

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
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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:
Deborah Calveley	0 3 0 6 2 0 1 0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	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
Name of registered manager (if applicable)	
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	0	1	0	9	2	0	0	9
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.								

Brief description of the care home

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 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.

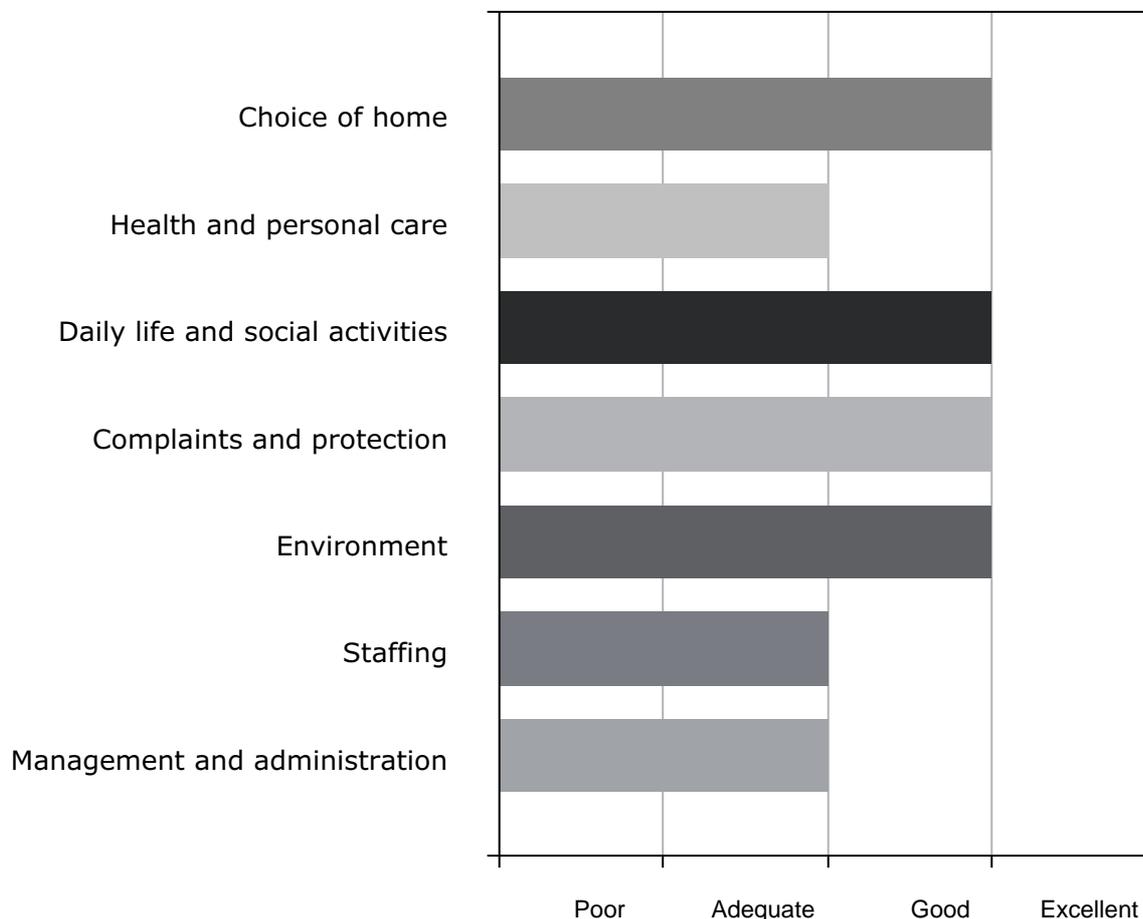
Summary

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 on the 27 May 2010, a second announced visit was arranged for the 03 June 2010 to view documents that were unavailable when requested on the 27 May 2010. Mr Dhunnoo explained the reasons for this, which were accepted as valid at this time on this occasion only.

There were fifteen residents living in the home on the day of which four were case tracked and spoken with. During the visit 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. The main focus of the inspection was to focus on the quality of life that resident's experience.

During the site visit a range of documentation were examined: 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. Telephone contact was made with health and social care professionals following the visit. The information received verbally has been incorporated into this report.

The Annual Quality Assurance was received in September 2009 and has been used to follow the improvements identified by the service.

What the care home does well:

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 'I like my life and enjoy living here', 'Nice staff and good food'.

