

# Key inspection report

CARE HOMES FOR OLDER PEOPLE

**Preston Private Nursing Home**

**Midgery Lane  
Fulwood  
Preston  
Lancashire  
PR2 9SX**

*Lead Inspector*  
Vivienne Morris

*Key Unannounced Inspection*  
12th November 2009 09:30

This report is a review of the 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.

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](http://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](http://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.

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Document Purpose	Inspection Report
Author	Care Quality Commission
Audience	General Public
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# SERVICE INFORMATION

<b>Name of service</b>	Preston Private Nursing Home
<b>Address</b>	Midgery Lane Fulwood Preston Lancashire PR2 9SX
<b>Telephone number</b>	01772 796801
<b>Fax number</b>	
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<b>Provider Web address</b>	www.craegmoor.co.uk
<b>Name of registered provider(s)/company (if applicable)</b>	Parkcare Homes Ltd
<b>Name of registered manager (if applicable)</b>	
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	106
<b>Category(ies) of registration, with number of places</b>	Dementia (33), Old age, not falling within any other category (73), Physical disability (18)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following category of service only:  
Care Home with Nursing. Code CRH(N)

To Service Users of the following gender:

Either

Whose primary care needs on admission to the home are within the following categories:

Old Age, not falling within any other category - Code OP (maximum number of places: 73)

Dementia - Code DE (maximum number of places: 33)

Physical Disability - Code PD (maximum number of places: 18)

The maximum number of Service Users who can be accommodated is: 106

**Date of last inspection**            11th December 2008

## Brief Description of the Service:

Preston Private Nursing Home is owned by Craegmoor Healthcare and is registered to accommodate up to 106 people who require nursing or personal care. The service provides care for older people; those with physical disabilities and also people whose care needs are associated with a dementia related illness.

The home is a single storey building and care is provided in four units, each with its own lounge/dining facilities and own kitchen area. A lot of the single bedrooms have en-suite facilities and there are some shared bedrooms for partners, friends or for those wishing to share accommodation.

The home is set in its own grounds and has extensive well maintained gardens and a large parking area. Preston Private Nursing Home is located in a rural area of Fulwood in Preston and is relatively close to shops and local amenities. It is situated on a bus route into Preston town centre.

Activities are organised by the diversional therapists and in-house entertainment and outings are organised for those who wish to participate. Relatives, friends and visitors are made welcome to the home.

Fees charged as at 12th November 2009 ranged from £319:20 to £750:00 (continuing care) per week. There were additional charges being incurred for chiropody, hairdressing, newspapers, magazines and some outings.

# SUMMARY

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

**The quality rating for this service is 2 stars.  
This means that the people who use this service experience good quality outcomes.**

Two regulatory inspectors from the Care Quality Commission conducted the unannounced site visit to this service over one day in November 2009.

This visit formed part of the key inspection process. Every year the provider completes an Annual Quality Assurance Assessment (AQAA). This is a self-assessment, which gives information to the Commission about how the home is meeting outcomes for people using the service and how the quality of service provided is monitored. The self-assessment was completed and submitted, as requested. Some of the information provided in the assessment is included within this report.

During the course of the site visit discussions took place with a high percentage of people living at the home, relatives and staff members. Relevant records and documents were examined and a tour of the premises took place, when a random selection of private accommodation was viewed and all communal areas were seen.

The inspectors sat in the communal areas of the home for periods of time observing the daily routines and activities, which took place. We sent comment cards to the home in advance of this key inspection, so that staff and people living at Preston Private could provide us with their views about the quality of service provided. We received 13 comment cards back from staff members and 12 were returned by the people using the service.

There were 56 people living at Preston Private at the time of our site visit. The inspectors 'tracked' the care of seven of these people, not to the exclusion of others. The total key inspection process focused on the outcomes for people living at Preston Private and involved gathering information about the service from a wide range of sources over a period of time.

The Care Quality Commission had received one complaint about this service since the last key inspection, which was referred back to the provider to investigate using the home's complaints procedure. There have been twelve safeguarding referrals since our last inspection. The provider and the management of the home have shown us that they are open and transparent by reporting any concerns identified, which had usually been managed well in conjunction with social services, the police and ourselves, where appropriate. The providers work well with us and they have demonstrated that their service continues to provide good outcomes for the people who live at Preston Private Nursing Home.

