

Key inspection report

CARE HOME ADULTS 18-65

Combs Court Residential Home

**Edgecomb Road
Stowmarket
Suffolk
IP14 2DN**

Lead Inspector
Deborah Kerr

Key Unannounced Inspection
18th November 2009 09:00

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 home adults 18-65 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.

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SERVICE INFORMATION

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Email address	combs.court@craegmoor.co.uk
Provider Web address	www.craegmoor.co.uk
Name of registered provider(s)/company (if applicable)	Parkcare Homes Ltd
Name of registered manager (if applicable)	Mr Simon John Manning
Type of registration	Care Home
No. of places registered (if applicable)	30
Category(ies) of registration, with number of places	Learning disability (30), Learning disability over 65 years of age (11)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 14th December 2007

Brief Description of the Service:

Combs Court is a care home providing personal care and accommodation to 30 adults with a learning disability, eleven of who can be over the age of 65. It is owned by Parkcare Homes Ltd and is a member of the Craegmoor Group Ltd.

Combs Court is situated in the small village of Combs Ford. It is close to the village centre and within walking distance of several shops and a bus link to Ipswich & Bury St Edmunds. The establishment comprises of two eight bedded bungalows, (Willows and Beeches) one eight bedded house (The Laurels) and one double and four single flats for more independent people. There is also an office block, which incorporates a resident day care centre. Combs Court is accessed by a short drive and there is parking beyond for visitors and the homes transport.

The fees for this home range from £426.00 per week for the flats to £878.00 per week. The exact fee is worked out by the home based upon the care needs of each individual. This was the information provided at the time of the key inspection; people considering using this service may wish to obtain more up to date information from the home.

SUMMARY

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

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

This was a key inspection, which focused on the core standards relating to adults, aged 18-65. The inspection was unannounced on a weekday. The inspection team was made up of an Inspector, an Expert by Experience and their supporter. Geoff Thomas (Expert by Experience) and his supporter came from 'Barking and Dagenham centre for Independent Living Consortium'. As a service user Geoff Thomas has an expert opinion on what it is like to receive services for people who have a learning disability. His comments are included throughout this report where he is referred to as an 'Expert by Experience'.

This report has been written using accumulated evidence gathered prior to and during the inspection, including information obtained from seven Service Users 'Have Your Say' surveys and the Annual Quality Assurance Assessment (AQAA), issued by the Care Quality Commission (CQC). This document gives providers the opportunity to inform us, CQC about their service and how well they are performing. We also assessed the outcomes for the people living at the home against the key Lines of Regulatory Assessment (KLORA).

A number of records were inspected, relating to guests using the service, staff, training, the duty roster, medication and health and safety. Time was spent talking with two of the three service users tracked as part of the inspection, we also talked to a number of people using the service when we looked around the home. We also spoke with a visiting social worker and four members of staff. The manager was available during this inspection and fully contributed to the inspection process.

What the service does well:

People spoken with and information obtained in service users 'Have Your Say' surveys and the homes own quality assurance surveys, told us that , generally people are happy with the service provided, comments included, "I am happy with everything, I go to Stowmarket Resource Centre every day, where I work in the café making teas, this is lovely" and "the food is good, staff are good, they look after me" and "it is very nice here, I like living at Combs Court. Other comments included, "I am happy here" and I am generally happy with my home, and the way I am treated".

A visiting social worker told us, they are very pleased with their client's placement, they commented "the support, encouragement and care has been ace, my client looks years younger, and it is terrific to see them walking" and "the staff have been very good, excellent with my client, I have been impressed with how well staff know service users individual needs". The expert

by experience thought the home was clean and tidy and that service users were supported to make their own choices and decisions. They thought the service users spoken with looked happy and well cared for.

People using this service are supported to take part in appropriate leisure and work related activities within the local community and have the opportunity to mix with other adults. They told us are able to make decisions about what they do each day, including evenings and weekends.

Discussion with staff and training records reflect the service provides a good range of training to staff to ensure they have the skills and knowledge to meet the needs of the people using the service.

What has improved since the last inspection?

Support has been obtained through additional funding for five residents, who have been allocated 1:1 hours to meet their specific needs, such as interaction, relaxation and interests. One service user has been able to bring their carer from a previous placement who continues to provide them with the support they need to take part in activities within the community. The manager told us they are in the process of trying to obtain additional funding to provide extra 1:1 support for other clients. The benefits of these additional hours were clearly observed for one individual using the service, who has very complex needs.

A number of improvements have been made to the environment, including a programme of redecoration to individual rooms, communal and staff areas. The bungalows have been fitted with patio doors allowing people to have better access to the garden and will allow the development of individual and private garden areas. Exterior lighting to the site has been upgraded to ensure the safety and wellbeing for people walking between units outside daylight hours and wheelchair access has been improved to the Laurels unit, now enabling easy wheelchair access.

Previous issues in relation to the medication have been resolved, we checked the medication in the Willows and the Laurel's at this visit and found the practice of administering medication continues to be generally well managed.

