

Key inspection report

Care homes for adults (18-65 years)

Name:	Pendle View
Address:	15/17 Chatham Street Nelson Lancashire BB9 7UQ

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:
Marie Matthews	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 Adults (18-65 years) 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:	Pendle View
Address:	15/17 Chatham Street Nelson Lancashire BB9 7UQ
Telephone number:	01282690703
Fax number:	01282690703
Email address:	pendleview1517@aol.com
Provider web address:	

Name of registered provider(s):	Pendle Residential Care Limited
Type of registration:	care home
Number of places registered:	6

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
mental disorder, excluding learning disability or dementia	6	0

Additional conditions:

The service may accommodate up to a maximum of 6 service users in the category mental disorder, excluding learning disability or dementia (MD)

The service should employ a suitably qualified and experienced manager who is registered with the Commission for Social Care Inspection

Date of last inspection

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Brief description of the care home

Pendle View provides 24-hour accommodation and staff support for 6 younger adults who have mental health problems. Pendle View is the core house of a residential homes scheme comprising the core house and five smaller houses in Nelson.

Pendle View is two mid-terrace houses located on the outskirts of Nelson, near to local shops. Town centre services are a short distance away and there are good transport links nearby. There is off-street parking at the front of the home. Transport is also provided for service users in a vehicle provided by the service.

There is one double bedroom and four single bedrooms (one being on the ground

Brief description of the care home

floor). The home has two spacious ground floor lounges and a dining area. Upstairs is a house bathroom with WC and separate shower and there is a ground floor WC. Service users have access to the kitchen and laundry room. The house has a small front garden and a private paved sitting area in the back yard.

Information about the services offered by the home is provided in the form of a service user guide and is available, with a summary of the most recent inspection report, to existing and prospective service users and their relatives.

The weekly fees are determined by a thorough needs assessment and range from £380.00 to £610.00. There are no extra charges, but service users are expected to pay for personal effects such as toiletries, newspapers, clothing and hairdressing.