An activity co-ordinator has recently been employed and is proving popular with the residents, 'She has introduced some fun into the home', ' We are planning to have entertainers visits'.

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 food offered is nutritiously balanced and of a good standard. Comments received included, 'Tasty food', 'Plenty of food offered'.

The homes' environment was clean, and well furnished. The home continue to follow a redecoration and refurbishment programme.

What has improved since the last inspection?

There are now 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.

The furniture has been audited and new furniture is now in place.

Quality monitoring and quality assurance systems have recently been introduced in order that all residents, staff and other interested parties can give and receive feedback about the service that they experience.

Advice has been sought from a professional body regarding the wheelchairs currently in use to ensure that they are safe and appropriate for the residents using them.

What they could do better:

This report has identified a number of shortfalls particularly in the maintenance and availability of recruitment and training files. These need to be in place so that the residents health, safety and well being are protected and promoted by competent and trained staff.

The management of the home has undergone changes and this has impacted on the efficient running of the home. There needs to be a strong management structure so as to provide clear leadership for the staff and ensure that the home is run in the best interests of the residents.

There is a need to ensure that the home is run effectively by 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.

The skill mix and amount of staff on duty need to be reviewed and monitored regularly so as to ensure to promote and protect the health and welfare of the residents.

A Training programme/matrix needs to be in place to evidence that residents are protected by competent and safe staff.

Whilst care plans and risk assessments were in place, and provide a good framework for the care to be delivered, shortfalls were identified and discussed in full with the senior nurse.

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

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

Details of our findings

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Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The home provides prospective residents and their 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 clear 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 two

Evidence:

residents that the contract arrangements 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 before admission to the home.

The last admission to the home was identified and the records relating to the admission procedures followed were reviewed. This confirmed that a pre admission assessment was completed and provided an adequate assessment of the identified care needs. As fully discussed more detail in the specific health and social needs would be beneficial so as to ensure the home and staff have the necessary facilities, equipment and training to meet the identified 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.

It was confirmed verbally that the home confirms in writing that having regard to the assessment that the home can meet the assessed needs of the prospective resident

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

Whilst care plans and risk assessments provide an adequate framework for the delivery of care, there were shortfalls found that may impact on the health and safety of the people who use the service.

Medication practices in the home promote and protect the health needs of residents and on the whole the privacy and dignity of residents are promoted.

Evidence:

The care documentation pertaining to four people who use the service were reviewed in depth as part of the inspection process.

The format of the care plans used in the home are in the main, comprehensive and detailed and contain a range of health and safety risk assessments. However shortfalls in the documentation were identified and these include: Inaccurate and out of date moving and handling assessments; incomplete fluid balance charts for those people with renal complications and restricted fluids. Lack of care plans and guidance for staff

Evidence:

to follow in respect of epilepsy and swallowing difficulties.

There was evidence of regular review but as discussed the reviews should be undertaken as soon as a change occurs in a residents needs and not wait until the review date. There was no risk assessment in place for use of call bells or for the people who can not use this facility. This needs to be followed through with an appropriate plan of action such as regular monitoring, when identified as required.

These identified shortfalls impact negatively on the health and safety of the people who use the service and therefore a requirement has been made.

The senior nurse on duty record the events of the day and the care delivered over a 24 hour period. In line with the Nursing and Midwifery Councils (NMC) guidance on Report Writing and Record Keeping, staff must date time and sign each entry and include their printed name and designation. This is a recommendation of good practice.

The people who use the service 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. People spoken with were satisfied with the care provided at the home one saying that ' I am pleased I live here', ' I have nothing to compare it with so I presume it's good', 'No complaints'.

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 practices for medication administration have been maintained to a good standard and the health and safety of the residents are 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 staff are to be reminded that medications that are not administered as prescribed are correctly coded and the explanation written as requested on the reverse of the administration record. Advice is to be sought from the general practitioner in respect of the use of long term regular use of 'as required medication'(PRN).

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

Evidence:

addressed by their preferred term and dressed appropriately for the weather.

The interaction between the staff and residents was seen to be positive and friendly, whilst being professional.

Daily life and social activities

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

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

Social activities and meals continue to provide daily variation and interest for people living in the home.

Residents are able to make a range of choices about their lives as well as maintaining links with friends and relatives.