What they could do better:

Information about the service needs to be amended to reflect the change of name and contact details for the Care Quality Commission (CQC) which replaces the former Commission for Social Care inspection (CSCI).

The daily recording good, gives a good account of individuals well being, how they have spent their day, however some of the comments recorded by staff are not respectful of people's dignity, for example 'pad on bum'. More appropriate recording reflected what went well and what did not go well for an

individual and their progress towards identified goals as set out in support plans.

Where PRN (as required) medication is prescribed there was no protocol in place to guide staff at what point PRN medication was to be administered. This was discussed with the senior in the Willows and the manager that a clear rationale for administering the medication should be in place, which links in with the individual behavioural management plan, clearly showing what other support mechanisms are in place, including dealing with known triggers and that the medication is administered only as a last resort. This should be clearly recorded to fully and accurately justify their use.

To ensure the safety and welfare of people living in the individual bungalows, regular fire training and drills should place, it was noted in the fire log book that there had been no fire drills for people occupying flats since 2008.

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.

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

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

1, 2, 3, 4, 5,

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.

Combs Court has a range of information, in different formats to ensure people living, or planning to live there, have access to information about the services provided and to help them make a decision if this is the right place for them.

EVIDENCE:

A Copy of the homes statement of purpose was provided at the inspection. This has been developed by Craegmoor Healthcare and provides comprehensive information about the services provided. Additionally care plans contained copies of a Welcome to Combs Court, brochure (service users guide), which includes a summary of the statement of purpose, resident's terms and conditions agreement (contract), resident's views and how to complain. These documents clearly tell prospective people to use this service about the service, the fees and facilities. However, information about the service needs to be amended to reflect the change of name and contact details for the Care Quality Commission (CQC) which replaces the former Commission for Social Care inspection (CSCI).

Of the seven 'Have Your Say' surveys returned to us, five people told us that they had been asked if they wanted to move in to Combs Court, however two people said they had not been given that option. Six out of the seven surveys told us that people felt they had been provided with enough information about the home so that they could decide if it was the right place for them to live.

The welcome packs are available in a pictorial/symbol format to make it more accessible to the people using the service. Other information about the service has been adapted using photographs and easy read information including menu choices and fire evacuation procedures

Information provided in the AQAA reflects all potential people to use the service are assessed prior to their admission to ensure that the home can meet their needs. The records and care pathways of three people, (one from each of the houses, the Laurels, Willow and the Beeches) were tracked, to ascertain how well the service is meeting their individual needs.

These confirmed pre admission assessments had been completed covering all areas of the individual's health, personal and social care needs. Additionally social services comprehensive assessments and transfer notes from a previous placement had been obtained providing further information about the individuals needs. The AQAA reflects reviews take place within the first three months of every placement to ensure that the placement is working and is appropriate. Information seen in care plans confirmed this. Contracts for each of the three people tracked were also seen to be in place

The AQAA states people are encouraged to visit the home prior to admission and overnight stays and short visits are available, as part of the transition to move into the service.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

- 6.** Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
- 7.** Service users make decisions about their lives with assistance as needed.
- 8.** Service users are consulted on, and participate in, all aspects of life in the home.
- 9.** Service users are supported to take risks as part of an independent lifestyle.
- 10.** Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 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):

6, 7, 8, 9, 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.

People using this service know they will receive care and support, which meets their individual needs and preferences and will be supported to take risks and make choices about their every day lives.

EVIDENCE:

Information provided in the AQAA states all service users have a person centred care plan in place. To confirm this we tracked the care plans and care pathways, of three people using the service, one from each of the houses, to ascertain how well the service is meeting their individual needs. Care plans are written in a format, which the individual can understand in easy read formats with pictures and / or symbols. These provide staff with a living description about that person.

The information within the care plans is detailed and informative, whilst reflecting a range of information that is important to the individual, such as important people in my life, my life story, relationships and social contacts, dates that are important to me, what I do, social interaction, health and safety issues, keeping finances, personal care, mental health and behaviour, communication, independence, sickness and dying. Additional support plans and risk assessments are in place to aid the individuals to exercise control over their life expressing their own views, preferences and making choices. These include making decisions with me, about my money, personal care, activities, health and medication.

The plans contain good information about the communication needs of each individual and provide information in a way that can be easily understood by new members of staff or people not familiar to the individual, to deliver a personalised and consistent person centred service.

Positive Behaviour Support plans are in place for individuals, with behavioural issues. These reflect the types of behaviour the individual may exhibit and the things people need to know about the individual's personality, behaviour, things that may trigger behaviour to occur and the approach staff need to take to deal with the situation. Incidents of inappropriate behaviour are being monitored using a mental behavioural plan and analysis, which include the date and the time nature of the incident. The content of the behavioural support plans provides good detailed, information which has been personalised to each individual with guidelines of how to support that person. These are person centred, in that they focus on what is important to the individual, rather than the behaviour itself and recognise that behaviours are determined by feelings and emotions and to prevent behaviour from escalating, these need to be understood.

