

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:	zero star poor 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	2 7 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 or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

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

Reader Information

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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		
Brief description of the care home		
<p>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.</p> <p>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.</p>		

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.

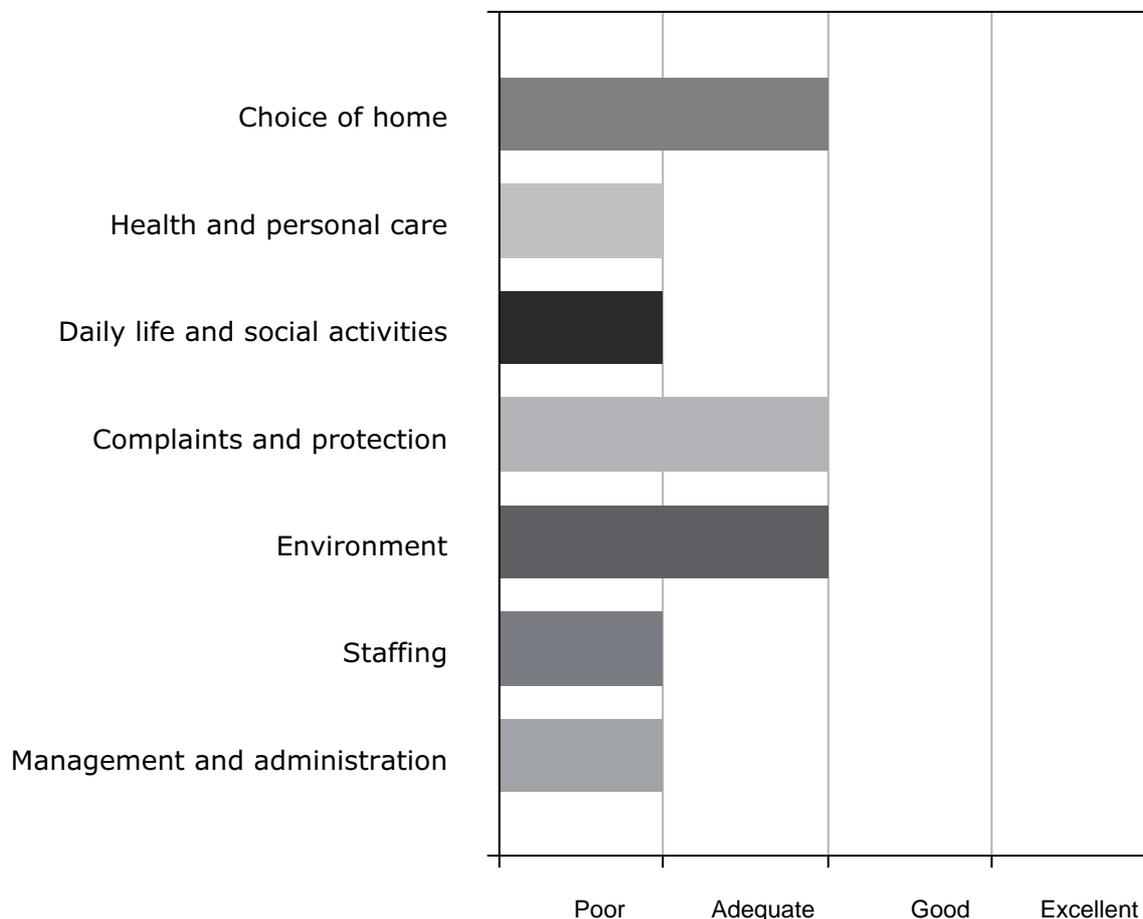
Summary

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

The quality rating for this care home is:

zero star poor service

Our judgement for each outcome:



How we did our inspection:

This inspection was outside the normal routine inspection format as concerns had been made known to us which we assessed could be putting people living in the home at risk. We were unable to ask the home to send us their Annual Quality Assurance Assessment or to send out surveys. We were able to speak to a number of health and social care professionals prior to the site visit and also some relatives of people living there.

At the site visit the link inspector for the home was accompanied by the Local Area Manager for CQC.

During the course of the visit we spoke to four staff members, three health professionals, four people living in the home, two other visitors. We also looked at a number of records and documents and toured the home and grounds.

