

Key inspection report

Care homes for older people

Name:	Canning Court
Address:	Canners Way Stratford-Upon-Avon Warks CV37 0BJ

The quality rating for this care home is:	one star adequate service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Julie McGarry	0 8 0 3 2 0 1 0

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

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

The mission of the Care Quality Commission is to make care better for people by:

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Canning Court
Address:	Canners Way Stratford-Upon-Avon Warks CV37 0BJ
Telephone number:	01789405000
Fax number:	01789405039
Email address:	
Provider web address:	

Name of registered provider(s):	BUPA Care Homes
Name of registered manager (if applicable)	
Mrs Karen Ann Aldred	
Type of registration:	care home
Number of places registered:	64

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	0	64
Additional conditions:		
The maximum number of service users to be accommodated is 64		
The registered person may provide the following category of service only Care home with nursing CRH N To service users of the following gender Both Whose primary care needs on admission to the home are within the following categories Dementia code DE		

Date of last inspection									
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Brief description of the care home
Canning Court is situated in Stratford Upon Avon. The home is purpose built to meet the needs of people living with dementia and dementia related illnesses. Canning Court is a 64 bed home on two floors, all bedrooms have ensuite shower rooms and there are four assisted bathrooms within the home. There are eight communal areas with two separate dining rooms, hairdressing salon and activity room. A passenger lift enables access to all floors. There is a secure garden to the rear of the home.

Brief description of the care home

The fee information was not available at the time of the inspection; persons may wish to obtain more up to date information from the service.

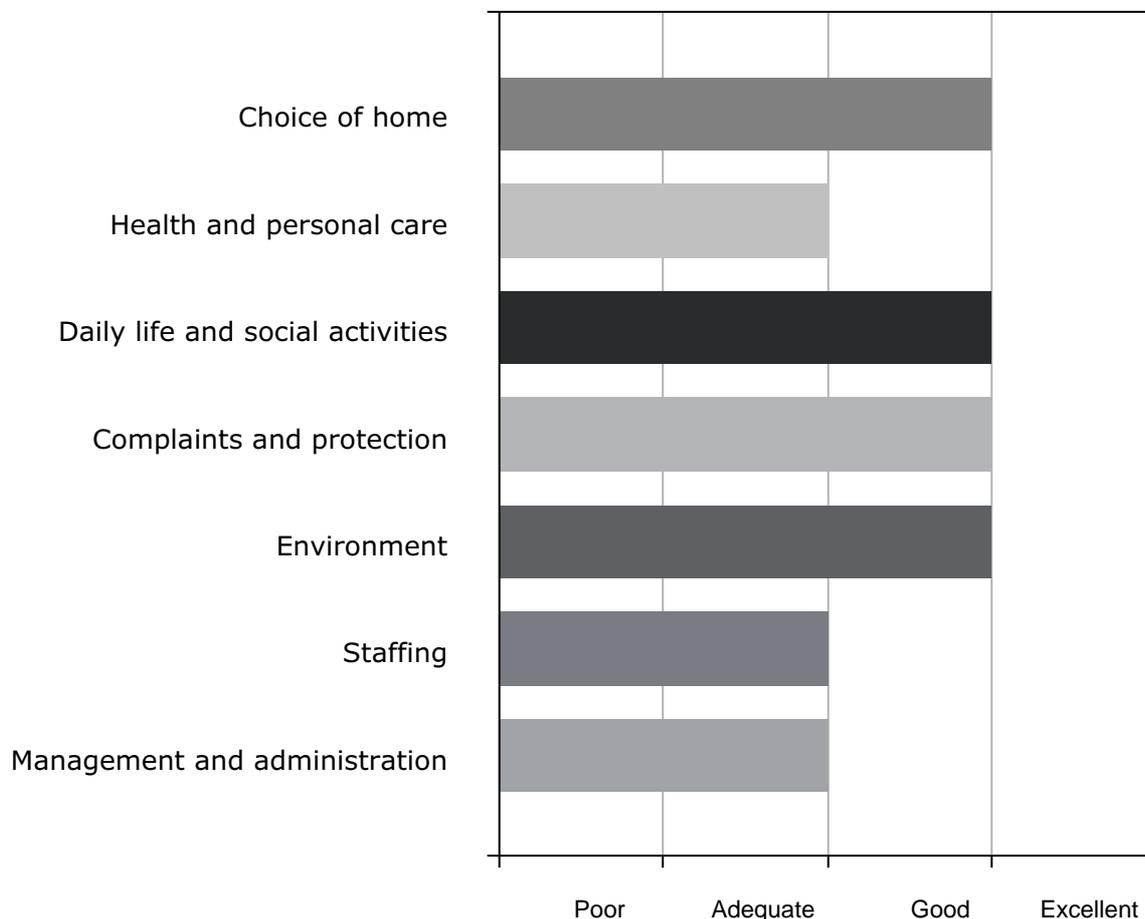
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

