

Key inspection report

Care homes for older people

Name:	Havelock House
Address:	57 - 59 Victoria Road Polegate East Sussex BN26 6BY

The quality rating for this care home is:	one star adequate service
--	---------------------------

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:
Deborah Calveley	0 1 0 9 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

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Havelock House
Address:	57 - 59 Victoria Road Polegate East Sussex BN26 6BY
Telephone number:	01323-482291
Fax number:	01323482622
Email address:	jules48k@hotmail.co.uk
Provider web address:	

Name of registered provider(s):	Mr Bhardwaj Dhunnoo, Mrs Tarramattee Dhunnoo
Type of registration:	care home
Number of places registered:	27

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	27
Additional conditions:		
The maximum number of service users to be accommodated is 27		
The registered person may provide the following category of service: Care home with nursing (N) to service users of the following gender; Either whose primary care needs on admission to the home are within the following category: Old age, not falling within any other category (OP)		

Date of last inspection	1	8	1	2	2	0	0	8
-------------------------	---	---	---	---	---	---	---	---

Brief description of the care home
Havelock House is registered to provide nursing care for up to 26 older people and personal support for one. Situated in a residential area of Polegate, it is within walking distance of the high street and the railway station, with the library, GP and dental surgeries being easily accessible.
The home is on two floors with a shaft lift and stair lift giving residents access to all parts of the home. There are 21 single rooms and 3 double rooms with no en-suite facilities, although there are two assisted bathrooms, an assisted shower and a number

Brief description of the care home

of assisted toilets. There is a separate dining room and a large lounge, looking out to the rear garden that is accessible to wheelchair users and is used by all service users when weather permits.

Potential new service users can obtain information relating to the home via CSCI Inspection Reports, Care Managers, Placing Authorities, the internet, by word of mouth and by contacting the home direct.