What the care home does well:

Staff working in the home are friendly and open about their employment and how they feel people are looked after. They are cooperative to all visitors and willing to adapt to new ways of looking after people for their well being and safety to be maintained. People are allowed to personalize their own living space, which people told us, had been a comfort to them when coming to live in the home. They are happy with the standard of laundry and cleaning services and felt the meals suited their tastes and needs.

What has improved since the last inspection?

There have been no improvements since the last inspection.

What they could do better:

Systems must be put in place to ensure the needs and expectations of people living in the home are being met and this is monitored on a regular basis. This must include the updating of all care plans, views of people being sought and where necessary the advice of other health and social care professionals being taken into consideration. Staff must be supervised and trained to ensure they can deliver the correct and safest care to people they are looking after and not put them at risk of harm. This must include all mandatory training to be completed and any specific training, such as dementia and safe administration of medicines, which staff may need to do their jobs. To ensure people living in the home are not isolated a varied programme of social, cultural and religious activities must be on offer and links made with the local community.

A more robust system for recruitment of staff must be put in place to ensure that they are safe to work with people prior to their commencement of employment. Once employed there must be sufficient staff on duty at all times to meet the needs of people living in the home.

The policy and procedure manual must be reviewed to ensure staff have guidelines to follow and systems put in place to audit whether the needs of people are being met and the building and equipment in use is safe. This must include an up to date maintenance plan for the home and grounds. This will ensure people can live in a comfortable environment suited to their needs.

People should not be worried about raising concerns but need to know the process to do this. All information must be up to date on how to raise concerns and staff trained to recognize abusive situations and where people may be being put at risk of harm. Any money kept within the home must be accurately accounted for, with records checked on a regular basis. This must include any personal allowance money of people living there and any "comfort fund" money which is used for social activities.

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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Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People must be thoroughly assessed prior to admission and their current needs recorded and staff must then be trained to look after them adequately.

Evidence:

At the time of this site visit there were only 17 people resident in the home, the last admission being in September 2009. We looked at this person's file and found it to be incomplete. There was a care plan in place but details found referred to the person's respite admission the previous December 2008. Apart from the daily reporting sheets the current needs of this person had not been assessed and evaluated so we could not determine whether their needs were being met. We had been informed by staff that this person now required more permanent care and therefore there would be a possibility that their needs had changed.

A failure to ensure people's current needs are being met could result in them being at risk of harm and this issue must be addressed as soon as possible.

The management team are changing the current documentation used to assess a

Evidence:

person prior to admission but this had not been put into practice yet. We were informed that normally a manager and sometimes a care assistant will undertake the assessment.

Health and social care professionals we had spoken to prior to the site visit told us they were not confident in the knowledge base of some staff working in the home. On checking staff training records there was little evidence to support that staff had undertaken much service specific training. This was also born out in interviews undertaken with staff, who could only detail very minimum training being undertaken. Some had undertaken some dementia training and manual handling training. We were shown some documentation that showed some staff had been enrolled on similar course topics in the forthcoming months.

Staff working with people in the home must be trained to do their jobs and be able to respond adequately to the needs of people living in the home, so those people are not put at risk of harm.

The home does not provide for people with intermediate care needs 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 **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Peoples needs must be regularly assessed to ensure their current needs are being met and where necessary the help of health care professionals sought.

Evidence:

This key inspection was outside of the normal required time scale for inspections and was because information had been received by us, from an on going safe guarding investigation that peoples safety may be being put at risk. We did not have time, therefore, to ask the service to provide us with an Annual Quality Assurance Assessment (AQAA) or send out survey forms. We did have opportunity to speak to a number of health and social care professionals and the Registered Provider prior to the site visit. We also looked at our own records to see whether notifications had been received about people living in the home and the last AQAA which had been received earlier in the year.

We tracked four care plans to see whether they were up to date and were clearly written so staff could understand the current needs of people in the home. The management team informed us the format was being reviewed and there was some evidence seen in two of the care plans viewed.

Evidence:

There were a great number of inconsistencies in each of the care plans. The Company had produced documentation such as records to complete when health professionals visited and when care needs were to be evaluated. These had only been spasmodically completed.

When touring the home we were informed that a mattress propped against a wall, in a person's bedroom, was placed on the floor when the person was in bed. In the care plan records there was no evidence to support how this had been assessed. There was a manual handling assessment, general risk assessment and a Waterlow risk assessment - none of which mentioned a mattress to be used. There was no evidence of any other outside agency being involved in the assessment process for this person, such as a physio therapist or occupational therapist. Professional help may be required to ensure this person's needs are met by this type of action and not putting them at risk.