On whole daily recording good, gives a good account of individuals well being, how they have spent their day, however some of the comments recorded by staff are not respectful of people's dignity, for example 'pad on bum'. More appropriate recording reflected what went well and what did not go well for an individual and their progress towards identified goals as set out in support plans.

The AQQA states a number of service users have been funded for 1:1 staffing designed to deliver positive outcomes. This was confirmed during the inspection. This support has been obtained through additional funding for five residents, who have been allocated hours to meet their specific needs, such as interaction, relaxation and interests. One service user brought their carer from a previous placement who continues to provide support for their social interaction in community. The manager told us they are in the process of trying to obtain additional funding to provide extra 1:1 support for other clients. The benefits of these additional hours were clearly observed for one individual using the service, who has very complex needs. Evidenced was seen

in their care plan to show how they had been supported during their 1:1 time. Records showed they had been supported to access pubs, to play darts and pool, attend band practice and home visits. Additionally they are being supported to complete an NVQ in horticultural studies.

Individual and generic risk assessments have been completed, which are enabling for people using the service. These ensure people are supported to live their life to the full, in the least restrictive manner possible.

Time was spent talking with a social worker visiting a service user. The manager of Combs Court had worked with social services and Craegmoors on site domiciliary care service to provide an individual package for one service user to assist in their re-orientation to the community and facilitate their return home, following loss of mobility during their stay in hospital. The hospital had arranged for them to be provided with a wheelchair, which had not worked out well. The social worker told us they are very pleased with the placement, the staff have provided support and encouragement to their client, who has regained their confidence and is now walking with the assistance of a walking frame. They confirmed they have been kept informed of any issues arising and commented "the care has been ace, my client looks years younger, and it is terrific to see them walking" and "the staff have been very good, excellent with my client, I have been impressed with how well staff know their individual needs". They told us that the respite has been extended to enable their client to return home successfully. A final date has been provided for 21/12/09. Information provided in the AQAA reflects this is a service the manager is looking to further develop working in partnership with the domiciliary care service, regarding possible transitional care opportunities.

Time was spent talking with the individual who confirmed they have been very happy with their placement, and that they have been made to feel welcome and very comfortable at Combs Court. They told us, staff had supported them to go home today to have lunch with their spouse.

People using the service are encouraged to put their views forward and make informed decisions about their lives. Regular unit meetings and 'Your Voice' forums are held for service users to have a say in how the service is being run. Additionally care plans contained information to support service user to exercise their rights as citizens and to vote. Information is also available for service users to access to independent advocates, ACE Suffolk, People First. Information was provided showing that a service user had been able to make the decision to bring their pet dog with them when moving into one of the soul occupancy bungalows in the grounds. .

Information provided in the service users 'Have Your Say' surveys told us that three people felt they were 'always' able to make decisions about what they do each day, with three people saying this is 'usually' the case, however one person said they were 'never' able to make decisions about what they do each

day. However, all seven people told us that they could do what they wanted to do during the day, evenings and weekends.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

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

This is what people staying in this care home experience:

11,12,13,14,15,16,17,

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.

People using this service continue to be supported to take part in appropriate leisure and work related activities within the local community and have the opportunity to mix with other adults.

EVIDENCE:

Upon arrival the expert by experience was met by the inspector and was introduced to the manager of the home. Combs Court comprised of nine separate buildings, two eight bedded bungalows, The Willows and The Laurels, one eight bedded house, The Beeches and one double bedded flat plus four single bedded flats. There was also a resident day centre on the site. The expert by experience spent time talking with people living in the home about the service they receive, regarding respect, choice and dignity, and whether they were able to live a full and stimulating lifestyle of their choice.

The expert by experience visited three homes within the complex, The Laurels, The Willows and The Beeches. They asked a series of questions and has provided their answers in the paragraphs below. At The Laurels the expert by experience was able to talk to all the service users as a group and their answers were given as a group. At The Willows they were only able to talk with one service user, as four were asleep in their rooms. Two were out for the day and one did not wish to speak. By the time they got to the Beeches most of the service users were in the day centre, therefore they were only able to speak with one service user. These were the expert by experiences findings:

Do you have a say in who you would prefer to have supporting you?
Service Users at the Willows and Beeches said "yes", the entire group in the Laurels, said "they were happy with the support they received"

Do you feel you have choice and control over the care and support you receive? Service Users at the Willows and Beeches said "yes", the entire group in the Laurels, said "they were happy with the choice and control over care they received."

Do staff listen and support you when you have a concern? Service Users at the Willows and Beeches said "yes", At the Laurels the entire group said "yes"

Do you receive the care that you expect and want? Service Users at the Willows and Beeches said "yes", At the Laurels the entire group said "yes"

Are you supported to maintain your Dignity, Respect, Independence and positive Self Esteem? The entire group in the Laurels said, "the staff wash them and this was their choice. In the Willows the service user said they need support because they are in a wheelchair. The service user in the Beeches said "yes"

Are you able to access the community when you like? The entire group in the Laurels said "yes, with staff in the mini bus or the car". The service user in the Willows said "I need support" and the service user in the Beeches said "yes".

