls look after me" and "get what I want, when I want". Some people were

Evidence:

concerned about how well those with symptoms of dementia were being observed and we had to intervene at one point when a person was being very loud in their language to other people living there, as those others appeared nervous of their attitude. No staff were present in the area at the time and the situation was not being monitored. We also observed that people sitting in the smaller sitting room area and near it were not attended to or spoken to for long periods of the day. These people appeared to be displaying some symptoms of memory loss and apart from a television which was switched on there was no other form of stimulation for them. This was fed back to the Acting Manager at the end of the visit.

We tracked five care plans of people living in the home. The Company provides a comprehensive record tool for staff to complete on each person which should be evaluated regularly and reflect peoples current needs. Each person had a care plan. There has been some improvement from the time of our last visit but more work and auditing of these plans need to be undertaken to ensure they are a true record of peoples current needs.

For example in two of the care plans it stated that the review date should be 17th April 2010, we visited on May 6th 2010 and these had not been completed. On one plan, which should have been reviewed, changes had been made in the section on the person's mental health needs, according to the daily report sheet, but this was not reflected and updated. In another plan of care was a body map displaying a sore area on a person's body with instructions that this should be monitored by staff. The care plan review stated there had been no changes, when clearly there had been and there was no indication that staff were monitoring this persons' well being on the daily report sheets.

When we tracked some accident records, in most cases the accidents had been recorded according to the home's policy manual. That is to record on the daily report sheet, complete an accident sheet, which then appeared on the management audit record and in some cases if the person had needed a hospital visit this had been notified to CQC through the Regulation 37 notification form. In some cases it was also entered on the professional visit sheets if for example, in one case, a district nurse had been involved in the after care. The main areas of error were again staff recording when treatment was prescribed, not documenting if they were following this up and we had no way of discerning whether the care had been delivered. For example one person had required an eye patch to be worn after returning from hospital after an accident but we did not know how long staff had monitored this situation and what after care this person received regarding their sight.

During the course of our reading of some daily report notes and supplementary records kept we could not decipher some entries. There is an occasional use of codes on daily reports which could have several meanings such as "p.care" and "no problems" and "no concerns". We were unsure what these meant and this could lead

Evidence:

to confusion about a person's well being. In one record a person's fluid intake was required to be monitored on a daily basis but the entries on most days stopped at midday. It therefore looked as though the person had not received any liquid diet and refreshment after this time, which could put them at risk of dehydration. Staff could not confirm what had taken place on previous diets but stated "I would think they had a drink".

We were informed during our visit at least two notifications of significant incidents had not been sent to us. Staff appeared to be a little unclear as to when to send these and were directed to the CQC web site to ensure they have the correct guidance to distribute to all staff. We require these to help us make a judgment as to whether the staff have taken suitable action for all significant events.

We randomly looked at several drug administration sheets and the recording had improved. Where changes had been made these were noted with who authorized these and when. There was written evidence that where one person required medication crushed, the GP authorization letter was on file. One person was self medicating some of their medication but there was no assessment in place, apart from the admission statement several years previously, of how they were now coping. Staff are required to ensure that people receive their medication as prescribed but we could not check this for this person and neither could any staff. This must be reviewed regularly.

One staff member had been very proactive in helping themselves and others in ensuring they know what each drug and treatment is they are giving by researching each drug. A book now rests on the drug trolley detailing each prescribed drug, its use, its indications with other medication, side effects and emergency treatment. This has been an enormous piece of work and the staff member should be commended. This now helps staff to understand what they are giving and has enhanced their initial training in the administration of drugs.

When we checked the controlled drug storage cupboard and records these were correct, but the cupboard was being used for other storage. We found razor blades, shampoo, hearing aid batteries and money in the cupboard. This is not the correct use of this facility and another cupboard should be purchased.

During the course of the day we observed staff assisting people in a variety of tasks. They did this respecting their dignity, when giving personal care and encouraged them where necessary, such as at meal times and when walking. There was little social interaction during the day between staff and people living in the home, apart from commenting on a TV programme, which was on or asking if they wanted a mid morning drink. Those showing symptoms of dementia were also in this category and there was less intervention, verbally, with those people. This could make people become isolated and withdrawn and potentially put some at risk if they are not orientated to a normal daily format. Staff appeared busy through out the day, but

Evidence:

more interaction and quality time needs to be factored into the rota system so staff can ensure peoples needs are being met fully and their expectations reached.

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.

A varied programme of activities ensures peoples social, cultural and religious needs are being met. Staff need to ensure they are aware of what to offer to dementia sufferers.