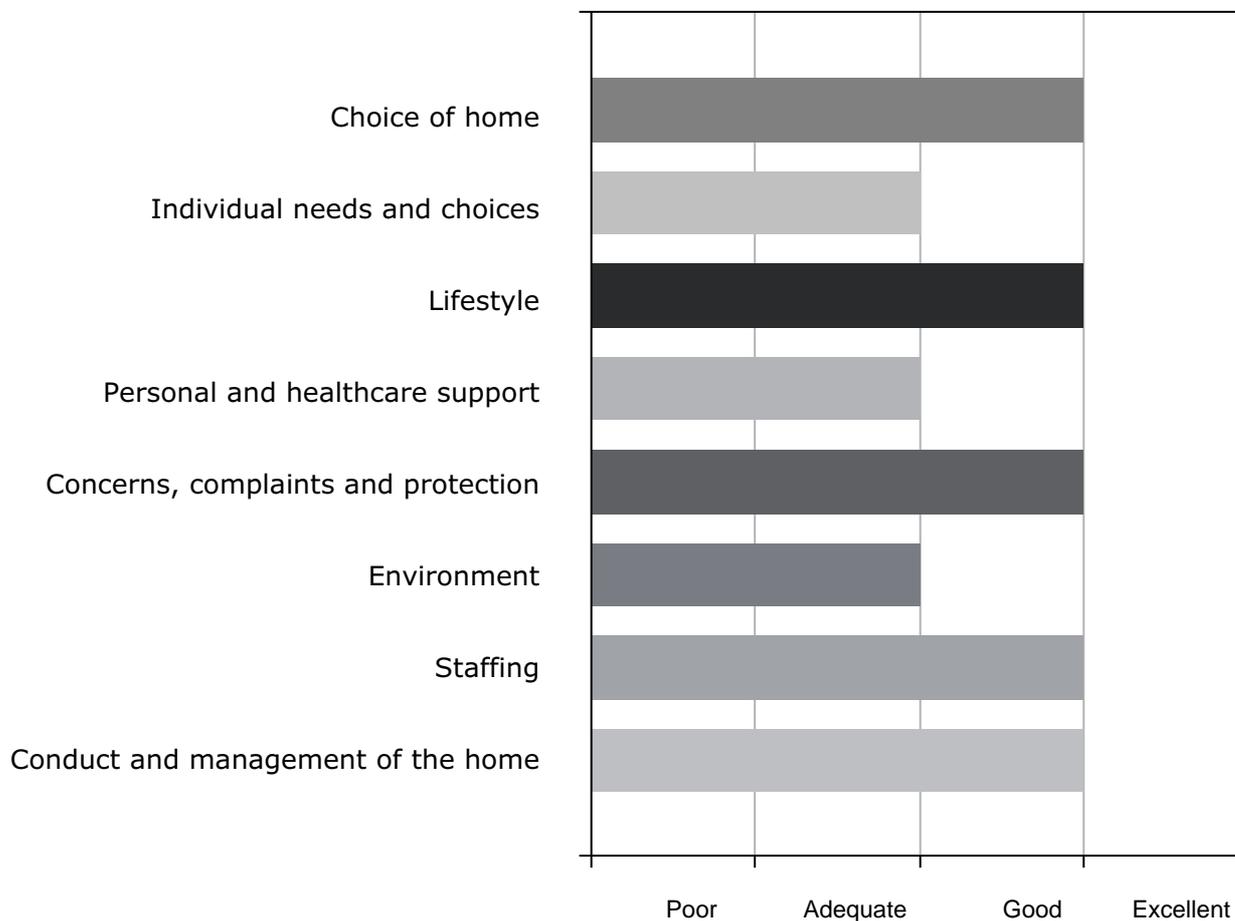
Summary

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 key unannounced inspection, including a visit to the home, took place on 27th October 2009. The last inspection on the service was completed on 3rd June 2008.

The inspection process involved looking at records, a tour of the home, discussions with the deputy manager, area manager, one staff member and two service users.

The home sent us their annual quality assurance assessment (AQAA) before the inspection visit; this gave us a reasonable picture of what had improved over the last twelve months and where further improvements were needed.

What the care home does well:

People were given enough information about the home and their needs were assessed to help to decide Pendle View was the right place for them to stay.

Staff had been given training that would help them to keep people safe and to look after people properly.

Service users were involved in the day to day running of the home and consulted on any issues that would affect them.

Service users were able to make choices about how they spent their day and were able to enjoy activities of their choice. One service user said 'we can do what we want, come and go as we please' whilst others relied on staff for some support.

Meals were varied and nutritious and service users helped with planning, shopping and making the meals; this would help to prepare them for living on their own. Two service users said they enjoyed the food and one said there is always plenty.

A 'key worker' system was in place; this gave service users support from someone they knew well and would help to make sure they got the care they needed and wanted.

Staff were friendly and respectful in their manner.

The complaints procedure was clear and easy to understand and available in other formats if needed; this would ensure all service users understood how to raise their concerns. One service user said they could raise any concerns with staff and another said 'I talk to the staff and they sort it out'.

All staff had received appropriate training that would help them to recognise and respond to any signs of abuse or neglect; this would make sure people were protected and safe.

One resident said they liked their room and was happy with the colour choice; they said they had everything they needed. Two service users said they were happy living in the home; one said 'I like it here'.

There were enough staff on duty to look after people properly; one service user said 'there are enough staff around' and 'they are nice staff' another said 'staff are very good'.

What has improved since the last inspection?

The home had improved the way they managed service users medicines; this would help to prevent any mistakes being made.

There were systems in place to check whether the home was being properly run; this would help them to improve the home.

Service user views and opinions of the service were regularly sought and used to improve the service; this showed that service users were consulted and involved in the day to day running of their home.

What they could do better:

The individual plans did not always include sufficient detail about service users health and personal care needs and this could result in them not receiving the support they need.

The plans had been reviewed and updated to keep them up to date but service users were not always involved with this; service users should be given the chance to make decisions about the care they want.

Some of the house rules needed to be looked at again and discussed with service users and staff; this would help to make sure service users were consulted regarding the

routines of their home.

At the last key inspection we were unhappy about the standard of the decoration and furnishings; it was clear that this had not improved very much. There was a plan to improve the home but the area manager said they were behind schedule. Service users need to live in a well maintained and homely place; this will be looked at again.

The home needs to make some improvements to the way they look after service users medicines; this would make sure they were handled safely and that the risk of mistakes was reduced.