## **What the service does well:**

The service had a good and thorough approach when admitting new people to the home, ensuring that the choice of home was suitable for their assessed needs and so that the staff team were confident that they could deliver the care required.

The care plans seen were extremely well written documents, providing staff with clear guidance about how the needs of people were to be appropriately met.

The management of medications was good. A variety of health care professionals provided a service to the home and residents were also supported to attend any external appointments, as was required to ensure that their health care needs were being met. A wide range of equipment had been supplied for people living at the home so that they were supported to maintain a more comfortable life style, such as pressure relieving equipment and moving and handling aids.

Daily routines in the home were flexible and residents were able to determine what they wanted to do. There was a good programme of activities in place at the home, which covered both group and individual participation.

Residents spoken to described the food as good. Relatives were welcomed to the home and advocates were appointed if a resident wanted someone to act on their behalf, to ensure that their wishes were respected.

The home had comprehensive policies and procedures in place to promote safe working practices and also to protect both residents and staff. Staff had received training in the protection of vulnerable adults and were aware of what they should do if they were concerned about the treatment of anyone living at the home. The complaints policy was widely advertised so that people living at Preston Private were aware of how to make a formal complaint, should the need arise.

A comfortable environment was provided at Preston Private nursing home, in order to ensure that pleasant surroundings were available for those living there. The garden areas were pleasant and accessible to the people living at the home, with patios and very attractive seating areas.

New staff received a thorough induction programme and they were provided with a wide range of regular training courses to enable them to do the job expected and so that they were confident to provide the care and support required by each individual living at the home.

The recruitment practices adopted by the home were, in general, robust with all relevant checks being obtained before people started to work at Preston Private and the number and skill mix of staff was appropriate to meet the needs of those living at the home.

Systems and equipment within the home were serviced at appropriate intervals to protect the health, safety and welfare of the people living and working at the home. A wide range of policies and procedures were available in relation to health and safety practices in order to protect those living at and those working at the home.

The standard of service provided was being closely monitored by a wide range of audits and risk assessments being undertaken, as well as a variety of meetings being held and unannounced visits by the company taking place.

When asked what the service does well comments from people living at the home and staff included:

'Preston Private cares for all the residents as they should be cared for. The nursing home is kept clean and tidy. Most staff have a good rapport with residents' families. The food served is hot and tasty';

'The service provides a good environment. The home is well decorated and well equipped. The gardens are beautiful and there is plenty space inside and outside. Courses and seminars are ongoing for staff development';

'The staff are very good and approachable. Activities are good. The hairdresser is excellent and gets on well with everyone. The chef is also very good and approachable. The main priority is the care, which is good' and

In my opinion Preston Private is an excellent home and it is always doing the best for both residents and staff'.

## **What has improved since the last inspection?**

It was pleasing to see that the one requirement and all four recommendations from the previous inspection report had been appropriately addressed, showing that the management of the home work well with us and strive to continually improve the service.

There had been enormous improvements to the environment on Fernyhalgh unit, which provided most suitable surroundings for people suffering from a dementia related illness to help them with reality orientation and which provided pleasant surroundings for them to live in.

A manager had been employed at Preston Private so that the overall management structure gained more stability and consistency for the people living at the home and for the people working there. The manager's application for registration is currently being processed by the Care Quality Commission.

One comment received from a relative was, 'The home has been going through refurbishment and so there has been a lot of upheaval, which the people on the dementia care unit didn't like, but my Aunt's care was very good during this period and now the bathrooms and kitchens have been brought up to standard'.

## **What they could do better:**

All significant events which could have affected the well being of people could have always been recorded, so that staff were kept up to date with any changes in the needs of individuals living at the home.

The home could have asked the chemist to position the label on the liquid medicine better, to allow staff to monitor the amount remaining of this controlled drug.

One staff member could have been more discreet when it was necessary to discuss the personal needs of an individual with a colleague, to ensure that their privacy and dignity was maintained at all times.

The home should continue to work towards achieving 50% of care staff with a recognised qualification in care so that the staff team as a whole is better qualified to provide the care and support needed by those living at Preston Private.

The written references for one member of staff could have been more authentic to ensure that they had come from a reliable source.