The quality rating for this service is one star; this means that people using the service receive adequate outcomes.

This was a key unannounced inspection visit. This is the most thorough type of inspection when we look at key aspects of the service. We concentrated on how well the service performs against the outcomes for the key national minimum standards and how the people living there experience the service.

We carried out this unannounced key inspection on one day. As the inspection was unannounced the registered owner, manager and staff did not know we were going.

Before the inspection we looked at all the information we have about this service such as information about concerns, complaints or allegations; incidents; previous inspections and reports.

Registered care services are required to complete an Annual Quality Assurance Assessment (AQAA). The AQAA provides information about the home and its development. This form was completed by the manager and returned to us within the required timescales.

Three people at the home completed questionnaires as part of the inspection process and five staff completed and returned questionnaires.

At this key inspection we used a range of methods to gather evidence about how well the service meets the needs of people who use it. Some time was spent sitting with residents in the lounge watching to see how residents were supported and looked after. These observations were used alongside other information collected to find out about the care they get from staff. We also looked at the environment and facilities provided and checked records such as care plans and risk assessments.

There were 23 people in residence on the day of our inspection. Three people using the service were identified for 'case tracking'. This is a way of inspecting that helps us to look at services from the point of view some of the people who use them. We track people's care to see whether the service meets their individual needs.

Our assessment of the quality of the service is based on all this information plus our own observations during our visit.

Throughout this report, the Care Quality Commission will be referred to as 'us' or 'we'.

At the end of the visit we discussed our preliminary findings with the manager of Canning Court.

What the care home does well:

Throughout the visit staff were observed to offer help where needed and in such a way that maintained independence dignity and safety. Staff are knowledgeable about people's needs.

Anyone wishing to move to the home has their needs assessed before they move in, to ensure that their needs can be met properly.

Visitors are welcomed at the home and a flexible visiting policy is in place to make it easier for people to stay in touch with friends and relatives.

People are supported to gain access to advice from health professionals where they need it so their health needs can be met.

People benefit from a nutritious and varied diet and have sensitive assistance to eat their meals.

The home has a planned programme of activities led by an activities co-ordinator so that people in the home can maintain their enduring interests.

The home has a complaints policy in place. Staff are aware of how people with limited verbal communication make their needs known. The home has a good system in place with regard to the appointment of staff. Records seen show that references are always obtained and staff are not appointed prior to safety checks being undertaken.

Relatives say they are kept informed by the home of any developments or concerns or incidents regarding their loved ones.

There were no unpleasant odours identified during the inspection and areas of the home seen were clean.

What has improved since the last inspection?

This is the first inspection since the home became registered in November 2009.

What they could do better:

Care plans need to improve to ensure they reflect people's needs, detail the support people require to meet their needs, and demonstrate how identified areas of risk are being managed.

The management of people's medication must improve to ensure all people receive their medication at the prescribed dosage and correct intervals.

The system for evaluating the quality of the service provided should be developed further and additional consultation with residents, their representatives and other stakeholders should be undertaken to gain their views about the service and ideas for improvements.