Do you feel part of the community? Service Users at the Willows and Beeches said "yes", At the Laurels the entire group said "yes"

What activities do you do? At The Laurels the activities that were carried out by the group consisted of Jigsaw puzzles, Colouring, Cooking and making cakes. In the Willows the service user said they enjoy knitting, Lego and painting and the service user in the Beeches said "I make model trains".

Do you feel stimulated all day to promote your well being? Service Users at the Willows and Beeches said "yes", the group in the Laurels said "they felt well looked after"

Are you happy with the food? Service Users at the Willows and Beeches said "yes", and the people in the Laurels said "we are happy with the food".

Do you have a choice of food at meal times? Service Users at the Willows and Beeches said "yes", those in the Laurels said "we do get a choice of food on the day".

Do you think that staff are competent and receive training to help you? The entire group in the Laurels said "yes, the staff are well trained" the service user in the Willows felt staff need more training and the individual in the Beeches said "yes".

Do staffs understand their role and the needs of the residents? Service Users at the Willows and Beeches said "yes", At the Laurels the entire group said "yes".

Can you have friends visit? Service Users at the Willows and Beeches said "yes", At the Laurels the entire group said "yes".

Do you get time on your own? Service Users at the Willows and Beeches said "yes", At the Laurels the entire group said "yes".

Do you choose what to wear? Service Users at the Willows and Beeches said "yes", At the Laurels the entire group said "yes".

If you don't want help do staff let you do things for yourself? Service Users at the Willows and Beeches said "yes", the entire group in the Laurels said "yes, the staff let us do what we want".

Can you choose when to get up or go to bed? Service Users at the Willows and Beeches said "yes", the entire group in the Laurels said, "we can get up and go to bed when they like".

Can you choose to bath or shower? All of the service users said "yes" apart from one who said "I can't breathe under the shower so I have a bath", the service user in the Willows said, "yes I choose a shower" and the individual in the Beeches said "yes"

Do you feel safe here? Service Users at the Willows and Beeches said "yes", At the Laurels the entire group said "yes"

What do you do to stay healthy and well? Two people in the Laurels said, they were on a diet because they were diabetic, and the rest of the group said they do exercise. The individual in the Willows said "I keep smoking" and the service user in the Beeches said "I go for walks".

Do you go to the Doctors if you are unwell? Service Users at the Willows and Beeches said "yes", At the Laurels the entire group said "yes".

Do you see the Dentist? The entire group in the Laurels confirmed they have six monthly check ups unless they have a problem, the individual in the Willows said "no I have dentures" and the individual in the Beeches said "yes2.

Do you have house meetings to put your ideas and grumbles across? The entire group in the laurels said "yes every month "A member of staff said that if a service user had a problem they would be spoken with to try and resolve the problem. If it could not be resolved all the service users would be spoken with to ask for their views. The service user in the Willows said "yes once a month, but if there's a problem I would tell staff straight away" and the individual in the Beeches said "yes once a month, if I have a problem I tell staff"

In Summary, the expert by experience thought the home was clean and tidy and all the service users spoken with looked happy and well cared for. Most of the service users were at the day centre having a social get together reminiscing about the old days, which is why I could only talk with one service user from each home.

The experts by experience only concerns were that at The Willows four of the service users were asleep in their bedrooms and it was only 13.30pm in the afternoon. This was discussed with the manager during feedback and was ascertained that this was through choice. Additionally, the expert by experience raised concerns that at The Laurel's some of the service users said that they cooked and made cakes on an electric hob. They felt that this could be a safety hazard as there were no covers on the hotplates to prevent service users burning themselves, this was raised with us and the manager during feedback, who agreed to assess the risks and take any action required to minimise this risk.

Information obtained in care plans show service users have been involved in training for person centred care planning. The plans reflect individual's aims and where these have been achieved, such as establishing friendships based on their ability and not disability, and plans to contribute to activities, which are normal and real. Activity planners show that people are being supported and encouraged to attend social activities to achieve this. Activities include Gateway, Befriender's, Target club, and for one individual playing the drums in a local band. These also reflect where people are allocated 1-1 support to have an active social life and to achieve their hobbies and interests; these include music, drumming practice and fishing. Social interaction plans, are in place, which tells staff how they need to support people in the community.

We observed a reminiscence group in progress in day activities. Items of interest, such as gramophones, dancing and an old fashioned wireless provoked good discussion about wireless licences, rationing and dancing. Service users and staff were seen fully engaged in these discussions and clearly enjoying the activity and the memories the conversation evoked.

People using the service have access to learning and employment opportunities, at Stowmarket Resource Centre. ASDAN courses are provided by the Learning Skills Council, external tutors are provided running a variety of courses four days a week. Courses currently being offered are relaxation, money skills and art and creativity. Two people from the Laurel's also attend the resource centre lunch and learn club, which provides educational, and social courses art, computer skills, writing and communication skills. The resource centre also provides two service users with the opportunity to take part in non paid employment in the recycling centre and undertaking reception duties.