When asked what the service could do better comments received from people living at the home and staff members included:

'Activities need looking at. A minibus would help to take people out more often';

'In my experience I don't feel that there are any improvements to be made' and

'Organise more activities and outings for those a bit more able to get out and about'.

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](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line – 0870 240 7535.

# DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

### The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

### The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

3. People using the 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 preadmission process is thorough enough to ensure that the staff team is confident that they can meet individual needs so that the independence of people is maximised.

### EVIDENCE:

People spoken with during the visit to Preston Private felt that they had enough information about the services offered at the home prior to making a decision to move there. Relatives spoken to had been involved in choosing the home on behalf of their loved ones. One lady said, "I was impressed with the staff of Preston Private, they knew what they were doing and understood me. Since my husband has been here I can talk to the staff about things and they always keep me informed of anything I should know. I feel confident when I am not here that my husband is safe and well cared for and that means a lot to me".

All prospective residents are visited before moving in to the home and their care and nursing needs are assessed. There was evidence on care records seen of assessments

obtained by the home from Health and Social Services, so that staff were aware of the needs of all the people going to live at Preston Private. There was also evidence of reassessments of a person's needs in light of a change in their circumstances. The home has introduced person centred ways of planning care and has made efforts to include people in the assessment of their health and personal care needs. Relatives have also been encouraged to be involved in contributing to assessments and care plans. One unit of Preston Private is dedicated to people who have dementia related illnesses and therefore who may lack capacity to be fully involved in the assessment process. It was pleasing to see that the views of relatives visiting this unit were valued as an important way of gaining an insight into a persons' previous life experience. There were many good examples of social histories and the recognition of the importance of continuing previous social contacts and interests for people with dementia.

When asked what the service does well, the manager wrote on the home's self—assessment, 'Prospective Service Users are encouraged to visit the home at any time and have a look around. We send out full information packs before admission to enable them to make a choice of their preferred home. Welcome packs are given out detailing services and resources available/accessible for perusal by prospective Service Users. Prospective Service Users are given the opportunity to read a Residents Agreement. Service users are informed of the care assessments required to ensure that we can meet their needs. Prospective Service Users are offered a trial stay to enable them to make an informed choice of our home. We encourage Service Users and relatives to personalise their chosen rooms prior to their admission. The acting home manager gave some good examples of how they do the above well'.

All 12 people who live at the home and who sent us comment cards said that they received enough information about the home to help them decide if it was the right place for them to live before they moved in.

All 13 staff who sent us comment cards told us that they are always given up to date information about the needs of the people they supported or cared for.

# Health and Personal Care

## The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

## The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

7, 8, 9 and 10.

People using the 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 health and personal care needs of people were being well maintained and the management of medications was good.

### **EVIDENCE:**

The care plans seen during the visit were very well written and person centred. They covered each area of health, personal and day-to-day care needs. Each element of the plan stressed the personal preferences and wishes of the resident. Where it was not possible to gain a view from the person themselves there was evidence of relatives or friends being involved. For example the care plan included sections called, 'Things which are important to me', 'People who are important to me' and 'Things you need to know to successfully support me'. In this way the individual preferences were respected and understood by staff.

Care plans had been regularly reviewed and updated. The views of residents' and their representatives were gathered and there was good evidence of this on peoples' care

records. Written reviews showed that staff were responsive to the preferences shown by people needing dementia care by clear recorded changes in behaviour and moods. There were good examples of guidance and advice to staff when supporting people, for example a care plan, concerning a person who showed aggressive behaviour at times, directed staff to be courteous and tactful in their approach and if the person became negative or hostile, staff should withdraw and observe until the person has calmed down.

However, the care record of one person living at the home did not incorporate a specific incident which had occurred since our last visit to this service. Therefore, day to day events had not always been recorded, so that staff were consistently kept up to date with significant events affecting the welfare of this particular individual.

A resident and their relative spoke highly of the staff and the treatment that had been given for a pressure sore. The relative was impressed at the progress made and the attention of staff in treating her husband. Treatment provided was regularly recorded and progress of the wound photographed. Pressure relieving equipment was in use in line with peoples assessed health needs.

The records of one person living at the home showed significant weight loss. However, appropriate action had been taken by the home so that this individual was supported to maintain adequate nutrition.