If you want to know what action the person responsible for this care home is taking

following this report, you can contact them using the details on page 4.

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

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People who are considering moving into the home benefit from having their care needs assessed before admission so that they can be sure the home can meet their needs. People and their families are provided with information and visit the service prior to admission to enable them to make an informed choice.

Evidence:

In the AQAA, the manager states 'Comprehensive written information is provided to all prospective clients, outlining the ethos of Bupa Care Homes and the home as well as vital information to help with the process of choosing a care home. The home's Service User Guide and Statement of Purpose are made available in reception. Prospective residents who are unsure are given the option of a trial in the home, to ensure their happiness and wellbeing. We involve relatives / representatives with prospective clients in care planning by asking them to complete a Personal Preference Plan'.

Evidence:

To find out whether this was the case, three people were 'case tracked' during this inspection. This involved looking at their care files talking to them and their family where possible, and talking to the staff that care for them. Their living accommodation and the facilities available to them were also looked at.

The care files of three recently admitted people to the home were reviewed to identify whether appropriate pre-admission processes take place at Canning Court. Sufficient information is obtained about people before the home confirm that they are able to meet their needs. The availability of this information helps to ensure that the specific care needs of each person can be identified and used to help complete a plan of care. Completed Personal Preference Plans were seen in peoples records, this information was obtained from relatives to help staff deliver person centered care.

The home's statement of purpose and service user guide was looked at as part of the inspection. Both documents clearly identify the levels of service that could be offered to specific user groups. They are detailed, informative and reflective of the actual service being provided. This ensures that people have enough information to make an informed choice about whether they would like to live at Canning Court. People who are considering moving in have copies of the service users guide. Relatives and people who may wish to use this service are encouraged to visit and have a look around and stay for the day before they decide if they would like to move in. This ensures that people have enough information to make an informed choice about whether they would like to live at Canning Court or not.

The home routinely provides people with contracts of their stay there.

A conversation was held with two people who recently moved in to Canning Court. It was noted that they had settled in well, felt safe, and thought the staff were all kind friendly and attentive to their needs. Both people told us that they were happy to be living at Canning Court.

Health and personal care

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People can be confident that their needs are being met. The administration, accountability and management of medication needs to be improved to fully protect people and ensure their well-being.

Evidence:

In the AQAA the manager states 'All residents have comprehensive Personal Plans produced with the help of the QUEST assessment tool, which are reviewed monthly and updated as necessary. We record and report on the treatment of pressure ulcers as well as assess and document actions taken to alleviate the risk. All residents nutritional needs are assessed using a recognised nutritional assessment tool. All residents are registered with their choice of GP. Resident care is focused on being person centred supported by the Personal Best Programme'.

To find out whether this was the case the care files of the three people being case tracked were reviewed to see whether the home are recording reviewing and acting upon identified care needs. Conversations were held with two of the three people case tracked plus three other people to identify whether their needs are being met in a way

Evidence:

in which they prefer. Conversations were also held with the manager and staff to identify their knowledge of the needs of people under their care.

Plans of the care to be provided (care plans) were developed when each person was admitted to the home. Three people's care plans were looked at. The care files covered all the main areas of care including medical history, personal care, pressure care, nutrition continence and mobility.

Good recordings were seen for the management of pressure care support. Records on one person's plan tells staff about 'the need for pressure relieving equipment the assistance of two people and handling equipment for positioning and repositioning and need for positional change every four hours'. Staff spoke to were able to explain how care needs to be provided to support this individual. From discussions with the manager and from information in the records, we found evidence to show that there has been an improvement in this person's skin integrity since their admission. Additionally we found other improvements to this person's wellbeing including their mobility and nutritional needs.

The home has taken steps to develop detailed care plans for people with behavioural needs. Two records looked at show that the home has liaised with mental health professionals to develop care and risk plans to help guide staff deliver safe and consistent care.