Meals are prepared in each of the individual houses, people in the Laurel's were observed eating their evening meal, and this consisted of homemade vegetable soup. This was a social occasion; people were engaged in conversations around the dining table and were able to choose from a variety of home baked cakes, puddings and biscuits. People told us they are able to choose what they want to eat and that they are involved in the food planning and shopping. The AQAA identifies where the service are looking to make improvements, to include a review of the menu system in the individual units. This will enable a better system for involving service users in menu compilation. Additionally, a day care activity involves meal preparation on Friday's. The manager told us, they are looking to further develop this to enable service users to prepare and cook their own main meals and snacks.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 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):

18, 19, 20, 21,

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.

People using this service receive effective personal healthcare and support using a person centred approach, which is based on their individual needs.

EVIDENCE:

Information provided in the AQAA reflects staff work with the people using the service to tailor their care package to meet their individual needs. These are documented in 'All about My Health' plans, which identify their specific healthcare needs and where to access support. The health plans reflect people are supported to access routine healthcare appointments, such as the dentist, opticians, doctors, district nurses and other primary and specialist healthcare providers, where required. Records, letters and correspondence seen on files confirmed the service works closely with healthcare professionals to ensure people's physical, mental and emotional wellbeing is monitored.

The health plans contain a photograph at front of the individuals' plan and contains information about their past medical history, allergies, weight recorded and a list of their current medication and possible side affects. Two of the people being tracked have a diagnosis of diabetes. Their health plans contained protocols and a care plan to help them manage this condition. These plans are comprehensive and provide good information for staff, including information about diabetes, including what to do if the individual experiences hypo and hyper glycaemia attacks. They also highlight the importance of checking sugar levels and correct storage and administration of insulin. However, one of the care plans contained an additional plan for managing their diabetes, which had another persons name recorded on the information, this was discussed with the manager who needs to ensure this is either removed or amended to reflect accurate information.

In addition to the health plans, separate information books 'All about me' have been developed to take to hospital and health appointments. These provide information to health professionals about the individual and reflect allergies and current medication. There is a space at the front for a photograph of the individual; however none of the plans had these in place and the list of medication did not fully reflect the list as provided in the individual health plan. Additionally, one of the plans had not been fully completed.

All three care plans had 'when I become sick or might die' plans in place, which advises staff of each individual's preferences, including end of life choices and funeral arrangements. The AQAA identifies where the manager is looking to make further improvements to the service by ensuring all staff receive training in dealing with end of life situations, due to the ageing population within the home.

Risk assessments are in place for people who are able to manage their own medication. These are being reviewed regularly. One individual successfully self administers their own insulin. The risk assessment has detailed information about diabetes, their medication and injections and possible side affects and reason for taking. There is also a needle stick injury flow chart and supporting risk assessment, which provides the individual and staff with information about what do to should this occur, changing their own needles and administering the insulin. A separate folder is kept for monitoring the individual blood sugar.

Issues in relation to medication, identified at the previous key inspection and following random inspection on the 14/12/07, have been resolved. We checked the medication in the Willows and the Laurel's at this visit and found the practice of administering medication is being generally well managed. The home uses the Monitored Dosage system (MDS). Monitored dosage systems are designed to promote a safer system of medicine administration in care homes. Medication is provided by the pharmacist in a convenient form of packaging, such as blister packs. The Medication Administration Records (MAR)

charts inspected were found to be completed correctly, with no gaps. Photographs of residents had been attached to the front page of each person's MAR chart to avoid mistakes with the person's identity in the Willows; however no photographs were in place for the people living in the Laurel's.

Staff had made good use of the reverse of the MAR charts, for medication refused or not given and when PRN (as required) medication had been administered, such as paracetamol and the reason why. However, where an individual had been prescribed Lorazepam PRN, 1 to 2 tablets, as required to reduce anxiety/agitation, there was no protocol in place to guide staff at what point PRN medication was to be administered. This was discussed with the senior in the Willows and the manager that a clear rationale for administering the medication should be in place, which links in with the individual behavioural management plan, clearly showing what other support mechanisms are in place, including dealing with known triggers and that the medication is administered only as a last resort. This should be clearly recorded to fully and accurately justify their use.

Only one person residing in the Willows is currently prescribed the controlled drug Temazepam. These are being kept securely in a specific controlled drugs cabinet, which meets with the required specifications as detailed in the Misuse of Drugs (Safe Custody) Regulations 1973. A check of the stock of Temazepam against the controlled drugs register was made and found to be accurate.

The home has an efficient and comprehensive medication policy, procedures and practice guidance for ordering, prescribing, storing, administering and disposal of medicines. Staff spoken with and training records confirmed that staff responsible for administering medication have received or are currently undertaking care of medicines and administration of medication training. Additionally, medication competency assessments were seen on staff files, these are carried out to ensure staff are following the correct procedures.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 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):

22,23,

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.

People who use this service have access to a complaints procedure which is in a format they understand and which enables them to make their views known and are protected from abuse or being placed at risk of harm or abuse.