The care plans tracked showed only spasmodic evaluations being completed on peoples assessed needs and there was no way to ascertain what some peoples current needs were. The management team have recognized this needs to take priority and some care plans had been looked at and the new format put in, which gives more detail of actions staff are to follow to meet peoples needs and expectations. The Company stated this is a priority piece of work for them. They have also introduced a new audit form for care plans which was seen to be in place for a couple of care plans tracked. This was detailed and gave clear instructions to staff on what they needed to do to up date if required.

There appeared to be a better understanding of peoples nutritional needs. For example we saw on a kitchen notice board that a person required a pureed diet. In the care plan there was sufficient evidence to support they had been assessed by a hospital dietitian - an assessment and covering letter were in place. A care plan had been written and mention of food intake was also recorded in the daily record sheets. This has ensured this person is having food in a suitable format to maintain their health and well being. A similar set of documentation was also in place for someone suffering from diabetes.

The daily report sheets completed for each individual in the home were very practically based. Mainly detailing such as what type of bath or shower a person had, what meals they had eaten and whether they had stayed in bed or not. Only in one did it record some visitors coming to see a person. Accidents were sometimes recorded but not always and likewise the visits by health professionals and visits to hospitals or clinics. The daily report sheets did not give an holistic view of a person's well being and whether all of their assessed needs were being met.

We spoke to three health professionals during the course of the visit who identified to us their concerns about staff not responding to peoples needs and not showing them dignity and respect. These were also concerns raised to us prior to our site visit and

Evidence:

partially mentioned by people spoken to on the day.

We were told that people had been observed sitting on commodes with the door open to a communal walking area and that people had to wait 10-minutes for call bells to be answered. People told us "I don't like to worry them too much, so don't mind waiting". Another person told us they "try not to ring the bell at night as I usually have to wait a while".

We observed staff through out the day assisting people with a number of different practical care tasks but on each occasion they were polite and did not raise their voices. People also told us that they felt staff were "kind" and that "the girls are looking after me" and a relative told us that "staff let us know if there is anything wrong with Mum".

Prior to the site visit we looked at our own records and saw it had been nearly six months since we had received any notifications about what was happening to people in the home. On checking the records in the home there were seven reportable incidents which should have been sent to us. No explanation could be given why these had not been sent and the Registered Provider and Acting Manager present were informed this is an offence not to send them. We looked at each one in depth and all suitable action had been taken by staff on each occasion. Recently two more notifications had been sent and the management team now keep a post office record receipt as proof of posting.

We were escorted during the checking of the medication records by a senior member of staff. Their knowledge base for the reasons why some medication was being given or had been altered was very minimal. This could put people at risk if staff administering medication do not understand what they are giving and why. We were also told that for one person they were "crushing medication" and that this person was mainly on "liquid forms". This statement was not true as most of the medication for this person was tablets and on checking the care plan records there was no doctors letter authorizing this method of giving drugs. This could put this person at risk if the wrong medication is crushed, which is not suitable for this method of giving and the home has a responsibility to record all assessed needs of people in their care. This includes medication and they should also follow the Royal Pharmaceutical Society advice for administering medication so as not to put people at risk.

We also checked the medication record sheets and saw some gaps in the recording sections, so we were unable to ascertain whether people had in some cases received their prescribed medication. On some sheets there were also hand written entries such as "changed by GP" where a dosage or time had been changed. There was no supporting evidence to show when and by whom this had been authorized. In the controlled drug records there were also gaps in the signature boxes. A new auditing system of drugs has commenced by the management team, but on the one seen it did not pick up these issues. This needs to be very thorough if staff are to be checked as

Evidence:

being safe practitioners and people are receiving their prescribed medication.

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

Choices must be on offer at meal times to ensure people are receiving a balanced diet to aid their well being.

Evidence:

There was very little documented evidence to support that peoples social, religious and cultural needs and expectations were being met.

The management team informed us that all previous records from before October 2009 had "gone missing". The recording in the daily report sheets by staff were very poor on this topic so there was no way to evaluate whether peoples expectations were being met.

At the time of the site visit a new activities organizer had commenced employment and their records - started the day before our visit - did show they were having conversations with people about their expectations and this was also observed on the day.