Another example of good recording practices were seen for one person at risk of poor nutrition. The risk plan for this person shows they need 'to be weighed monthly, also eats well but needs assistance with eating and drinking'. Monthly weight charts are being maintained to monitor any weight changes and daily records detail what this person has to eat and drink each day. We spoke with this person's relative about their diet and they told us that they enjoy their meals and have a stable diet.

The home are taking steps to develop care plans from the point of view of the person using the service. Person centred approach to care planning helps to remind staff about the way the person would wish to be treated and how they would like their care to be delivered.

The manager and senior staff have made efforts to develop good quality care plans. However there are shortfalls in people's care plans and risk assessments with recordings. For example, there is no care plan or risk assessment plan in place for one person who has epilepsy. Discussions with staff show that there is some understanding about how support needs to be provided should this person have a

Evidence:

seizure, however there is no documentation that records the type of epilepsy or actions staff need to take should this individual require support. Additionally, there was a lack of guidance for one person who is diabetic, blood sugar levels being recorded and there is a care plan for diabetes in place, however it does not tell staff what foods this person can / can not eat or the indications that this person maybe hypoglycemic or hyperglycemia and what actions they need to take should they become concerned. A risk assessment plan is absent for two people who have bed rails. This information is needed in care plans to help ensure that bed rails are used appropriately. Following discussions with the manager, immediate action was taken to review care and risk plans and update them with sufficient information to enable staff to respond safely and consistently. It was evident that specialist support is accessed when required. Records showed that contact had been made with doctors, mental health care specialists, chiropodists and opticians as required.

It was evident throughout the inspection that people receive good care and staff were supportive and friendly towards them. The privacy and dignity of people at the home was seen to be respected throughout the inspection. People using the service were well presented and staff knocked on their doors before entering and all personal care was undertaken in private. All people at the home spoken to were positive about the care they receive. One person commented that the carers were 'lovely, and kind' . A visitor to the home stated 'X has put on weight since they arrived, x appears to be settled'.

A review of medication was undertaken. Three peoples medicines were looked at together with their Medicine Administration Record (MAR) charts and some care plans. The home has a good system to check the prescriptions prior to inspection and to check the medicines and MAR charts received into the home. All the quantities of the medicines were recorded together with any balances carried over from previous cycles. Each set of MAR charts for each person had a photograph to aid identification. Protocols had been written to enable staff to administer medicines prescribed on a when required basis as the doctor intended.

Audits indicated that the majority of medicines had been administered as prescribed and records reflected practice, however errors were found. For example, one person recently had an increase in one medication and an additional blister pack for this tablet was provided by the chemist. We found that the additional medication was not administered for five consecutive days. Nursing staff had signed to record they had administered this medication when they had not. We also found other examples of nursing staff signing records to show medication had been administered when the medication was still in the blister pack. Reasons for non administration were not

Evidence:

recorded and gaps were seen on the MAR chart when staff did not sign for medication that was administered.

There is currently no system in place to assess staff competence in the safe handling of medicines . The manager was unaware of the discrepancies found during the inspection and has agreed to install the quality assurance system to improve the medicine management in the home.

Controlled drugs are being managed appropriately and a controlled drugs register was in place to show medication received given and remaining as required.

The nurse spoken with had a very good understanding of the medicines she administered and also the people's clinical needs.

Daily life and social activities

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

People who use the service find the lifestyle experience matches their expectations and preferences, they are helped to make choices and have control over their lives. Open visiting arrangements encourage regular contact with relatives and friends. People benefit from a varied, tasty and nutritious choice of food.

Evidence:

The AQAA completed by the manager before the inspection tells us 'We encourage the personalisation of a residents personal space giving somewhere they can really feel at home. We have developed our menus to allow for resident choice and preferences. We employ an open visiting policy taking into account residents wishes. We provide picture menus to help open up choice. We encourage the involvement of residents and staff in the development of the menus. We have a structured activities programme, with a dedicated activities organiser. We encourage a weekend activities programme'.