The home needs to change the way they employ new staff to make sure it was safer and to protect service users from being cared for by unsuitable people.

Some of the procedures need minor changes or additions to provide staff with safe guidance and to reflect current practice.

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, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. 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 the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

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

People were given enough information about the home and their needs were assessed to help to determine whether their needs would be met by the service.

Evidence:

People were given clear information about services provided at Pendle View; this would help them to decide whether the home was a suitable place for them to live. The information was being updated and would be issued to each service user; the manager said it could be made available in other more suitable formats if needed.

Two service users individual plans were looked at in detail. Although there had been no new admissions since the last key inspection there was evidence of ongoing assessment of service users needs. Service users and other relevant people had been involved in the assessment process which would help to ensure that they received the care they both needed and wanted.

Records and discussion with staff showed that staff had been provided with a range of training to help meet current service users needs.

Evidence:

Each service user had been issued with a contract at the time of admission although new contracts had not yet been provided; a contract would inform service users of their rights and responsibilities whilst living at the home.

Individual needs and choices

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 needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

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

The individual plans did not always include sufficient detail about service users needs or show how they had been involved in decisions about their care; this could result in them not receiving the care they need and want. Service users were able to make independent choices about their lives and involved in the day to day running of the home.

Evidence:

Two service users individual plans were looked at in detail. A new format had been introduced since the last key inspection which meant that the plans were at various stages of completion and did not consistently show what people's needs and aspirations were or how staff would support them. (See standard 19).

There were no systems in place to monitor whether individual plans were up to date or had been completed properly although all staff had received training to give them the skills and knowledge to perform this task. The area manager said a computerised system would be introduced and staff were due to attend training with this.

Evidence:

The individual plans were reviewed and updated each month by a member of staff or 'key worker' although there was no evidence that service users had been actively involved in this; service users should be involved in decisions about their care to help identify what support they felt they needed. One service user was aware of their individual plan and said 'it has information about me in it'.

Records showed that service users were able to make choices and were encouraged, where possible, to manage their own finances. Records of any money held on one service users' behalf were accurate and money was stored securely; this showed that service users finances were protected.

From observation, looking at records and discussion with people it was clear that service users were involved in the day to day running of the home and consulted on any issues that would affect them. Regular meetings and annual surveys gave service users the opportunity to raise their views and opinions about the service; this information had been used to improve the service. There was no evidence that service users had been formally involved in the recruitment and selection of new staff although they would be introduced to any new applicants and also to any new admissions to the home. Records and discussion supported that service users were encouraged to be independent and to take responsible risks as part of their daily lives; any risks to individuals had been assessed but were not clearly recorded and did not indicate the level of support service users needed to keep them safe.

A daily report indicated how service users had spent their day and whether any support from staff had been provided; this helped to monitor whether service users needs were being met.

There were procedures to support staff with maintaining confidentiality and information was available to explain to service users how information about them would be stored and shared with others.

Lifestyle

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 can take part in activities that are appropriate to their age and culture and 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 and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

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

People were provided with and supported to engage in a range of suitable leisure activities. Service users were involved in planning and preparing varied and healthy meals.

Evidence:

From discussion and looking at records it was clear that service users were able to make choices about how they spent their day. The individual plans included information about preferred activities, choices and service users daily routines; it was clear that service users were able to engage in a range of activities of their choice.

One service user confirmed that routines were flexible and said 'we can do what we want, come and go as we please' whilst others relied on staff for some support.

The revised individual plans included a 'Path to Independence' record; this was an

Evidence:

assessment and ongoing record of people's skills, achievements and aims for the future in all aspects of their lives including work and education; however these records were incomplete.

Community contact was maintained through visits to local facilities such as shops, clubs and libraries; one service user said 'the neighbors are fine'.

Records showed there had been some discussion with service users about an annual holiday although this had not been progressed as yet.

The house rules and responsibilities were clearly recorded and understood by service users and promoted independence. Each service user had an allocated cleaning and 'laundry' day. Further discussion indicated that the laundry system was fairly inflexible and should be discussed further with service users and staff; this should ensure service users were consulted regarding the routines of their home. Bedrooms and bathrooms were fitted with suitable locks to ensure people's privacy was respected.