People living in the home also told us how they occupy their time each day. This ranged from reading, to visits by family, playing card games and watching TV. The home was also organizing a party for the forth coming Halloween festival which people told us they were looking forward to.

There were photographs around the home of people living there having taken part in

Evidence:

activities but it was uncertain when these had occurred. One person told us that they were soon to have some talking books sent, as they were blind and it was felt, it was stated, "it will help me pass the days". There was no evidence to support what links people were encouraged to make with the local community.

When touring the home we inspected a number of peoples personal bedrooms and there was ample evidence to support these spaces were tailored to suit the needs of the people in each room. For example in one room the person spoken too told us how it had help them settle into the home to bring some furniture from home and how their family were encouraged to add to the environment by "bringing in pictures of my lovely family". In another room an area around a person's bed had been cleared of furniture to enable a hoist to be brought in to move them about, but pictures were around the bed area which the person could recognize.

We made a brief tour of the kitchen area and store room. The last Environmental Health Officer's inspection had been earlier in the year and the home had been awarded a 4-star status which means they have a very good record of hygiene standards and food preparation and storage in this area. On the day of our site visit food appeared to be prepared in a clean and safe environment. Staff stated they had sufficient crockery and cutlery to do their job and there was sufficient food in the store cupboards for several days meals. Food products were of a basic brand but kitchen staff did not have any problems with quality. There was some fresh fruit and vegetables in the store and some home baking on display.

When touring the home we observed a menu on display, which we were informed was a sample menu, but it did not indicate this and also a list of what was on offer for breakfast. This too was supposedly a sample. On checking the dining area a different menu was on the board to what was on offer that day. We were informed that a cycle of menus does not exist in the home and the cooks prefer to offer choices on a daily basis. There was documented evidence to support choices occur and a breakfast list was also seen detailing what each person has each day. There was no recorded evidence of what people are offered for tea and/or supper but we were informed this was a buffet style menu but that people could have a hot choice such as egg on toast. People we spoke to said they enjoyed the food but had not thought to question the choices offered. One person said "we never go hungry".

To enable people to make choices about their meals choices should be on display for all meals and staff should ensure these are accurately recorded to see whether each person is receiving a balanced meal to aid their well being.

Complaints and protection

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Policies must be up to date to ensure staff have the right guidance to follow to ensure people are free from risk and harm and all staff must be trained to recognize abusive situations.

Evidence:

This inspection was taking place because of concerns raised to us as part of a safe guarding adults investigation being undertaken where there may be breaches of Regulations under the Care Standards Act 2000.

We asked to see the complaints log for the home and the last recorded complaint was recorded as taking place in 2007. We had been told by relatives who had spoken to us prior to the site visit and during the visit that concerns about care practices had been raised in the last year. These were not recorded on this log and there was no supporting evidence in peoples care plans. People living in the home told us they could go to the current management team with concerns and "know they would be dealt with".

We looked at the policy manual and particular policies on raising complaints and protecting vulnerable people, which needs up dating to ensure staff have the correct guidance to follow should a concern be raised. These did not include the current correct address for notifying CQC of any concerns and did not reflect current guidance and changes of Legislation for protecting vulnerable people.

In the staff training records there was little evidence to support how many staff had received training in recognizing abuse, which could put people at risk of harm.

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.

People must be able to live in a safe and comfortable environment suited to their needs.

Evidence:

During the course of the site visit we were able to tour the building and gardens. The home environment looked shabby in places and some areas needed urgent attention on the redecoration programme. We were informed that there was no formal maintenance plan but major items were in the operational budget for the home. This included the fitting of some new carpets, which we were informed was taking place the week after our visit.

One person told us their room had not been decorated in the 4 years or more they had been resident in the home and felt "it could do with a clean".

Generally the home was reasonably clean but there was a lack of attention to detail and the communal areas looked untidy. For example in one toilet area a raised toilet seat was stuck behind some pipe work which was not clean, which could cause a health risk. Some commodes were not fit for purpose and were rusty and some with peeling paint work and broken back rest covering.

We tried some of the up stairs window catches, which did not have restrictors on, which could cause a hazard, particularly as we were told there was someone on the first floor living who has symptoms of dementia and may not be responsible for their actions. In only one of the shared rooms was there a privacy curtain in place, which

Evidence:

could cause embarrassment to the individuals concerned.