EVIDENCE:

Information provided in the AQAA and verified at the inspection confirmed the home has a clear complaints policy in place, which is displayed in the main foyer and in each unit on site. Additionally, people using the service are provided with an easy read complaints procedure, 'Your Voice, Ask, Listen, Do' included in the Service User Guide. As already mention in the choice of home section of this report, the complaints procedures need to be amended to reflect the change of name and contact details for the Care Quality Commission (CQC) which replaces the former Commission for Social Care inspection (CSCI).

All seven service users 'Have Your Say' surveys told us they know how to make a complaint and had had the process explained to them. Additionally, the AQAA states that service users are encouraged to participate and air their views, a number of service users attend regular ACE, advocacy meetings, local befriending service and have identified befriender's who are able to support them to put forward their opinions and wishes.

CQC have not received any formal complaints about this service in the last year. The homes complaints folder reflects no complaints had been received by the service either. A letter from a relative was seen thanking staff for the support received by their relative living in the home and their family over a difficult time with family illness.

Policies and procedures are in place to safeguard the people using the service from neglect and abuse. These identify the actions staff should take if an incident of abuse is discovered or reported to them. Staff spoken with were clear about their role and their duty of care to raise any concerns they may have about other members of staff conduct and in reporting of incidents of poor practice and suspected situations of abuse. Not all staff were clear about the process of reporting incidents to the local authority safeguarding team via Social Services, Customer First service. However, they did confirm they would report incidents immediately to the most senior person on duty and that they have an on call system for weekends and evenings, should an incident occur. The AQAA states that all relevant issues are reported to the safeguarding team and/or the relevant authority to ensure that all issues are dealt with effectively and in good time. The manager is good at reporting incidents to us, and keeps us informed about safeguarding issues that have occurred in the home, how these are managed and resolved.

Staff files confirmed the organisation operates a stringent screening process that requires new employees to be cleared through enhanced Criminal Records Bureau (CRB) and Protection of Vulnerable Adults (POVA) checks and have satisfactory references prior to commencing employment.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 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):

24, 26, 28, 29, 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 physical layout and design of the home enables people to live in a safe and comfortable environment, which encourages independence.

EVIDENCE:

We visited each of the three units, Willows, Beeches and Laurel. Permission was gained from some residents and individual bedrooms were seen. The accommodation has been specifically designed, for the people who live there. Interactions between the manager staff and the people living in the home reflect a domestic, non working environment with a homely atmosphere. The home is safe and accessible by all people using the service and meets their individual and collective needs in a comfortable, homely and friendly environment.

Each of the units, and the individual flats, are decorated to reflect the tastes of the group of service users that live there, and who share the communal areas. Service users are encouraged to participate in choosing the décor for their rooms to ensure that it is personal to them and which reflect their personality, hobbies and interests. A designated smoking area is provided away from the residential units.

Information provided in the AQAA and verified at the inspection confirmed the home is maintained in a manner which is clean and safe. The home employs cleaning staff who follow a set work schedule and a dedicated gardener to ensure the upkeep of the grounds. One of the service users takes a keen interest in assisting the gardener; other service users are also encouraged to assist with maintaining the environment of the home. Of the seven 'Have Your Say' surveys returned to us, three people considered the home to be 'always' fresh and clean, with three people saying this is 'usually' the case, however one person felt that this is only sometimes true.

A number of improvements have been made to the environment, these have included, redecoration of individual rooms, communal and staff areas. All the individual bungalows have been fitted with patio doors allowing people to have better access to the garden and will allow the development of individual/private garden areas in the near future. The provision of improved aerials has improved the television reception in the home. Exterior lighting to the site has been upgraded to ensure the safety and wellbeing for service users walking between units outside daylight hours and wheelchair access has been improved to the Laurels unit, now enabling easy wheelchair access.

The AQAA reflects where the service could do better; currently they lack space to provide a private area for service users to meet with their relatives. One of the bedrooms has been converted in the Willows to provide additional communal space/private area for visitors. There are further plans to build a conservatory, an on-site Snoezelum facility and a project plan has been put forward to upgrade the bathroom in Willows unit to allow improved access for service users with mobility problems.

Care plans contained manual handling assessments, which reflect the individual's ability to mobilise, the number of staff required in any transfers and the type of equipment, such as a hoist and sling to be used. Additional assessments included the use of bedrails, falls and pressure relieving equipment, such as cushions and mattresses. A range of equipment, aids and adaptations were observed in all units where required to help mobility and manager pressure area care. Additionally, a number of people's rooms included a range of sensory equipment, including murals, projectors and fibre optics, creating a relaxing environment.

There are sufficient toilets and bathrooms and shower facilities for the occupants of the homes. The laundry facilities have the appropriate equipment to launder clothing and bedding, and when required, soiled linen. Systems are in place to minimise risk of spreading infection, the home has red dissolvable bags, in which soiled laundry is put, which is placed directly in the washing machine, on a sluice cycle prior to washing. Appropriate protective equipment, such as aprons and gloves and hand washing facilities of liquid soap and paper towels are provided in all bathrooms, and where staff may be required to provide assistance with personal care.