Service users and staff agreed a nutritious and varied weekly menu that clearly indicated who was responsible for preparing the meal. Service users were encouraged to get involved in meal preparation as this would help to give them the skills they would need to live independently; one service user enjoyed baking with a member of staff. Mealtimes were relaxed and a sociable event where staff and service users could dine together. Two service users said they enjoyed the food and one said there is always plenty.

There was no evidence that nutritional needs were assessed as one service user had a poor appetite and this was not recorded in a plan of care (see standard 6 and 19).

The kitchen was in need of improvement although the manager advised this was due to take place soon.

Personal and healthcare support

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 receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people 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.

If people are approaching the end of their life, the care home will respect their choices and help them to 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.

Service users health and personal care needs were generally being met although the detail in the care plans did not always reflect people's needs or the care and attention being given and some medication practices could be improved.

Evidence:

Two service user individual plans were looked at; as indicated previously the information in the plans did not clearly indicate service users needs or reflect the support and care being given to meet their needs (see standard 6).

The plans included some useful information about service users likes and dislikes and routines and preferences and it was clear from discussion and observation that support was given in a flexible way. Service users said they could make choices about their daily routines and were given guidance and support from staff regarding personal hygiene.

Service users were provided with aids and adaptations to maintain their comfort and safety and to help them to maintain their independence where possible.

Evidence:

A 'key worker' system was in place; this system ensured service users were given specific support from a designated member of staff and would help to provide continuity of care. Staff were observed responding to service users and visitors to the home in a friendly but respectful manner.

Service users were given support and encouragement to manage their own health care where possible. Records showed that service users had access to appropriate health care support such as GPs, opticians and dentist; one service user confirmed she was able to visit her GP when she needed.

Records did not clearly support that service users health was monitored as there were significant gaps in the health care plans; the lack of information made it difficult to see how health issues were being monitored or managed although from discussion it was clear that staff were aware of service users needs.

There were clear medication policies and procedures to support staff with the safe management of service users medicines although some procedures were duplicated or not specific to the service which could cause some confusion for staff; the manager was advised to review the policies file. Procedures to support service users and staff with self medication were not seen and the medication error procedure needed to include that the Care Quality Commission (CQC) should be notified of any errors under Regulation 37. There were no records to support that service users had given their permission for staff to manage their medicines.

Medicines were suitably stored and the keys were held by the person in charge. The manager advised that all staff had received medication training and this was usually followed by an assessment of competence; this would help them to manage medicines safely.

Records were clear and accurate; a recording error with the balance of one medicine was noted although this was rectified on the day of the visit. Handwritten entries on medication records had been witnessed by a second person; this would help to reduce the risk of error. Medications to be administered 'PRN' or 'as needed' were not always supported by clear directions or protocols; staff needed this information to support them with their decisions to administer medicines or not.

There were no photographs as a means of identification.

There were systems in place to check whether staff were following procedures and whether service users medicines were being managed safely; action had been taken

Evidence:

to respond to any issues.

One service user was using the blood glucose machine to test her blood glucose levels; there were records to support this had been calibrated regularly.

Concerns, 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. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

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.

Service users were protected by clear procedures and staff awareness.

Evidence:

The complaints procedure was clear and easy to understand and available in other formats if needed; this would ensure all service users understood how to raise their concerns. There had been no complaints made since the last key inspection visit.

One resident said they could raise any concerns with staff and another said 'I talk to the staff and they sort it out'. Service users were encouraged to meet regularly with their key worker and were given the opportunity to discuss any concerns that they had; this would ensure any issues could be resolved quickly. Concerns could also be raised at service user meetings, as part of the annual surveys and during informal discussions.

The safeguarding procedures were clear and detailed although the contact numbers of the local agencies who would be involved in any investigations needed to be included; this would ensure a prompt response to any allegations of abuse or neglect. All staff had received appropriate training that would help them to recognise and respond to any signs of abuse or neglect and further updates were planned. One member of staff was able to discuss the action to be taken to protect service users.

Staff had access to 'whistle blowing' procedures although there were two different

Evidence:

versions of the procedure, neither of which included the correct CQC contact information; these procedures needed to be clear to ensure staff would be supported with reporting any poor practice.

There were procedures to help staff to respond appropriately to any verbal and physical abuse; this would ensure that staff and other service users were protected.