People spoken with felt that their health care needs were being met. They confirmed that their General Practitioner was called when they asked, and in some cases medical professionals visited on request of staff working at the home. The health care needs of people were monitored and regularly reviewed. One relative commented on the vigilance of staff when her husband had a chest infection. A person living at the home commented, 'Staff are quick to call the doctor out, and sort out any problems' and another told us, 'Staff seem to know when I might need to see the doctor before I know myself'.

Records seen confirmed that a wide range of external professionals were involved with the care of people living at Preston Private to ensure that their health care needs were being consistently met.

Vision call service had been used by a number of people at the home to ensure that they had regular eye tests. Evidence of periodic dental checkups was seen on care records. One person explained that the National Health Service podiatrist visited her relative from time to time because he suffered from diabetes.

During our visit we assessed the medication practices adopted by the home, which we found to be satisfactory. However, the label on one bottle of liquid controlled drug was wrapped around the bottle so that the level of medication was obliterated, which made it impossible to determine the volume of medication remaining in the bottle.

The people spoken with during the visit felt that staff acted in ways that promoted privacy and dignity. A number of care plans reinforced the need to treat people with respect and to encourage independence. One resident said, 'Staff are very kind and treat me with respect. They treat every one the same'. Staff were observed spending time with people and dealing with some difficult situations in caring ways. However, we did overhear a member of staff shouting down the corridor to a colleague about the personal needs of

someone living at the home, which did not consistently promote the need for privacy and dignity at the home.

When asked what the service does well the manager wrote on the self assessment:–

‘On receipt of information received from a Service User or their family an individual Care Plan is implemented within 48 hours of admission. This will include privacy, dignity and choices. Care Plans take a positive risk taking approach and are written and shared to support and safeguard the Service Users. Care Plans have a specific format to include risk assessments, e.g. moving and handling, nutrition, diet, mental health, medication etc. These assessments highlight any outside agencies support that may be required for the individual needs of the Service User. The Care Plan package also includes Service Users feelings/wishes on dying and all this is taking into account their culture and diversity needs. Care Plans are evaluated by the appropriate key worker or named nurse monthly or more often if required. All information received by Service Users is documented and respected at all times’.

When asked if people received the care and support they needed, including medical care, all twelve people living at the home who sent us comment cards felt that, in general they did.

When asked what the home does well comments from staff included:

‘It is a very good home, providing excellent care for older people’ and ‘We give individualised care. All the residents are treated as you would expect your parents or grandparents to be treated. We have lots of training to help us to look after the residents’.

One person living at the home told us, ‘The staff are warm and friendly. They respect my privacy and dignity. Staff always knock before they come in to my room’.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

### The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 and 15.

People using the 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 daily routines of the home were flexible in accordance with people's needs, choices and preferences. Visitors were made welcome to the home and the management of meals was good.

### EVIDENCE:

The home employed three activity co-coordinators who organised activities for individuals and groups. The activities included, knitting club, sing a long, bingo and carpet bowls. The organisers attempted to include all people in activities who had shown an interest. One lady spoken with said, 'They (the organisers) are very good at arranging things. I enjoy Bingo and sometimes we have picture Bingo. I like to have a bit of a laugh and there is always someone to share a joke with'. The organised activities are planned to include all people who wish to take part and people from all parts of the home join in. The manager has introduced a record for staff members to complete in which they record one thing they have done on their shift called, 'How I made a difference to a resident's life today'. This helped staff focus on the individuals they supported and recognised how their actions affected the people living at Preston Private.

The social interests and contacts of people were recorded and the activity co coordinators were keen to provide opportunities for people to try new activities. One person had developed a talent for Carpet Bowls and really enjoyed this. There were occasional organised trips out and relatives were able to take their loved ones out if they wished. One person commented how he loved to take a walk out and about, as the home is set amongst fields, and he had been a farmer in his working life.

The religious needs of people were recorded and respected. People were supported to continue to observe and practice their religion, through attending religious services and by visits from clergy to the home. The wishes of people were respected, for example, a person who was a Jehovah's Witness had very clear instructions included in her care plan regarding the implications when involving her in certain occasions and with regard to medical treatment.

The visitors spoken with felt welcome to the home. Some people visited every day and had the opportunity to have a meal with their relative, if they wished to do so. A number of visitors commented that the home was easy to reach using public transport and this had been a deciding factor when choosing Preston Private. Staff made visitors welcome. The units had a small kitchen area that could be used by visitors to make drinks. Some residents visited their family homes on a regular basis.