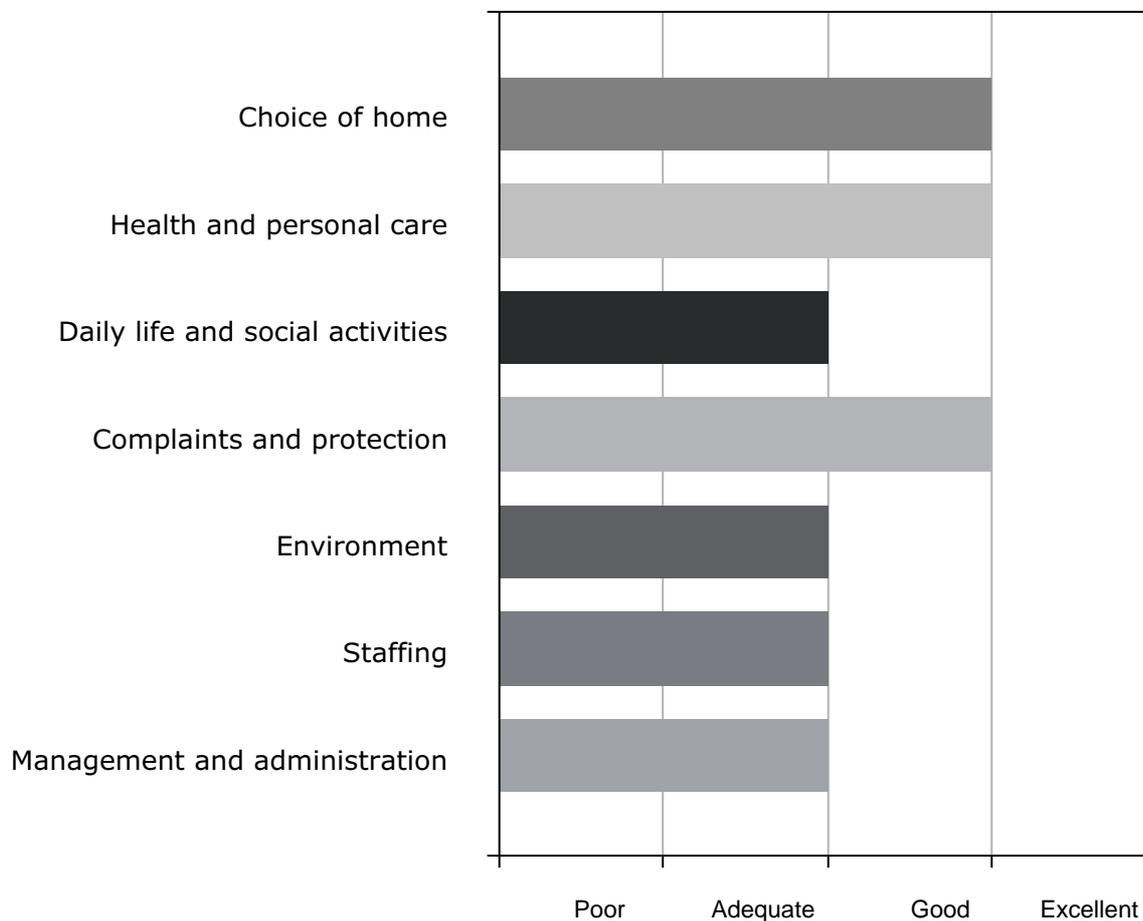
Summary

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 reader should be aware that the Care Standards Act 2000 and Care Homes Regulation Act 2001 often use the term 'service user' to describe those living in care home settings. For the purpose of this report those living at Havelock House will be referred to as 'residents'.

This was a key inspection that included an unannounced visit to the home and follow up contact with residents' representatives and visiting health and social care professionals.

This unannounced inspection was carried out over 9 hours on the 28 August 2009 and the 01 September 2009. The second visit was to meet the new appointed manager. There were twelve residents living in the home on the day of which five were case tracked and spoken with. During the tour of the premises four other residents both male and female were also spoken with.

The purpose of the inspection was to check that the requirements of previous inspections had been met and inspect all other key standards. A tour of the premises was undertaken and a range of documentation was viewed: including the Service Users Guide, Statement of Purpose, care plans, medication records and recruitment files. Three carers, two registered nurses, and ancillary staff were spoken with in addition to discussion with Mr Dhunnoo- the registered provider and the appointed manager.

Telephone contact was made with health and social care professionals following the visit. The information received verbally has been incorporated into this report.

What the care home does well:

Residents confirmed that they were visited by a member of the staff prior to admission to the home and stated they had been invited to visit the home to see if they liked it enough to live there.

The atmosphere of the home is pleasant with good interaction seen between residents and staff. The Comments received from residents and families regarding the care received included 'Nice people look after us' 'Its been my home for a long while'.

An activity co-ordinator has been employed and is popular with the residents, 'I enjoy doing crosswords and its' nice to have help'

The care plans are person centred and evidence regular review.

What has improved since the last inspection?

The Service Users Guide and Statement of Purpose are given to each resident and provide clear information in respect of the services and facilities the home offer.

The care plans and risk assessments are reviewed monthly and were seen to be relevant and person centred.

There are robust systems in place for the safe administration and recording of medications that promote and protect the health of residents.

There was evidence that a redecoration and refurbishment plan has been commenced.

What they could do better:

There is a need to ensure that the home is run effectively by a a competent, qualified person in order to meet its stated purpose and aims and objectives. The action plan set by the home has not been fully met and some areas that were seen to be managed well at the last key inspection have not been consistently managed.

There is a need to ensure that that there is a robust refurbishment and maintenance programme to ensure that the home meets the residents needs and expectations. Quality monitoring and quality assurance systems need to be in place, in order that all residents, staff and other interested parties can give and receive feedback about the service that they experience. Advice is to be sought from a professional body regarding the wheelchairs currently in use to ensure that they are safe and appropriate for the residents using them.

The skill mix of the staff on duty needs to be reviewed to ensure that new staff are placed with experienced staff to promote and protect the health and welfare of the residents.

Training needs to undertaken by staff to ensure that residents are protected by safe moving and handling techniques.

The recruitment processes need to be improved and maintained to protect residents.

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

Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The home provides prospective residents and relatives with a good level of information about the home its facilities services and the costs involved.

The admission procedures allow for the needs of prospective residents to be assessed by a competent person before admission.

Evidence:

Havelock House has an informative Statement of Purpose and Service Users Guide in place, which contains information about the home and the services it provides. The Service Users Guide has now been placed into every bedroom which allows the people who use the service and their families to access them independently. The Statement of Purpose has been updated since the last key inspection, and it was confirmed that the recent changes to the management structure will be included, thus keeping residents and family informed.