Evidence:

The home have employed a new activity co ordinator since the last key inspection. She has worked in the home for many years in differing posts and has a very good knowledge and rapport with all the people living, visiting and working in the home.

The activity co-ordinator works five mornings a week and has started to undertake life histories and social diaries for each resident. 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 care plans viewed still evidence little information of peoples past histories and social preferences. This needs to be developed along with a questionnaire to ensure

Evidence:

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.

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 head cook since the last inspection. The mid day meal was observed and was seen to be organised and well managed. The menus in the home were viewed in a book kept by the kitchen staff. There is a menu 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 quiche or vegetarian quiche and it would be beneficial if there was a regular survey undertaken to gain the the thoughts of the residents on the food provided.

There are residents that require a soft diet and there was information received that the presentation of the soft diet was not appealing and this was discussed with the cook and Mr Dhunnoo.

The dining area is separate to the lounge and on the two visits to the home the dining room table was attractively set and provided a comfortable environment to eat. It was stated that fresh fruit is provided and accessible 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 and the kitchen was clean and uncluttered. A recent inspection by the Environmental Health Agency was positive and actions requested have been undertaken.

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.

Policies and procedures are in place to record and investigate complaints. Training in adult protection needs to be provided for all staff to protect residents from abuse.

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 were no complaints recorded. Residents spoken with stated that they would talk to the staff if they had a problem or with the owner.

Criminal Record Bureau checks (CRB) and Protection of Vulnerable Adult checks (POVA) are carried out on all new staff in order to protect the people who use the service.

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

There have been two safeguarding alert level 2 & 3 investigations in the past year, both of which have been resolved satisfactorily

It was difficult to ascertain whether all staff have attended training in the Protection of Vulnerable adults. This needs to be clarified by Mr Dhunnoo and the training records produced.

Evidence:

The second visit evidenced that some staff had received the training and further staff have been enrolled on a course.

Environment

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

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

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

The home provides a comfortable, clean and safe environment for those living in the home and visiting.

Residents are enabled and encouraged to personalise their room and rooms are homely and reflect the resident's personalities and interests.

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 that there is an ongoing maintenance and refurbishment programme in place, and this site visit confirmed that work is on going and much has been accomplished. The lounge furniture has been audited and replaced and staff have worked hard to make it welcoming and more user friendly.

There are adequate communal bathrooms and shower rooms in the home with specialist equipment to ensure all residents can have a bath or shower.

The home has specialised equipment available throughout the home to promote independence. During the inspection it was noted that staff were using lifting and supporting equipment appropriately.

Evidence:

The home has a range of special mattresses and seat cushions, which are used on an assessed needs basis to prevent tissue damage. The staff were able to discuss how they procure special equipment if they should need it. The staff need to ensure that the settings are checked daily and that the equipment is functioning properly. One mattress was seen to be malfunctioning and the control box was hidden under the bed.

The lighting in the home is of domestic quality and there are above bed lights as well as the main ceiling lights. Water temperatures are controlled and monitored monthly and a record kept. Random temperatures were taken and were of the recommended level. Mr Dhunnoo confirmed he will be contacting a fire safety officer in respect of the servicing of the fire safety equipment.

The AQAA and records confirmed that there are systems in place for monitoring, safety issues such as fire checks, fire drills, PAT testing, electrical tests and gas and boiler checks and all the rooms are routinely checked for safety and maintenance issues.

It was confirmed that there are policies and procedures for infection control in place. The home is kept clean by two cleaning personnel and the home was clean and odour free on the site visit. There were gloves and aprons freely available in the home and staff were seen to be using them appropriately. Sluice facilities are provided but the downstairs sluice is out of order and has been for some months, this needs to be repaired or replaced. Mr Dhunnoo has confirmed that he will investigate why it is not in working order.

The laundry was clean and tidy and provides a good service.

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.

A review of staffing levels based on residents dependency levels is needed to ensure there are sufficient staff to meet the residents needs.

There is insufficient evidence to confirm that staff receiving the necessary training to perform their job competently.

Evidence:

The staffing rota was viewed and identified that for the fifteen people living in the home, there is normally 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 management cover since the resignation of the appointed manager.

Separate staff are employed for cooking, kitchen, cleaning, laundry, maintenance and gardening. It was discussed that the staffing levels need to be flexible and adjusted to the needs of the residents. From talking to the staff and to the people who use the service the staffing levels are not always sufficient to meet the changing needs and this needs to be monitored closely. There has been a high turnover of staff including managers over the past year. At present there are only three trained nurses employed and Mr Dhunnoo explained that to cover for sickness and holiday agency staff are employed. He is currently advertising for staff and a manager.