Staffing

The intended outcomes for Standards 31 – 36 are:

31. Service users benefit from clarity of staff roles and responsibilities.
32. Service users are supported by competent and qualified staff.
33. Service users are supported by an effective staff team.
34. Service users are supported and protected by the home's recruitment policy and practices.
35. Service users' individual and joint needs are met by appropriately trained staff.
36. Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 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):

32, 33, 34, 35, 36,

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.

People using this service are protected by the homes recruitment procedures and are supported by a staff team that are trained, skilled and in sufficient numbers to meet their assessed needs.

EVIDENCE:

The AQAA states the home ensures a safe staffing level, plus they have dedicated 1:1 staff on each day. The duty roster confirmed that during the waking hours there is a set staffing ratio of two staff to each unit. Seven staff had been rostered, which included a floating member of staff who works across the units, as required. The nights are covered by one waking night shift per unit. The duty roster also confirmed the set designated 1:1 hours allocated for specific service user as part of their agreed care package. People living in the flats are more independent and do not have a set staff team, however staff from Beeches and Laurel's are assigned to provide support, where required.

Staff in the Beeches and Laurel's generally felt that excluding sickness, staffing levels were adequate to meet the needs of the people living in these units. However, staff described the Willows as a high demand unit, with a high noise level and challenging behaviours and is the hardest unit to cope both mentally and physically. There are currently seven people living in the unit, staff commented that an additional member of staff is required, especially at weekends. When they only have two staff allocated it is difficult to meet all of the service users' needs. They did confirm that three of the service users are allocated 1-1 hours, which helps and that they are allocated floating shifts, but these are also used to cover sickness and annual leave. In an emergency they can call the other units for support. This was discussed with the manager who confirmed that the floating member of staff is usually allocated to this unit, and that they have 480 hours a week vacant which they are currently trying to recruit to, which will help to maintain staffing levels in the future.

Staff confirmed they had been recruited fairly. They also described the training provided by Graegmoor as excellent, providing them with a very good education and the skills and knowledge to do their jobs and to meet the specific and individualised needs of the people using the service. The AQAA identifies that the service has a rolling programme of training in all mandatory areas. Training records are updated on a monthly basis. A copy of the training analysis was provided at the inspection confirming training that has been completed and where training is required. Most recent training has included health and safety, Control of Substances hazardous to Health (COSHH), safeguarding of vulnerable adults (SOVA), fire safety, moving and handling, medication, first aid, food hygiene, mental capacity act and deprivation of liberty. Other training specific to the individuals has consisted of bereavement, diabetes, epilepsy, Parkinson's, dementia and control, respond and restraint. This was a four day training course, providing staff with techniques to help support individuals with behaviours that can be challenging. Staff told us they would like further training to provide them with knowledge about Bi polar, downs syndrome and autism and to help them support people diagnosed with these conditions.

The AQAA identifies the organisation has introduced a structured induction programme, which includes completion of Learning Disability Qualification (LDQ) induction workbooks and an internal induction which involves the new employee to work alongside an experienced member of staff who acts as their mentor. However, this is an area where the manager has identified improvements could be made, to implement a speedier progression through the induction process, to ensure that staff are supported to complete their induction folder in a timely manner. Completed induction workbooks are assessed by the manager or the deputy managers to verify the staffs understanding and certificated by Craegmore Healthcare

The AQAA states the home employs a total of thirty nine full and part time care staff, twenty two have obtained a National Vocational Qualification NVQ Level 2 and/or above. These figures reflect that the service has reached the National Minimum Standard (NMS) target of 50 per cent of care staff to hold a recognised qualification.

Information provided in the AQAA reflects the organisation has a rigorous and detailed recruitment process to ensure that all safety checks and eligibility to work with vulnerable adults are in place and cleared prior to taking up new posts. Examination of three staff files confirmed this, all appropriate checks had been taken up prior to them commencing employment, however there was no photograph of the staff for identification purposes. The manager confirmed they would action this immediately.

Staff were able to give a verbal account of the needs and preferences of individual residents in their care, they had a good knowledge of their individuals needs, interest's and hobbies. The interactions between residents and staff were observed to be friendly and appropriate. People using the service told us the staff treated them well, and that they were very kind and helpful, this was confirmed in the five of the 'Have Your Say' surveys, who said staff 'always' treated them well, with two people saying this is 'usually' the case. Four surveys reflect people felt the staff 'always' listened and acted on what they said, with two people saying this was 'usually' the case, with one person commenting that this happened 'sometimes'.

The AQAA states all staff receives 1:1 supervision on a regular basis. Information seen on staff files and discussion with staff during the inspection confirmed this. Staff also told us the job can be quite stressful at times and that they receive good support from the manager and deputies. Staff described the manager and deputies as very supportive and approachable. Team leaders advised us as part of their responsibilities they supervise staff in their teams, they told us they had not received training for this task, however they had been provided with information and a supervision template for a guide for areas of discussion and the main points to consider.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 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):

37, 38, 39, 42,

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 management and administration of the home is based on openness and respect and is run in the best interests of the people living there by a competent and qualified manager.