There were no procedures to support staff with the practice of managing service users money; procedures were needed to ensure service users finances were safeguarded.

There should be procedures and training to give staff awareness of the Deprivation of Liberty Safeguards and Mental Capacity Act; staff need to understand their responsibilities when supporting service users with their decisions.

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, comfortable, 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. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

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

The home needed improvement to ensure service users were provided with a well maintained, comfortable and pleasant environment.

Evidence:

At the last key inspection concerns were raised regarding the standard of the environment; from a tour of all areas of the home it was clear that little improvement had been made. Carpets were stained and worn, some furnishings were worn and the general decor was dated. The kitchen was shabby, tiles in the shower were grubby, extractor fans were dirty, the sealant to the shower base needed replacing to reduce the risk of cross infection and water seepage, vanity units were damaged and sharp, one bedroom had insufficient storage, the lounge sofa was old and service users said it was difficult to get out of, the downstairs toilet sink needed re sealing and the flooring needed replacing, one TV was on order for the first lounge but the remaining TV also needed either replacement or repair and old office furniture was stored in the rear yard.

There was a maintenance log where areas in need of attention were referred to a company handyman; records showed prompt attention although areas as noted during the tour of the house were not recorded.

Evidence:

The area manager said the company had a development plan, budgets were set and all houses were being redecorated although they were behind schedule. The area manager also told us that new carpets and furnishings had already been purchased for Pendle View and said there were good reasons why these were still not in place. This meant that service users were still not provided with a homely and well maintained environment.

Each service user had a bedroom and could have a key to their door if they wished. All rooms were being used as single occupancy at present. Some residents had brought in their personal possessions to make it feel more homely. All rooms were fitted with vanity wash basins, some of which were damaged and they had their own linen and towels. Some rooms were lacking in storage space and therefore did not meet service users needs; this was again discussed with the manager. One resident said they liked their room and was happy with the colour choice; they said they had everything they needed.

Toilet, shower and bathrooms were located on the first floor with a separate toilet on the ground floor; all these areas were fitted with suitable locks to maintain service users privacy although were noted to be in need of attention to improve them.

There were two lounges and one dining area; these areas were in need of attention to ensure service users lived in a comfortable and pleasant home. One TV was on order although the manager was unaware that the remaining TV was also in need of repair or replacement; the area manager advised she would look into the matter.

The home was clean although there were areas that had an offensive odour; the reasons for this were discussed with the area manager and she advised that action had been taken to address this problem.

Service users were responsible for ensuring their bedrooms were tidied each week; one person said the key workers helped them with this task. All other areas were 'deep cleaned' each week by staff.

There were separate suitably equipped laundry facilities and a service user and member of staff said each service user had an allocated 'laundry' day. Further discussion indicated that this system was fairly inflexible and should be discussed further with service users and staff; this should ensure service users were consulted regarding the routines of their home. (See standard 16).

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, qualified 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. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

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.

Staff were competent, suitable and provided in sufficient numbers to meet service users needs. Recruitment practices could be improved to ensure a safer process that protects service users from being cared for by unsuitable people.

Evidence:

The staffing rotas showed there were sufficient daytime staff to meet service users needs with a 'waking watch' at night. One service user said 'there are enough staff around' and 'they are nice staff' another said 'staff are very good'. The staff team reflected the needs of the current service users.

The recruitment procedure was clear. Three staff files were looked at in detail. Records showed that generally a safe recruitment process had been followed and all checks were in place before new staff commenced work although there were some aspects that could be improved to ensure a safer procedure.

It was noted that the criminal records bureau (CRB) and POVA First checks were stored at head office; the area manager was advised that all records should be stored at the home unless the company has obtained permission to do otherwise from the Care Quality Commission (CQC). There was a record of documents in the staff file however the recording of receipt dates was not consistent and could lead to gaps in

Evidence:

safe recruitment processes. Whilst reviewing records it was discovered that issues raised as part of the CRB check had not been fully discussed or risk assessed and that the deputy manager and area manager were unaware of the issue; all records should be checked properly to ensure staff were suitable to work with vulnerable people.

References had been obtained prior to employment although one was not dated and it was not clear whether this was a testimonial or an employment reference. It was recommended as good practice that references should be verified by telephone checks; this would help to improve the recruitment process.