Evidence:

A selection of staff recruitment files were viewed and the information required was not available. A second visit was undertaken and the misplaced information was found and reviewed. It evidenced that the necessary checks required had been undertaken but no contracts, job descriptions or terms and conditions of employment were in place. This has now been undertaken and Mr Dhunoo is aware of his responsibilities as the registered provider to ensure that there are robust recruitment processes in place. There is an induction programme in place, but there was no evidence of the paperwork to confirm that it was undertaken by the new staff. Staff spoken with said they had been introduced to the home and had worked under supervision, but did not complete a handbook or sign anything. The training records were not up to date and therefore it could not be evidenced that staff have had the necessary training and competence to perform their role in the home. Mr Dhunoo has confirmed that this will be a priority and that he could not find the training records since the appointed manager resigned. He has confirmed that he will inform us in writing after interviewing his staff of all training in place and undertaken. Individual staff training files were viewed and it was evident that staff had in the past received training in Moving and Handling, Fire Safety, Food Hygiene, pressure area breakdown prevention and infection control, but nothing since early 2009.

Staff training certificates are not reflective of the training attended by staff as many of the ones produced have since left 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.

Evidence:

Mr and Mrs Dhunnoo are the registered providers of Havelock House. Both are registered with the NMC as qualified nurses. The management structure of the home remains unstable with no clear leadership at this time since the resignation of the appointed manager in May 2010. From the evidence gathered at the site visit and from discussion with the registered provider Mr Dhunnoo, it was acknowledged that the home is not being managed effectively and therefore does not currently meet its stated purpose, aims and objectives.

It also evidenced the action plan supplied in 2009 has not been completely met. Mr Dhunnoo has recently advertised for an experienced manager. Mr Dhunnoo has confirmed that he will produce an interim management arrangement to ensure that there is a structure in place to support his staff and protect and promote the well

Evidence:

being of his residents. Mr and Mrs Dhunnoo are both filling the manager role at present.

The site visit evidenced that 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 is well underway but there were also some added shortfalls in respect of recruitment and training documentation. A Quality Assurance system has recently been introduced. This has provided valuable feedback of areas that need improvement from people who visit the home and work alongside the home. 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 not being undertaken at present as Mr Dhunnoo is now in the home on a regular basis. 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. Staff have recently confirmed that they had been receiving supervision 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

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 polices had been amended and were available for viewing.

From direct observation the residents were protected by safe practices and the equipment was being used appropriately.

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. This is currently being undertaken by an appointed person and therefore a requirement has not been made at this time.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	7	15	<p>That the registered person ensures that all care plans are reviewed regularly and reflect the changing needs of the service users.</p> <p>That he home ensures that the health and safety of the people who use service are promoted and protected.</p> <p>and promote their health and well being.</p>	07/07/2010
2	8	14	<p>That the registered person ensures that that suitable risk assessments are completed and accurate in all areas of risk and cover the use of specialist equipment such as mattresses. hoists risk of choking and risk of falls to promote service users health and safety.</p> <p>To ensure the service users safety and well being.</p>	07/07/2010

Statutory requirements

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No.	Standard	Regulation	Requirement	Timescale for action
3	27	18	<p>That the registered person shall ensure that at all times there are suitably qualified, competent and experienced persons working in the home to meet the needs and numbers of service users.</p> <p>That service users needs are met by the number and skill mix of the staff.</p>	08/07/2010
4	29	19	<p>That the registered manager operates a thorough recruitment procedure and that the necessary documentation is available to be examined.</p> <p>That service users are supported and protected by the homes' recruitment policy and practices.</p>	08/07/2010
5	30	12	<p>The registered manager ensures that the staff employed have undertaken the necessary training to meet the health and welfare needs of the service users living in the home.</p> <p>That staff staff are trained and competent to do their job, thus ensuring the safety and well being of the service users.</p>	08/07/2010

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
6	31	8	That suitable and clear management arrangements are established, to provide a strong leadership to the home. This will ensure clear lines of accountability and responsibility are maintained.	08/07/2010

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	That staff date, time and sign each entry into the care documentation and include their printed name and designation.

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