It was confirmed whilst talking with three residents that the contract arrangements

Evidence:

were clear and understood. There is a copy of the terms and conditions of residency included in the homes information documents.

A review of the care documentation confirmed that pre-admission assessments are completed by a competent person.

The last admission to the home was identified and the records relating to the admission procedures followed were reviewed. This confirmed that pre admission assessments are completed and provide an adequate assessment of prospective residents care needs.

Prospective residents are seen either in their home or hospital before admission and the input from relatives and other professionals is used whenever possible. This approach should be more clearly recorded on the assessment documentation to demonstrate the procedure followed.

It was confirmed verbally that the home now confirms in writing that having regard to the assessment that the home can meet the assessed needs of the prospective resident: this was not evidenced as it had been misplaced but a letter template was seen.

The provider Mr Dhunnoo was knowledgeable regarding the people who live in the home and stated that the staff receive training in order to meet their differing needs.

Trial visits to the home can be arranged. It was confirmed that residents are invited to a trial period to ensure suitability of the home, this is clearly stated in the Statement of Purpose and in the statement of terms and conditions.

Intermediate care is not provided at Havelock House.

Health and personal care

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Comprehensive care plans enable staff to meet the assessed needs of service users in a structured and consistent manner.

Service users are protected by the homes' medication policies and procedures.

Evidence:

The care documentation pertaining to five residents was reviewed in depth as part of the inspection process.

The format of the care plans used in the home are comprehensive and detailed and one resident spoken with confirmed that they had been involved in planning their care. The residents were found in the main to have care plans specific to their needs and evidence regular review since the last key inspection in December 2008.

Risk assessments for health needs are included in the care planning format used by the home and risk assessments were found to be completed and followed through with an appropriate plan of action when identified as required.

Evidence:

The homes documentation in respect of their health needs ensure that residents receive the care and support they need to protect and promote their health. Areas that need developing were discussed in full and include nutrition and moving and handling. The shortfalls were acknowledged and the work will be undertaken. A requirement in respect of the safe moving and handling of the residents has been made under Standard 38 of the National Minimum Standards.

The action plan received on the 24 March 2009 stated that a new computerised care planning system will be introduced, this has not happened as yet.

Residents are registered with a GP from local surgeries and all residents are enabled and supported to have access to health professionals in respect of their health needs. The health needs of residents are adequately met with evidence of good multi disciplinary working taking place on a required basis.

Residents spoken with were satisfied with the care provided at the home one saying that 'The home gives me the support I need' another saying ' They look after me well, I am comfortable'.

There are policies and procedures in place for staff to refer to regarding the safe administration, storage, disposal and recording of medication. The systems for recording and checking controlled drugs were found to be thorough.

The Medication Administration Charts (MAR) were viewed and were competently completed. Practices for medication administration have improved considerably since the last key inspection and the health and safety of the residents are now protected by safe practice. If there are any residents that wish to self medicate they will be appropriately risk assessed regularly and supported by the homes procedures.

The residents spoken with confirmed that they were treated with dignity and respect and that their right to privacy was respected. During the site visit residents were addressed by their preferred term and dressed appropriately for the weather. It was noted however from direct observation that some residents clothing was soiled from food and that the personal care of residents in respect of nail care and shaving needs to be improved to ensure that they are treated with respect and their dignity maintained.

The interaction between the staff and residents was seen to be mainly positive, but some verbal interactions observed were seen to be inappropriate in their approach. This was fully discussed and will be addressed by appropriate supervision and full

Evidence:

induction processes.

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.

Residents would benefit from a robust and stimulating activity programme. The lifestyle experienced by residents does not always match their expectations choice or preferences.

Evidence:

The home employs an activity co ordinator whom works five mornings a week. She confirmed that she works individually with the residents as she has found that group activities are not enjoyed by the residents living in the home at this time. She demonstrated a good knowledge of the residents likes and capabilities and works with this knowledge to provide some stimulation.

The activity co ordinator completes a diary of activities undertaken on a daily basis. The care plans viewed however evidence little information of peoples past histories and social preferences and this needs to be developed along with a programme of activities to ensure that the residents social needs are met and that they lead a life that is stimulating and in line with their choices and preferences. As this was evidenced as a work in progress, a requirement has not been made at this time, but it will be assessed in depth at the next key inspection.

Evidence:

Residents are supported and facilitated to maintain their independence for as long as they are able. There are no restrictions on visiting times as long as consideration is shown to all the residents.