EVIDENCE:

Mr Simon Manning was registered by us, in May this year, as the registered manager of this service. They are a qualified social worker and holds a diploma in the management of care services. They have a wealth of knowledge and experience of working with people who have a learning disability and in older people's services. They have additional qualifications in health and safety and

training. The home manager told us they intend to further develop their skills by undertaking the Institute of Leadership and Management Level 4 award. They demonstrated that they have a clear sense of direction for the service in line with Craegmoor Healthcare aims and objectives. This was supported in conversation with staff, visiting social worker and people using the service who told us that the manager is very good, and very approachable, if we tell him what you want and he will do his best to provide it for you, he listens and is really trying to improve the service.

Information provided in the AQAA and verified at the inspection confirmed that the organisation has an auditing system in place for both quality and finance systems, enabling issues to be identified and dealt with effectively. A monthly reporting system is in place requiring the home manager to report on identified targets. These are reviewed and tested during visits from the area manager, which takes place on a monthly basis. As part of the homes quality assurance process, clinical governance reports are completed monthly, which reflect occupancy levels, number of people with weight loss/gain, the number who attended educational courses and on or offsite activities that have taken place. Additionally, Craegmore have developed their own quality assurance monitoring, which follows closely the National Minimum Standards (NMS) produced by the Secretary of State for Health under the Care Standards Act (CSA) 2000. The most recent quality assurance survey completed 12/03/09 reflects where the service is doing well and where improvements need to be made.

As part of the quality monitoring Service users are asked to complete questionnaires to provide feedback about how well the service is meeting their needs. The manager told us they have not yet received the surveys issued this year, however a sample of surveys returned for 2008, were seen, which told us, generally people are happy with the service provided, comments included, "I am happy with everything, I go to Stowmarket Resource Centre every day, where I work in the café making teas, this is lovely" and "the food is good, staff are good, they look after me" and "it is very nice here, I like living at combs court. Other comments included, "I am happy here" and I am generally happy with my home, and the way I am treated"

Graegmoor operates a computerised system, supporting people to manage the finances, so that they have 24 hour access to their personal monies. Service users have their own bank accounts and have access to small amounts of money via a cash float held in the service. For larger amounts of money prior notice is required. One of the deputies was observed supporting an individual to access their money; the transaction was demonstrated through the various stages from the company computerised account to the resident receiving their cash in their hand. There are adequate safeguards in place to protect both the resident and staff who handle the money with various checks along the way.

To ensure people living and working in the home have their safety protected and have a say in how things are run and managed, regular service users, staff and health and safety meetings are held. Health and safety committee meetings are held three monthly, with additional health safety reviews monthly covering policies and procedures and work practices systematically month by month. These which have included COSHH, fire safety, moving and handling, health and safety at work, safety equipment, health and safety management, maintenance, health and safety training, transport safety.

To ensure the safety of people living in the home, all radiators throughout the home guarded with radiator covers, which minimises the risk of people falling against them and sustaining burns. Regular hot water checks are made to ensure these are operating within the safe recommended temperatures. Records kept in the home confirmed all equipment is being regularly serviced as per the manufacturer's recommendations, including Lifting Operations and Lifting Equipment Regulations (LOLER) tests. The most recent Gas, Electrical Safety certificates, including Portable Appliance Testing (PAT) were seen.

The fire logbook showed that the fire alarm is serviced regularly and tested weekly. Regular fire training and drills take place, however it was noted that no fire drills had taken place for people occupying flats since 2008. The service has a fire risk assessment in place, which takes into account whole of Combs Court and individual houses, which appear to be up to date and compliant with current fire safety legislation.

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SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 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	
<i>Standard No</i>	<i>Score</i>
1	3
2	3
3	3
4	3
5	3

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	3
7	3
8	3
9	3
10	3

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	3
12	3
13	3
14	3
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	3
19	3
20	3
21	3

CONCERNS AND COMPLAINTS	
<i>Standard No</i>	<i>Score</i>
22	3
23	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	3
25	X
26	3
27	X
28	3
29	3
30	3

STAFFING	
<i>Standard No</i>	<i>Score</i>
31	X
32	3
33	3
34	3
35	3
36	3

CONDUCT AND MANAGEMENT OF THE HOME	
<i>Standard No</i>	<i>Score</i>
37	3
38	3
39	3
40	X
41	X
42	3
43	X

No

Are there any outstanding requirements from the last inspection?

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

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	YA1	Information about the service needs to be amended to reflect the change of name and contact details for the Care Quality Commission (CQC) which replaces the former Commission for Social Care inspection (CSCI).
2.	YA10	Guidance should be provided to staff to ensure that information recorded in daily records is respectful of people's dignity.
3	YA20	Where PRN (as required) medication is prescribed there should be a protocol in place to guide staff at what point PRN medication is to be administered, with a clear rationale for administering the medication to justify their use.
4	YA42	To ensure the safety and welfare of people living in the individual bungalows, regular fire training and drills should place.



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