There were records of interviews which showed that a fair and equal recruitment and selection process had been followed. Service users had not been involved in making choices about new staff although new applicants would be shown around the house prior to employment.

Staff should supply a recent photograph as a means of identification as part of a safe recruitment process.

There was a clear and detailed training plan that gave information regarding the skills and competencies of staff and the home benefited from a company training coordinator; this showed the company were committed to providing good standards of care and support for their service users. Most of the staff had a recognised qualification in care and all staff were provided with training that would keep them up to date and keep themselves and others safe. New staff had been provided with information and training that would help them to settle into their role and would ensure they were safe to practice.

Records showed that care staff were supported by senior staff and had regular one to one sessions with their manager. One staff member said they were able to discuss any issues 'in confidence' during these meetings.

Records showed that regular staff meetings were held to allow staff to air their views and to keep them up to date.

Conduct and management of the 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 have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because 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. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

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

The home was safe and well managed and service users were consulted about the day to day management of the home.

Evidence:

In the absence of a registered manager the deputy manager was responsible for the day to day management of the home and for a five small dispersed houses. The deputy manager was supported by an area manager and the larger organisation (POTENS).

Staff said the deputy manager was 'approachable' and that they could discuss any issues in confidence; they also said 'it is a good home'. Two service users said they were happy living in the home; one said 'I like it here'.

There was a development plan for each home and progress was monitored each month at senior management meetings; this would help to improve the service and identify any areas of concern. The area manager visited the home regularly to monitor the standards of care and management and to ensure service users needs were being

Evidence:

met.

There were other systems in place to monitor the standards of care and management of the home although records showed that some of the checks were overdue; this was discussed with the area manager and deputy manager.

Service user views and opinions of the service were regularly sought and used to improve the service; this showed that service users were consulted and involved in the day to day running of their home.

Staff had access to clear policies and procedures which would provide them with safe guidance in all aspects of their work. It was noted that some procedures were duplicated and the deputy manager was advised to review the procedure file to prevent any confusion. There was no evidence that service users were involved in the development of procedures or that relevant procedures had been discussed with them; consideration should be given to this.

Action had been taken to respond to any areas of concern raised at the last key inspection although there continued to be concerns regarding the lack of improvement with the standard of the environment. The area manager told us that they were behind schedule with improvements but that work would commence soon; this would be monitored.

The home sent us their annual quality assurance assessment (AQAA) before the inspection visit; this gave us a reasonable picture of any improvements that had been made in the last twelve months or where further improvements were needed.

Records were stored securely and any issues with record keeping had been referred to under the appropriate outcome area.

Staff had been provided with training that would help to keep themselves and other safe. Records showed that equipment and systems were regularly serviced; this ensured the home was a safe place for people to live and work in.

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	6	15(1)15(2) b,c	So that the needs of the people who use the service are fully met the registered person must ensure that all residents care plans are fully completed, reflects the lives of individual residents and provides accurate up to date information about them.	23/12/2008
2	19	15(1)15(2) b,c	So that the needs of the people who use the service are fully met the registered person must ensure that all residents care plans are fully completed, reflects the lives of individual residents and provides accurate up to date information about them.	23/12/2008
3	24	23(2) b, L	To ensure residents live in a safe and well-maintained property the registered person must ensure there is a planned record of maintenance that includes timescales for redecoration, repairs, replacement furniture and residents storage.	23/12/2008
4	34	19	To ensure the protection of residents the registered person must operate a thorough recruitment	09/06/2008

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
			procedure.	

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	6	15	<p>The individual plans must be fully completed, accurately reflect people's needs and aspirations and indicate how staff would support them.</p> <p>This will ensure that service users needs will be met.</p>	14/12/2009
2	19	15	<p>The individual plans must be fully completed, accurately reflect people's health and personal care needs and indicate action to be taken by staff to ensure their needs will be met. Health and personal needs must be regularly monitored and kept under review.</p> <p>This will ensure service users health and personal care needs will be met.</p>	14/12/2009
3	24	23	<p>Work to improve all areas of the home must commence in accordance with the improvement and development plan.</p>	14/12/2009