Many of the residents have individualised their bedroom with items from home and residents and relatives spoken with confirmed that they are encouraged to make it homely. It was observed during the inspection that the routines of the home depend on time constraints. The staffing levels along with the high dependency levels of residents can and do impact negatively on the flexibility of lifestyle within the home and this needs to be monitored by the management team.

The home has an advocacy policy in place and the information regarding this is available to all residents.

There has been a change in the kitchen staff and cooks since the last inspection. The mid day meal was observed and was seen to be organised and well managed ensuring that those residents needing assistance were given time and able to have the assistance that they needed in an unrushed manner. The menus in the home were viewed in a book kept by the kitchen staff. There were no menus on display in the home for residents to view and make a choice. The choice of meals was seen to be fairly restrictive: for example the choice on the inspection visit was fish in batter or fish in sauce and no choice available in respect of vegetables or pudding. The drinks were given out as residents 'normal beverage' with out extending a choice. This impacts on residents independence.

There are residents that require a soft diet and the presentation was not seen to be appealing and there was information received that the evening soft diet was a replica of the mid day meal. This needs to be investigated by the Mr Dhunnoo to ensure that all residents receive a varied and appealing diet.

The dining area is separate to the lounge, the furniture and furnishings are in need of replacement/refurbishment to ensure that people can enjoy their food in comfortable and inviting surroundings.

It was stated that fresh fruit is provided and assessable to the residents however this was not apparent on the visit and residents said that they would like more fresh fruit

The safer food better business book is completed everyday but little is recorded, advice on the completion of the book to use it to its full purpose should be sought from the Environmental Health Organisation.

Evidence:

The feedback from residents and from staff was not positive in respect of the meal provision. This needs to be a priority for the newly appointed manager to ensure that the menus evidence a varied diet in line with residents preferences and likes.

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 are policies and procedures in place to record and investigate complaints and to safeguard their residents.

Evidence:

The home has a written complaints procedure and this is displayed in the home and provided within the Service Users Guide. The complaint book was viewed and there have been no complaints documented. Mr Dhunno was aware that these records have not been kept up to date in the past, and states that all complaints received will be recorded in line with the homes' complaint policy and procedure.

Residents spoken with stated that they would talk to the staff if they had a problem. The staff and residents confirmed that the resident and staff meetings have not happened for a while and that previously they felt that they could share their niggles before they became a complaint.

The home has produced detailed policies and procedures relating to adult protection and abuse, including a whistle blowing policy.

The homes' training records evidenced that some staff have received training in the Safeguarding of Vulnerable Adults, however the staff employed from January 2009 have not received any training.

There have been two safeguarding alert level 1 investigations in the past year which

Evidence:

Social Service have confirmed as being resolved with an action plan from Mr Dhunnoo in place.

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.

Havelock House has the potential to provide residents with a homely and comfortable environment with communal rooms and a shaft lift that enables them to have access to all parts of the home. However the residents are put at risk by the poor maintenance of the home and poor quality furnishings.

Evidence:

Havelock House is situated in a residential area of Polegate it is within walking distance of the high street and the railway station with the library GP and dental surgeries being easily accessible. The location and layout of the home are suitable for its stated purpose. It was confirmed again that there is an ongoing maintenance and refurbishment programme in place but it has not been progressed as expected. Some areas that are used by residents were seen to be below an acceptable standard and contained broken furniture and stained furnishings. Mr Dhunnoo responded appropriately when this was identified and arranged that the resident be moved to a more acceptable room after consultation with the resident and family. Mr Dhunnoo confirmed that the refurbishment plan will be followed and showed two rooms have already been stripped and awaiting new carpets and furniture.

As discussed there is still much to do to bring the home in line with current standards and to meet the expectations of the residents and people who visit the home.

Evidence:

The home has specialised equipment available throughout the home to promote and encourage independence. During the inspection it was noted that staff were using lifting and supporting equipment in the main appropriately. However it was identified that the staff were not following the moving and handling care plan of two residents due to the location of their bedrooms, thus placing the residents and staff at risk from injury. This was discussed and the homes' staff have now taken appropriate action. There are plans to install a new call bell system that will include pendants so as to improve accessibility for the residents in all areas of the home. At present the residents need to be supervised in the lounge area at all times due to the lack of a call bell. The home has a large amount of divan beds in use and the provision of low/high beds will be included in the refurbishment plan. Requirements in respect of the environment have been accumulated into one as it is confirmed that the newly appointed manager will preform a room by room audit of the home and ensure that each area is safe, clean and hygienic for the residents who live in the home.