Evidence:

Since the last inspection there is now a more varied programme of social activities on offer in the home. The written records included times when group events take place and also one to one sessions.

The key workers develop the social needs assessments and place these in the care plans. These encompass a residents profile, communication needs, working and playing section such as family involvement and religious/cultural observances. Each member of the care staff and the activities coordinator has access to these. Which are evaluated regularly as peoples needs change. A fuller programme of activities is then planned. When we were doing our site visit it was a General Election Voting Day and written evidence was on site of who had been able to complete postal voting forms and a couple of people were taken to vote at the nearest polling station. There was also evidence that links had been made with the local library for use of their memory boxes and outings had been arranged to local places of interest.

Life history booklets had also been commenced to help understand peoples previous

Evidence:

lives, but this is not compulsory. This all helps people to live a more fulfilled life and satisfies their social, religious and cultural needs.

All staff need to expand their knowledge base to ensure those suffering from symptoms of memory loss are also included in any activities programmes as well as daily living tasks, so they do not become isolated.

We made a brief tour of the kitchen as the local Environmental Health Officer had made a visit in January 2010 and awarded the home a 4-star rating for its standards of hygiene. The highest being 5-stars.

We could see that food was being prepared in a safe and clean environment and that the kitchen offers a choice on the menu planner. There was evidence that fresh vegetable and fruit are used. People told us they liked the meals and said they never are hungry.

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.

People know how to make concerns known and staff have been trained to recognize abusive situations.

Evidence:

Since the last inspection there had been previous safe guarding adults investigations which had been undertaken by North Lincolnshire Safe Guarding Adults Team. One of these had been concluded and a new one was still in progress. The local safe guarding team have ensured we have been aware of all issues raised and any outcomes to investigations.

The complaints policy was displayed in the home and people living there were able to tell us how the process works should they need to make concerns known. Those we spoke to felt confident the present management team and owner would deal with concerns promptly and give them outcomes to discuss.

Most staff have now completed training in how to recognise abusiveness situations which will help to protect people they look after.

More senior staff should be aware of when they need to send us details of any significant incidents on a Regulation 37 form as some were unsure if this should include altercations between staff, which it does.

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.

People should be able to live in a comfortable environment suited to their needs.

Evidence:

Since the last site visit the owners have completed some large pieces of refurbishment work. This has included making a "cosy" sitting room and replacing carpet on the stairs and in some corridors and bedroom areas.

Some empty bed rooms had been completely refurbished and modernised in matching colours. A few bedroom areas had been refurbished which are occupied. One person told us that she had chosen her bedroom wall colours and the new carpet. And said "I'm thrilled". In each room is a photograph and the name of the person's key worker so they can identify with at least one person in the home. There were ample examples of how people had been able to personalize their rooms to suit their needs and tastes. People told us they found this a comfort when they had first entered the home, that they could bring some of their own belongings in with them.

The dining room area had been refurbished but the floor was still very uneven. Signs had been posted to alert people of this and we were assured the floor fitter was attending the home the following day to attend to this.

Most areas of the home were clean but attention needs to be given to all window areas which were very dirty in some cases, especially where there was secondary double glazing.

Some bedroom doors had been wedged open even though they had fire guard door

Evidence:

stops which stay open but are triggered shut in the event of the fire alarm sounding. Staff appeared not to understand how these are used and we removed the wedges as it contravened the fire regulations and could put people at risk.

The garden area is accessible to wheelchair users but looked untidy. A new fence has been erected around the property and there was still room for several cars to park off the road. There is also ample street parking. A shelter, which is used for those who smoke had been repositioned since our last visit and now included a table and seat. Staff need to ensure that they make the environment as comfortable as possible for each individual. In some bedroom areas this was not so. Toilet rolls had been left on cupboards, which we were told were being used as tissue, but no explanation given why a box of tissues was not being used. Some bedroom areas which had not been refurbished had mismatching linen which was not always in a good state of repair and some commode chairs had seats on but no lids on the buckets which could result in odorous smells being in the room.

The maintenance plan for 2009/10 was seen and showed what work was being planned. This we were assured is being updated as work is completed. People living in the home told us they were happy with the new colour schemes in the communal areas and felt it made the home, as put by one person "much lighter".

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 should be sufficient staff on duty to ensure the needs of each individual person living in the home can be met.

Evidence:

Prior to the site visit we sent out an number of surveys and a small number were returned by staff. We also spoke to six staff members on the day. There were several positive comments made about the new management team and staff felt moral had improved.