We were concerned that at the top of the main stair case there was a gate which was in a poor state of repair. There was no documented evidence to support how this had been risked assessed and could be a hazard to people living and visiting the building. There was evidence of wedging of doors taking in place with a number being wedged open in our presence. we were told this was, in one case, what the service user had requested. An appropriate system must be found to ensure the home does not breach fire regulations.

The garden area was neat and tidy and accessible for wheelchair users. There was limited car parking space but ample in the roads around the home.

People who smoke have to go outside in the garden area, this includes the vulnerable people living in the home. No provision is made if the weather is damp or raining which could cause them to be at risk from the cold. Alternative arrangements should be sought.

The laundry area was clean and tidy and all equipment in working order. The linen and towels were generally of a poor standard of repair, with the sheets on most beds looking thin. This does not make for a comfortable environment in which people can live.

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

A more robust system of staff recruitment must be put in place to ensure staff are safe to work with vulnerable people prior to the commencement of employment and are then trained to do their jobs. Sufficient staff must be on duty to meet peoples needs.

Evidence:

When we tracked ten staff files we found that very few had all the correct information to ensure they were safe to be employed and look after vulnerable people. For example in some there were no photographs of staff members to confirm who they were and where there was a lack of qualifications on application forms no evidence to show if this had been challenged. In others further identification such as driving licenses or utility bills were not found. In several files there was no evidence of Criminal Records Bureau (CRB) checks having been fully completed. And in one case there was a long passage of time between when a person had commenced their employment to when a CRB check had been commenced. If left unsupervised this could put people at risk from being looked after by unsuitable staff. Staff must have completed adequate safety checks prior to their commencement of employment to ensure they are safe to work with vulnerable people in the home. The training matrix we were shown had not been kept up to date and the training records in the staff files showed very little training had taken place since the last inspection. Some staff were able to tell us they had completed some training in

Evidence:

manual handling techniques and had completed NVQ level two in care awards. There was no evidence to support that sufficient training had taken place in service specific training such as dementia or that all mandatory training had taken place. This could result in people being put at risk from ill equipped staff looking after them.

Health and social care professionals we had spoken to during the site visit and prior to the visit had also raised concerns about the level of understanding of some staff in fulfilling basic care needs and also caring for those with symptoms of dementia - particularly where this resulted in challenging behavior.

We were informed that the dependency levels for each individual person in the home were completed on a monthly basis but there was no evidence to support this statement. The care staff rotas are then put together by head office staff.

This could result in there being insufficient staff on duty to meet peoples needs and put them at risk of harm.

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

Suitable auditing systems must be in place to ensure the home is a safe place to live and work and the views and expectations of people living there are sought.

Evidence:

During the course of the site visit the Registered Provider visited the home and we were able to have a discussion about the vacant registered manager's post. Interviews were taking place that day and the Provider ensured us we would be kept informed of results.

We asked to see records to support that thorough quality assurance audits had been completed but there was insufficient evidence to support these had regularly taken place. The Regulation 26 reports completed by the Responsible Individual for the Company were seen and were thorough. 11 reports had been completed since July 2008. We have asked for these to be sent to us until further notice as there is currently no registered manager in post. The new management team should ensure that the quality auditing system takes into consideration the views and expectations of people using the home as well as ensuring safe practices are in place and the home is

Evidence:

a safe place to live and work. This will ensure people are safe and well looked after. We tracked seven supervision records of staff and found them very prescriptive, leading the supervisor directly to discuss service users details and whether that person's needs are being met. It also listed any training which had taken place, they also referred to the philosophy of care of the home and recorded concerns of staff. There were insufficient records to show these sessions had occurred on a regular basis and the management team must ensure they follow the minimum standards. The records for maintaining peoples personal allowance money has recently been changed and the new management team are still as they stated "finding their way" with records previously held in the home. This topic is still currently subject to a safe guarding investigation and some records are being held by them at this time. We reminded the Registered Provider that they must ensure accurate records are in place and can be tracked to ensure there is no fraudulent use of funds. Currently the home was holding funds for thirteen people, three of which are being monitored by the Local Authority. A new record had been commenced in October 2009 for the "comfort fund" which is used for social activities. A new banking system is also being set up and there were recent records of receipts being given when transactions had occurred. To ensure the building is safe to live and work in we checked the safety certificates and records for the maintenance of the building and equipment in use. There was insufficient evidence to support that the water system is checked regularly for Legionella and that small electrical equipment had been checked. All other certificates were in place. We looked at the policy and procedure manual which was not indexed and there were no records of when they had been reviewed. This should be completed to ensure staff have a framework to work toward to enable people in the home to be protected.