The home employs two domestic cleaners and the home was seen to cleaned to an adequate standard, but the overall cleanliness and appearance of the home is impacted on by old and damaged furniture and fittings. There are malodours in the corridor of the lower floor and this is to be investigated and dealt with.

From direct observation soiled covers on residents chairs (bedroom) were seen and this was highlighted to staff. This is a source of malodour and infection risk.

Safe infection control practices are impacted on by the continued malfunctioning of the ground floor sluice. This was to be referred back to the manufacturers as it has not been functioning since the last key inspection. The laundry are was seen to be hygienic and safe and the staff were following the homes' policy on soiled linen.

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.

Whilst there are sufficient staff on duty to ensure that residents receive the level of care they need, the skill mix and lack training does not promote their well being and safety.

Evidence:

The staffing rota was viewed and identified that for the twelve residents living in the home, there are two carers and one registered nurse on duty during the day and one carer and one registered nurse on at night. The staff rota in place details staff designations and hours of working and includes the appointed managers hours. Separate staff are employed for ancillary work. From talking with the staff and reviewing the training records, it was identified that the skill mix of staff on duty was not appropriate to meet the needs of the residents and the purpose of the home.

A selection of staff recruitment files were viewed and did not demonstrate that a robust recruitment process has been maintained to protect residents. The files of the newly recruited staff did not contain the necessary information and recruitment checks. Mr Dhunnoo and the appointed manager confirmed that they would take immediate action to rectify this. Mr Dhunnoo has been assured by the previous appointed manager that the documents were in the office.

Evidence:

During informal interviews with staff, they confirmed that at present they did not have a job description or contract. This was relayed to Mr Dhunnoo who was unaware of this, but stated that this would be resolved immediately.

There is an induction programme in place and has been introduced for all staff. Files seen confirmed this. New staff are required to complete an initial induction programme and they confirmed that this has been helpful.

Due to recent staff movement it was not possible to clarify the status of National Vocational Qualifications in the home and these will be confirmed by the newly appointed manager and the CQC informed to include on the data base.

Mr Dhunnoo confirmed that he facilitates regular training sessions to ensure that the staff have the knowledge and skills to care for the residents safely. However this was not evident from the training records reviewed at this time and new staff have not yet undertaken the training required to perform their role 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.

Residents and staff would benefit from a managerial approach that provides leadership and promotes the health and safety of the residents.

Quality Assurance systems are not in place and therefore the home can not effectively measure whether it is meeting its aims and objectives.

Evidence:

From the evidence gathered at the site visit and from discussion with the registered provider Mr Dhunnoo, it confirmed that the home is not being managed effectively and does not meet its stated purpose, aims and objectives. It also evidenced that the action plan produced in March 2009 has not been fully met.

The registration of the appointed manager has not been processed, and this means that the home has not had a registered manager for nearly 3 years and this is not acceptable. Mr Dhunnoo has now taken the decision to employ an appointed manager who will be applying for registration with the CQC. She commenced work on the second day of the inspection visit.

Evidence:

Progress has been made in some areas and this is reflected in the body of this report. There was evidence that the redecoration and refurbishment programme has finally commenced, but there were also some added shortfalls in respect of recruitment and training documentation.

The newly appointed manager is a registered general nurse who has previously been a registered manager in the care industry. She has the experience, qualifications and dedication to manage the home effectively and in the best interests of the residents. As this has been assured, a requirement will not be made, but will be reviewed within a timescale agreed.

At the last two key inspections it was reported a new software package will enable an effective Quality Assurance system to be introduced. This has still not happened which has resulted in questionnaires not being sent out to residents or stake holders. This is now being undertaken and will provide valuable feedback of areas that need improvement from people who visit the home and work alongside the home. It was agreed that an audit of these would be sent to the CQC to be included into the service file as information received and will be used towards the next inspection. As it was confirmed that these would be collated, a requirement has not been made at this time.