Concerns were raised through the surveys and people we spoke to that at times there were insufficient staff on duty to met the needs of people in the home, esecially those with more challenging behaviour. Staff appeared busy during our site visit. On one occasion we had to intervene between two service users as no staff were available to attend to their needs.

We were informed the staffing levels are determined at head office and there was no matrix available to show us how the numbers had been arrived at. We also saw pinned to a notice board a list of work for night staff to complete over their caring duties. This was an extensive list. We were informed that they do not have to do these jobs if they cannot fit them in, but there was no written evidence to support this statement. There should be sufficient staff on duty at all times to ensure the needs of each indivudal can be met.

We tracked three staff personal files and found sufficient evidence to support that

Evidence:

adequate checks had been made to ensure they were safe to work with people in the home prior to their commencement of employment.

Staff told us they had been pleased with the training sessions which had been arranged for them and felt this had enhanced their work. All mandatory training had now been completed and a new training planner was being developed the day of the site visit. Some attention needs to be given to ensure staff now receive up date training in service specific topics to ensure they have the skills to deal with all the current needs of people in the home.

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.

Peoples views are sought to ensure their current needs are being met and the home is being run for their benefit.

Evidence:

There is currently an Acting Manager in position in this home, who is supported by a manager from another of the Company's homes and the frequent visits and telephone and e-mail contact of the Owner. This was supported by the written documentation available from the auditing processes in the home and the Regulation 26 site visit reports which we saw. These detailed who had been spoken to, when, what records had been seen and discussion about the environment. Ensuring the owner keeps abreast all events with in the home.

People living in the home, visitors and staff told us they felt supported by the management team and used such words as "approachable" and "open and transparent" to us in our discussions and in the surveys returned to us.

The quality assurance auditing process in the home is being developed further but we saw the beginning of some good documented evidence concerning topics such as care

Evidence:

plan audits, drug administration audits, accident statistics, meetings between people living in the home on an individual basis and in group meetings. This was so for staff interaction seen as well.

People told us they felt they could contribute to their care planning process and this and how the home was making plans for the future are discussed with them. One person told us they felt they had some say in how the environment could be changed. And a relative told us " they inform me about everything not only as soon as I arrive in the building but by telephone as well".

This ensures people living there and other stakeholders views are being sought and that the home is being run for their benefit.

We randomly checked the personal allowance records of four people living in the home. There has been a new recording system introduced which appeared to record accurately the transactions for each person. It is now audited monthly by two people. There was a marked improvement in the recording process and the management team have introduced a more thorough method of recording transactions between different agencies. The records also appeared accurate for the Residents Comfort Fund, which is also now audited monthly. The transactions showed that all money had been used for social events within the home.

There was also improvement in the recording of supervision records for staff. More sessions had taken place and there was the beginning of a balance between dissuasion and observational supervision with individuals. Staff told us these are now taking place two monthly and felt the sessions give them some direction. There is now a system in place to ensure staff have the required number of supervisions to ensure they are safe to work with people in the home and can do their jobs and prevent people from being put at risk of harm.

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	7	17	All care plans should be accurately written. To ensure that the delivery of care is recorded and they reflect current needs.	05/11/2010
2	7	12	Sufficient staff should be on duty at all times. To ensure that the needs of all service users can be met, especially those with challenging behaviour.	05/11/2010
3	7	36	CQC should be advised of all significant events. So we can make a judgment that all suitable action has been taken.	05/11/2010
4	27	18	There should be sufficient staff on duty at all times. To meet the needs of each individual.	05/11/2010

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	4	More service specific training should take place to ensure staff can have a firm knowledge base to look after people resident in the home.
2	7	Staff should ensure that all care plans are legibly written, so any person can understand their content.
3	9	When a person has been assessed as capable of administering their own medication, this should be regularly reviewed and written evidence included in the care plan.
4	9	Only those drugs specified as Controlled Drugs should be kept in the specified cupboard. All other items should be stored elsewhere.
5	12	Staff should ensure they are aware of the needs of those suffering from dementia and can include them in specific activities and daily living tasks.
6	19	Staff should ensure that they do not contravene the fire regulations at any time and not wedge doors open.
7	26	Staff should ensure that all areas of the home are clean and tidy and it is a comfortable place for people to live but ensuring bedrooms are tidy and all window ledges are clean.
8	31	The Acting Manager should ensure an application for the Registered Manager's post be submitted to CQC as soon as possible to ensure continuity within the home.
9	33	The quality assurance system should be further developed to ensure all aspects about the business are being monitored.
10	36	The new system for supervision of staff should continue and be developed to ensure all staff are safe to work with people in the home.

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