The independence and choice of people were promoted at the home. There was evidence of the involvement of advocates to support people and help them to make choices in their own best interest. Friends and family also supported some people. Staff had recently attended training about the Deprivation of Liberty Safeguards and the Mental Capacity Act. This is legislation designed to promote and protect the best interests of people who may lack the capacity to make their own decisions in some areas of their day-to-day lives.

The policy of the home was to ask people to handle their own financial affairs or to appoint an agent. There was a good system in place which enabled residents to purchase items as required and their family or agent was then invoiced. The information provided before a person went to live at the home included an explanation of the recharging policy. This system worked well in practice and enabled all residents to make use of the services on offer, for example hairdressing, chiropody and to buy personal items.

The home employed two chefs and two kitchen assistants. There was a choice of menu at all meals times. The people spoken with found the meals to be nicely presented, nutritious and well cooked. The menu was varied, providing a main meal at lunchtime, although hot food was also on offer at teatime. The home had received a 5 star food safety rating from the local council. A number of people commented on the large portion size of meals. The chef was keen to provide excellent quality food and use local suppliers for meat and fish. Specialist diets were catered for and people who required assistance with meals were supported by staff in a discrete and gentle manner.

When asked what has improved in the last twelve months the manager of the home wrote on the self assessment, ' We now have activity boards set up and relative's information board so that everybody knows what is going on in the home. Service Users have been given the opportunity to choose the colour of their own front doors. We have increased the number of trips out for our residents'.

When staff were asked what the home could do better, one person told us, 'The home could do with more activities and outings for the residents'.

When asked if the home arranged activities which people could join in, nine of the 12 people who sent us comment cards said that there were always activities available. The other three people felt that there was a lack of suitable activities provided. When asked if people liked the meals at the home, those who returned comment cards told us that, in general, they did.

It was pleasing to see pictures outside people's bedroom doors of events important to them during their lifetime and we were impressed with the tremendous efforts made to upgrade the dementia care wing to suit the needs of people living on Fernyhalgh unit. The significant changes in the environment clearly supported and assisted people with orientation, such as colour coded door frames, so that people were able to distinguish the various areas of the unit. Bedroom doors had been designed to replicate house front doors with brass accessories, such as numbers, letter boxes and door knockers, which was pleasing to see.

It was also nice to see black and white pictures displayed throughout the corridors of the home depicting local places of interest during 'by gone times'. We found the entire home to be of a calm and relaxed atmosphere with sufficient supervision of residents by staff so that they were less likely to come to any harm.

# Complaints and Protection

## The intended outcomes for Standards 16 - 18 are:

- 16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17. Service users' legal rights are protected.
- 18. Service users are protected from abuse.

## The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

16 and 18

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

Complaints were being managed well and the home had reported any concerns identified, which had been managed well in conjunction with social services, the police and us, where appropriate.

### **EVIDENCE:**

A complaints policy was in place at Preston Private, which was clearly displayed in the home and which was included in the service users' guide, so that people would know what to do should they wish to make a formal complaint. However, this procedure needed to be updated to show the funding authority contact details as being responsible for complaint investigations. People living at the home told us that they would know what to do should they wish to make a formal complaint about the service, should they need to do so. A complaints log was in place showing that any complaints received by the home were managed well.

We examined the training matrix and a random selection of staff records, which showed that those working at the home had received recent training in relation to safeguarding vulnerable adults. Staff spoken to told us that they would know what they needed to do should they have any concerns about the welfare of anyone living at Preston Private. Policies and procedures were in place for the protection of people living at the home and staff spoken to were fully aware of the whistle blowing policy adopted by the home and which was clearly displayed in the staff room.

Minutes of staff meetings confirmed that safeguarding and whistle blowing policies were discussed amongst the staff group to ensure that those working at the home were kept up to date with current guidelines, the relevant policies and procedures of the home and new ways of working.

The home's self assessment showed that the following improvements had been made in the last twelve months:

Training for the protection of vulnerable adults had been delivered to all staff on a methodical and effective rollout programme and formal supervision had commenced and will continue on a bi-monthly programme.