To assess whether this was the case we observed the interactions between people and staff talked to the people who receive a service and looked at the programme of activities and discussed peoples nutritional needs with the manager and staff. We looked at a range of documents and we looked carefully at the care provided to three people from the point of their admission to the present time. We also looked at the

Evidence:

information in surveys that staff and people who live at the service had filled in.

People we talked to said that they were happy with the daily routine. They said that they were free to get up and go to bed whenever they chose. They also said they were satisfied with the range of social and leisure activities provided in the home.

Two activities co-ordinators organise a weekly programme of activities. During the week of this inspection people were supported to join in a reminiscence quiz, aromatherapy, and musical bingo. One to one activities were offer to individuals this included hand massages and walks out to the local shops. Other activities arranged at the home include card games, reflexology, arm chair exercises and celebrating special occasions, birthdays, Shrove Tuesday and Burns night.

There is evidence that residents are able to maintain links with their families and friends. Also visits from members of the clergy are arranged at the home to enable people to practise their faith. One relative spoken to told us that they visit regularly and are always made welcome. They also told us that the manager and her staff always include them in the care and daily life of their relative and that they feel secure and safe that the care for both the physical and social needs are always met.

Relatives and friends were seen coming and going from the home and appeared comfortable and welcomed. We spoke to one relative who told us she was always made welcome when visiting. Relatives spoken to commented positively on the care being provided.

We observed the lunchtime meal. There was meal choice of salmon quiche or beef stew. Alternative meals are offered including jacket potatoes and poached fish. People were seen to be asked their meal preference. We spoke with three people during their lunch, all agreed the quality and quantity of the food was good and were pleased that they were able to enjoy a glass of wine with their meal should they wish to do so. An appetising pudding was offered. There were positive comments made about the food at Canning Court such 'the food is very nice' and 'I get plenty to eat'. All of the meal was well presented looked appetising and nourishing and appropriate plates and cutlery were used. Staff were available to offer discreet timely and sensitive assistance to residents who needed help eating their meal.

Comments from surveys people who live at the services informs us that :

What the home does well : '24 hour care'.

Evidence:

What the home could do better : 'washing / ironing' and ' service at meal times'.

Staff told us in the surveys 'activities are arranged frequently for all residents and most take part. I think that the two co-ordinators are very inventive and know how to relate to residents'.

From a discussion with the cook we are told that she spends time with people when they initially move into the home to determine each person's food likes and dislikes. The cook informs us that she hopes met with every resident to discuss their nutritional needs and enable people to part of the new menu plans.

Complaints and protection

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

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

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

People living in the home can be confident that their concerns will be listened to and acted upon. There are systems in place to respond to suspicion or allegations of abuse to make sure people living in the home are protected from harm.

Evidence:

The AQAA tells us 'Bupa Care Homes is currently reviewing its current complaints policy. The current policy has agreed timescales for managing complaints. The information that accompanies the policy is prominently displayed in the home Bupa Care Homes has robust allegation of abuse and neglect policies allowing staff to raise concern within the home or to senior staff outside the home. Training is available regarding to all aspects of protection'.

The home has a clear complaints policy and process, which is available in the reception area and at the 'nurses station' staff for the benefit of staff. The complaints process is also located in the service user guide. Staff spoken with were able to describe the complaints process and how the person who lives there would let them know if they were not happy. There have been no complaints made to the Care Quality Commission about the home. The home has received no complaints. One relative has written to the home to raise their concerns about staffing levels. A full response to the concern was seen, however the outcome of the concern has not been recorded to show if the concern has been addressed to the satisfaction of the individual.

Evidence:

An adult protection procedure is in place at the home to inform staff of the measures to take to report any suspicions of abuse. Staff have a good understanding of how to recognise and report any allegations of abuse. They were able to explain in their day to day practices how they protect people from different types of abuse. From the staff training matrix seen, not all staff have all attended training in the recognition of abuse and adult protection procedures.

The home manages small amounts of personal monies for the people who live there. This was seen and found to be robust and correct protecting each person from financial abuse.