From talking with staff the staff meetings have not been undertaken for some time which does not allow staff to discuss any concerns or share praise received. The communication between all designations of staff was identified by the staff spoken with as a problem and this does affect the atmosphere of the home and outcomes for the people who use the service. Regulation 26 visits are undertaken by the registered provider and records of these were available for viewing. However it is a concern that the shortfalls found at this key inspection had not been identified during these visits.

The home does not take any responsibility for any of the residents finances and most residents have family friends or representatives who protect their financial affairs. The accounting records in the home for individual residents who access hairdressing and chiropody were not up to date. Therefore service users are not protected by the accounting and financial procedures in the home.

Staff have not received individual formal supervision since the last key inspection and the trained staff spoken with confirmed that they had not received supervision for considerable time. This is particularly important for the new staff recruited to ensure that they are following good practice practices and promote the health and well being

Evidence:

of the residents.

Certificates relating to Health and Safety in the home were reviewed and found on the whole to be full, but the fire equipment checks were slightly overdue. The health and safety policy is up to date and the environmental policies had been amended and were available for viewing.

From direct observation it was identified that there were a large amount of wheelchairs in use without attached leg plates, this was discussed immediately and staff managed to fit five wheelchairs with leg plates so as to protect residents from injury. The other wheelchairs were removed from use.

The risk assessments in respect of moving and handling were not being followed by staff due to bedroom restrictions and this has now been resolved. Further work needs to be undertaken by staff to ensure that residents are protected by safe moving and handling techniques.

The accident book was seen and there were a number of residents that have had repeated falls and minor injuries, these were not followed through appropriately to prevent a recurrence and their care plan did not evidence any action taken to promote their safety.

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	10	12	<p>That the registered person shall make suitable arrangements to ensure that the care home is conducted in a manner that respects the privacy and dignity of service users. In respect of : Personal care and clean clothing.</p> <p>In ensuring that staff are trained in treating residents with respect at all times.</p> <p>That service users feel that they are treated with respect and their right to privacy is respected.</p>	09/11/2009
2	14	12	<p>That the registered person conducts the home so as to maximise service users capacity to exercise personal autonomy and choice.</p>	09/11/2009

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			Service users are helped to exercise choice and control over their lives.	
3	15	16	<p>That the registered person ensures that service users receive a varied, appealing, wholesome and nutritious diet.</p> <p>That the soft/liquidified diets are presented in a attractive and appealing way and are varied.</p> <p>That service users receive a wholesome appealing balanced diet in pleasing surroundings.</p>	09/11/2009
4	19	23	<p>That the registered person ensures that the premises are suitable for the purpose of achieving the aims and objectives set out in the Statement of Purpose.</p> <p>That a plan of refurbishment is put in writing and timescales are achievable.</p> <p>That service users live in a safe, well maintained environment.</p>	09/11/2009
5	26	16	That the registered person ensures that the home is clean and hygienic and free from offensive odours.	09/11/2009

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			<p>That the procedures for the clinical waste are reviewed.</p> <p>That all furniture coverings are clean and checked regularly.</p> <p>That the home meets its stated purpose and provides a clean, pleasant and hygienic place to live in and visit.</p>	
6	27	18	<p>That the registered person ensures that at all times suitably qualified, competent and experienced person working in the home as appropriate for the health, welfare of service users.</p> <p>That service users needs are met by the skill mix of staff.</p>	09/11/2009
7	29	19	<p>That the registered person operates a thorough recruitment procedure based on equal opportunities and ensuring the protection of service users.</p> <p>That service users are supported and protected by the homes' recruitment policy and practices.</p>	09/11/2009

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
8	30	18	<p>That the registered person ensures that all persons employed receive training appropriate to the work they are to perform.</p> <p>That staff are trained and competent to do their jobs.</p>	09/11/2009
9	35	17	<p>That the registered person ensures that all written transactions of charges not included in the fees are kept up to date and transparent.</p> <p>That service users' financial interests are safeguarded.</p>	09/11/2009
10	36	18	<p>That the registered person ensures that all staff working in the home are appropriately supervised in the job they are employed for.</p> <p>That staff are appropriately supervised.</p>	09/11/2009
11	38	13	<p>That the registered person shall make suitable arrangements to provide a system for moving and handling service users.</p> <p>That expert advice is sought for those service users who have had recurrent falls, and that these are then appropriately cross</p>	09/11/2009

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			referenced within the individual care plans. That the health, safety and welfare of service users are promoted and protected.	

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

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.