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
			This will ensure service users are provided with a safe, well maintained and comfortable environment to live in.	
4	34	18	<p>Any issues raised as part of a CRB check must be fully discussed with the applicant and risk assessed prior to employment. Clear records should be maintained and kept under review.</p> <p>This will ensure service users are not placed at risk of being cared for by unsuitable people.</p>	14/12/2009

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	5	Each service user should be issued with a new contract/statement of terms and conditions with the new organisation; this would ensure that people were aware of their rights and responsibilities whilst living at the home.
2	6	There should be systems to monitor whether individual plans were up to date or had been completed properly; this would ensure that information held about service users was current.
3	6	The individual plans should reflect that service users had been involved in the reviews; service users should be involved in decisions about their care to help identify what support they both need and want.
4	9	The action to be taken by staff to reduce any risks to

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
		service users should be fully recorded and kept under review; this would ensure service users were given the appropriate support to maintain their safety.
5	16	The current allocation of one laundry day per week should be discussed further with service users and staff; this should ensure service users were consulted regarding the routines of their home.
6	20	Photographs of service users should be in place as a means of identification; this will help to prevent errors.
7	20	Consent should be obtained from service users for staff to take over the management of their medicines.
8	20	Medications to be administered 'PRN' or 'as needed' should be supported by clear directions or protocols; staff need this information to support them with their decisions to administer medicines or not.
9	20	The medication error procedure should be reviewed to include that the CQC needs to be informed under Regulation 37; this helps the CQC to monitor the management of the home.
10	20	There should be procedures to support service users and staff with self medication.
11	23	There should be procedures and training to give staff awareness of the Deprivation of Liberty Safeguards and Mental Capacity Act; staff need to understand their responsibilities when supporting service users with their decisions.
12	23	There should be procedures to support staff with dealing with service users money; this would ensure service users finances were safeguarded.
13	23	The Whistle blowing procedures should be reviewed to include the correct contact information for staff to report poor practice; this will ensure staff have access to clear information.
14	23	The safeguarding procedures should include the contact information for the local agencies who would be involved in any referrals; this would ensure a prompt response to any allegations of abuse or neglect.
15	24	Furniture and carpets, already purchased for the home, should be provided for service users.

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
16	24	Arrangements should be made to remove the old office furniture in the yard; this will provide service users with more free space.
17	24	A tour of the home should be undertaken to identify areas in need of attention and should include areas noted during the inspection visit. Prompt action should be taken to improve the home for service users.
18	26	Consideration should be given to replacing or repairing the damaged vanity wash basins in service users rooms; this will reduce the risk of cross infection and harm to service users.
19	26	Service user bedrooms should be provided with sufficient storage space or shelving to meet their needs.
20	27	The flooring in the ground floor toilet should be replaced and the sink should be re sealed to reduce the risk of infection to service users and to reduce the risk of further damage to the flooring.
21	27	The tiles in the shower room should be cleaned and the shower base re sealed to reduce the risk of infection to service users and to reduce the risk of further damage to the flooring.
22	27	Extractor fans should be cleaned and maintained to prevent the build up of dirt and debris; this will reduce the risk of fire.
23	28	The Tv in the lounge should be replaced or repaired; this will ensure service users leisure needs were being addressed.
24	29	Action should be taken to remove the offensive odours; this will ensure service users live in a pleasant environment.
25	34	The record of documents received as part of the recruitment checks should clearly indicate the dates they were received and in the case of any CRB checks a record should be maintained of the disclosure number and outcome; this will help to ensure service users are cared for by suitable people.
26	34	References should be dated to ensure they are current and appropriate and references should be verified by telephone; this would help to improve the recruitment process.

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
27	34	Staff should supply a recent photograph as a means of identification as part of a safe recruitment process.
28	34	Records relating to staff (CRB/POVA) should be available at the home for inspection and kept until a key inspection has taken place (in line with CQC guidance) unless alternative arrangements have been agreed with the CQC.
29	37	The home should be managed by a person who is registered with the Care Quality Commission (CQC).
30	39	Audit systems to monitor all aspects of the management of the home should be further developed and completed in accordance with procedures; this would help to identify any areas in need of improvement.
31	40	The policies and procedures file should be reviewed to remove any out of date or duplicated procedures; this will ensure staff have access to current safe procedures.

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