All those living at the home and who sent us comment cards told us that there was someone at the home who they could speak to informally if they were not happy and all 12 said that they would know how to make a complaint should the need arise. In general these people felt that staff listened to what they said and acted on what they said accordingly. We discussed with the manager the issue of locks being installed on bedroom doors on the dementia care unit, therefore presenting a risk of people being locked in by mistake. We were told that being able to lock the bedroom doors protected people's personal belongings when they were not in their bedrooms. However, two master keys were available, which were easily accessible by staff so that any bedroom door could be unlocked by staff in an emergency.

Of the 13 comment cards we received from staff 12 said that they would know what to do if someone had concerns about the home. When asked if there was anything else people wanted to tell us, one relative wrote on the comment card, 'My mother has been in Preston Private for four years now. In that time I have never had cause to complain about the care and support she receives. I have regular reviews with the senior staff and care manager'.

## Environment

### The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

### The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

19 and 26

People using the 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 environment was suitable for the needs of people living at the home and the control of infection was good.

### EVIDENCE:

During the course of our key inspection we toured the premises and found the environment to be well maintained and pleasant smelling throughout. It was very pleasing to see the extensive refurbishment programme in place and we were delighted to see the massive improvements made to the environment on Fernyhalgh unit. This wing of the home is dedicated to providing care and support for people with a dementia related illness. This unit now lends itself to an environment designed specifically to aid in orientation and to provide diversional activities for this group of people.

At the time of our visit to this service Durton unit was closed for refurbishment and we were told that the remaining two units were part of the rolling refurbishment programme and would follow in turn the same standard of improvements as Fernyhalgh and Durton units, so that the entire home will have been upgraded, making a more pleasant environment throughout for the people living at Preston Private.

Policies and procedures were in place in relation to infection control and clinical waste was being disposed of appropriately so that the risk of cross infection was minimised. The home was found to be clean and hygienic throughout and records showed that staff had received training in the control of infection.

When asked what improvements are planned for the next twelve months the manager told us, 'We would like tactile boards to be placed in appropriate areas of the home. We want to create a bar themed lounge and build a shop on Fernyhalgh Unit. Continuation of the maintenance rollout programme and individualising each bedroom. We want a theme to each of the homes living areas. Sensory gardens are planned for Fernyhalgh unit'. Those who sent us comment cards felt that the home was, in general fresh and clean.

## Staffing

### **The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

### **The Commission consider all the above are key standards to be inspected.**

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

27, 28, 29 and 30.

People using the 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 assessed needs of those living at the home were met by the numbers and skill mix of staff, supported by a wide range of training available for the staff team. The recruitment practices adopted by Preston Private protected the people living there.

### **EVIDENCE:**

We examined the duty rota that showed which staff were on duty at any time of the day or night. We found that the overall outcome for people living at the home was good and therefore considered the staffing levels to be sufficient to meet the individual needs of people living at Preston Private.

We examined the records of four people working at Preston Private and found that, in general, recruitment practices were of a satisfactory standard. However, both references for one member of staff were addressed to 'whom it may concern', which suggests that this member of staff obtained them herself, which questions the authenticity of her references.

Records showed that there were 31 care staff employed at Preston Private, of which ten had completed a recognised qualification in care, showing that the home was working towards achieving the recommended level of 50% of care staff being appropriately qualified.

A training matrix was in place at the home, which showed that a wide range of training was provided regularly. At the time of our unannounced visit to this service an external training provider was giving first aid training to a large staff group. Staff spoken to tell us that there was a lot of training provided for staff and this was confirmed by the records seen.

Training certificates were available on staff files and detailed induction programmes had been completed informing new employees of important aspects about working at Preston Private. The full induction programme we were told could last between three and six months, depending on the amount of support each individual required. An extensive range of literature was available at the home for staff about training courses accessible to them.

The manager of the home gave us some examples of improvements made during the last 12 months. She told us, 'the home has adopted a person centred approach and this is definitely reflected in the care being delivered. We have an improved staff training structure'.

When asked if there were staff available when they were needed, those who sent us comment cards felt that, in general there were.

All staff who sent us comment cards said that their employer carried out relevant checks before they started work at the home and the majority of these people told us that their induction, in general covered everything they needed to know.

Most staff members who returned their comment cards said that they were given training which was relevant to their role, helped them understand and meet the individual needs of people and which kept them up to date with new ways of working. All but one of these people said that there were either always or usually enough staff on duty to meet the individual needs of all the people who use the service. One person felt that there were never enough staff on duty.