Are there any outstanding requirements from the last inspection?

Yes



No



Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	30	18.1.c.i.	A training matrix must be produce to ensure that all mandatory training and service specific training is completed through the year, to enable staff to do heir jobs.	30/04/2010

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	3	17	Peoples needs must be assessed prior to admission. This is to ensure the home can meet their current needs.	30/01/2010
2	4	19	Staff must be suitable trained to do their jobs. This must cover especially the service specific topic of dementia. This will ensure people are looked after safely.	30/01/2010
3	7	15	The needs of all people living in the home must be assessed and documented. This will ensure their current needs and expectations can be met.	30/01/2010
4	8	13	Where necessary the advice must be sought of health care proffesionals to help assess peoples needs.	30/01/2010

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			This will ensure they are not at risk of harm.	
5	9	13	All administration of drugs records must reflect what has been prescribed for each person and show that they are receiving what has been prescribed. This will ensure they are receiving their prescribed medication.	30/01/2010
6	12	16	There must be a varied programme of activities in place. This will ensure peoples social, cultural and religious needs and expectations can be met.	30/01/2010
7	13	16	Links must be made with the local community. To ensure people are not isolated in their home and can live a fulfilled life.	30/04/2010
8	16	22	The complaints procedure must contain accurate information. This will ensure people can make concerns known to the correct body.	30/01/2010
9	18	13	The policy for protecting vulnerable adults must be reviewed.	30/01/2010

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			This is to ensure people know who to refer concerns to and prevent them from being harmed.	
10	18	19	All staff must be trained in the protection of vulnerable adults. This is to protect people from being harmed.	30/01/2010
11	19	23	An assessment must be in place for the use of the stair gate and if found to be necessary must be securely fitted. This will prevent people being put at risk.	30/01/2010
12	19	23	A maintenance plan must be in place. This will ensure all areas of the home are considered and people can live in a safe and comfortable environment.	30/01/2010
13	27	18	Suitable numbers of staff must be on duty at all times. This is to ensure that the current needs of people can be met what ever their dependency.	30/01/2010
14	29	19	Robust recruitment practices must be in place which includes correct processes to	30/01/2010

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			<p>be followed for making Criminal Records Bureau checks.</p> <p>This is to ensure staff are suitable to work with vulnerable people.</p>	
15	30	18	<p>All staff must have completed mandatory training up date sessions.</p> <p>This is to ensure they use safe techniques when delivering care practices.</p>	30/04/2010
16	35	17	<p>Accurate records must be kept for peoples personal allowance money and the comfort fund.</p> <p>To ensure there is no fraudulent use of funds.</p>	30/01/2010
17	36	19	<p>Staff must be supervised on a regular basis.</p> <p>To ensure they are safe to work with people.</p>	30/04/2010

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	9	Staff administering medication should have access to the Royal Pharmaceutical Guidance for recording, handling, safekeeping, safe administration and disposal of medicines to prevent people from being harmed.

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
2	15	There should be better recording of meals on offer and these should be displayed to ensure people can have choices to help them maintain their health.
3	19	Privacy curtains should be in place in shared rooms.
4	19	A suitable area should be found for people living in the home who smoke to ensure they are safe and comfortable.
5	19	Risk assessments should take place on all windows on upper floors to ensure people are not put at risk.
6	19	Risk assessments should be in place to ensure doors which need to be kept open do not contravene the fire precautions.
7	19	Suitable places should be found for the storage of such equipment as raised toilet seats.
8	26	All linen and towels in use should be of a good standard to ensure people are comfortable.
9	30	The training matrix to track staff up date training should be used to ensure all staff are safe to work with people in the home.
10	32	A quality auditing system should be in place to ensure peoples views are sought and the home is a safe place in which to meet their needs and expectations.
11	37	The policy and procedure manual should be up to date to ensure staff can follow correct guidelines duing their work.
12	38	All safety certificates should be in place to ensure the building and all equipment is safe. This should include tests for Legionella in the water supply and all small equipment in use.

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