When asked what the service does well one staff member wrote on the comment card, 'When I started work at the home I was always placed with a mature, experienced carer who answered all my questions and showed me the correct procedures. I was made aware of the importance of care plans and was encouraged to use them and to familiarise myself with individual resident's backgrounds and their needs. Training is plentiful and the nurses are approachable. Senior staff are professional and vigilant'.

When asked what the home could do better one member of staff told us, 'To be flexible with staff ratios in accordance with service demands instead of rigid staffing figures'.

# Management and Administration

## The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

## The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

31, 33, 35 and 38.

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

Residents' financial interests were safeguarded and the health, welfare and safety of them and the staff was protected by the policies, procedures and practices of the home.

### **EVIDENCE:**

At the time of our unannounced key inspection to this service the manager of Preston Private was on annual leave. The deputy manager was in charge, who we found to be co-operative and helpful during the inspection process. The manager of Preston Private had been employed earlier this year and has submitted her application for registration to the Care Quality Commission, which is currently being processed. Staff we talked to spoke highly of the management of the home and those who sent us comment cards provided us with some positive comments about the manager of the home.

When asked what the home could do better the manager wrote on the AQAA, 'Staff training could be given on obtaining information on a Service Users final wishes. This will be done through staff meetings, supervisions and role play. We want to include outside agencies in social events. This will be done by invitation as each event occurs. We want to improve communication with local schools, local shops, services and church halls. We want to concentrate on Dementia training'.

When asked if there was anything else people wanted to tell us, one relative wrote on the comment card, 'My aunt has been at the home nine years and on the whole I am pleased with her care. At the moment she is unwell and the staff are very caring and attentive. There have been a few management changes but hopefully things are back on an even keel now and manager Gill Bratt seems to sort things out'.

When staff were asked what the home did well. One person wrote on the comment card, 'The management team is very good. It supports the staff and hence the clients get adequate care' and another told us, 'The management is very good. They support us in every way they can'.

When staff were asked if there was anything else they would like to tell us, one person wrote on the comment card, 'The reason I feel Preston Private is a good home is largely down to Gill Bratt, the manager. Each day there are meetings and I think these are invaluable. Gill is extremely approachable and has a very positive attitude' and another told us, 'The home is a lovely place to work. Staff and management work well together'.

The quality of service provided was being monitored by the introduction of a variety of audits and unannounced visits by a representative of the company, following which a report was generated which highlighted positive aspects of the service and areas for improvement. The home had conducted a variety of surveys so that the views of people interested in the service could be sought. An external awarding body had accredited the home showing that an outside agency monitored the quality of service as well as internal systems being in place. A range of meetings had been held for different groups of people and minutes of the discussions had been retained within the home so that any interested parties were kept up to date with any relevant information.

The policies, procedures and practices of the home protected the financial affairs of people living there. The health, safety and welfare of both residents and staff was promoted by the openness and transparency of the correct reporting systems adopted by the management of the home involving serious incidents and allegations. We examined a random selection of service certificates and found that systems and equipment within the home had been appropriately checked by external contractors to ensure they were safe for use. We did not identify any hazards whilst we were touring the home and a wide range of environmental risk assessments had been conducted to ensure that the premises were safe for the people living at Preston Private.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	4
9	3
10	2
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	2
29	3
30	4

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? NO

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
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**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP7	All significant events which could have affected the well being of people could have always been recorded, so that staff were kept up to date with any changes in the needs of individuals living at the home.
2.	OP9	The home could have asked the chemist to position the label on the liquid medicine better, to allow staff to monitor the amount remaining of this controlled drug.
3.	OP10	One staff member could have been more discreet when it was necessary to discuss the personal needs of an individual with a colleague, to ensure that their privacy and dignity was maintained at all times.
4.	OP16	The complaints policies should be updated to show the funding authority as the complaint investigation department.
5.	OP19	The providers should continue the rolling refurbishment programme until the home is complete throughout because the improvements so far provide those living on Fernyhalgh with a much improved environment.
6.	OP29	The provider should not accept written references brought to the home by prospective employees, but should seek references

		themselves to ensure their authenticity.
7.	OP28	The home should continue to work towards 50% of care staff achieving a recognised qualification in care.



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