Employment process ensures that staff employed are suitable to work with vulnerable adults.

Environment

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Each person can be confident that they live in a home that is comfortable, safe and meets their individual needs.

Evidence:

In the AQAA we are told 'Our comprehensive policies and procedures include infection control and handling clinical waste. The home is supported in maintaining the environment by a central team of experts'.

Canning Court is a new purpose built Care Home. Accommodation to people living there is across three levels with kitchen, staffing areas, and the laundry room located on the lower ground floor. People's bedrooms and communal rooms are located on the ground and first floors. Dining and lounge areas are located at the center of the home within close proximity to people's rooms.

We looked at some of the bedrooms of the people involved in case tracking. They were clean and well furnished. The rooms were personalised with their own belongings. Equipment is available to assist residents and staff in the delivery of personal care which includes assisted baths, profiling beds, accessible showers, and moving and handling equipment including hoists. A range of pressure relieving equipment including specialised air mattresses are available.

Evidence:

There were lockable cabinets in bedrooms or areas where residents could lock away their personal belongings as stipulated in the standards.

Communal areas were clean and hygienic and had a homely feel. Some residents were seated in the main lounge watching the television whilst others preferred to walk around in the home or spend time with visitors in their rooms.

Systems are in place to reduce the risk of infection. Disposable gloves aprons and hand scrub were available and were used by staff when handling soiled linen.

The home has a modern well organised laundry room with dedicated laundry staff. Residents clothing looked well laundered and ironed. The kitchen was clean and well organised. Records are kept of the fridge and freezer temperatures showing appropriate temperatures to maintain good food safety.

Overall the home was observed to be clean and tidy and free from unpleasant odours.

Staffing

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

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

Suitable arrangements are in place for vetting new staff to ensure that suitable people work at the home. Gaps in some training could compromise safe practices in the home.

Evidence:

The AQAA tells us 'We perform appropriate CRB, PoVA and NMC PIN checks on all staff. There is a training matrix specific to the home that identifies the training requirements of staff. We have a good level of staff retention'.

The number of staff on duty was discussed with the manager a copy of the duty rota was seen. The number of staff on duty on the day of inspection was as recorded on the duty rota and this appeared to be sufficient to meet the needs of those that live at the Home. The home is currently using agency staff to ensure the needs of people at the home are being met.

The manager provides on call arrangements so that staff have access to advice and guidance twenty four hours a day.

All staff say they feel supported. Staff feel there are good communication systems in place between staff and with manager.

Evidence:

The home selects and appoints new staff in accordance with an equal opportunity policy and guidance to ensure that individuals are treated equally and fairly. The manager informs us that the home aims to involve people who live at the home in the future recruitment of staff.

The personnel files of three recently recruited staff were examined and both contained evidence that satisfactory checks such as Criminal Record Bureau (CRB) Protection of Vulnerable Adult (PoVA) and references are obtained before staff commence employment in the home. Robust recruitment procedures and pre-employment checks should protect the vulnerable people living in the home.

A discussion took place regarding staff induction and training. The manager has introduced induction training in line with the requirements of the Common Induction Standards. A blank induction record was seen. It was noted that newly employed staff are undertaking this training currently. These records were not available for review as staff are undertaking their induction currently and have their records with them.

Not all staff have received training in a range of mandatory health and safety and care related subjects including moving and handling, fire safety, infection control, first aid. We were shown the training log, but this was not up to date. We were unable to determine what training staff had received recently. From discussions with the staff team we established that some staff had received training in safe working practices, however, this was outstanding for some new members of staff. The manager has developed a staff training matrix which sets out topics that staff will be trained in over the next 12 months.

The total number of staff within the home is 30 this includes the post of a full time manager. The home is currently in the process of recruiting a deputy manager. The staff team will increase as more residents move into the home. Information supplied by the manager states that three of the 17 members of permanent care staff are qualified to National Vocational Qualification in Care Level 2 NVQ level 2. This is below the national Minimum Standard for 50 per cent of staff to be qualified.

Staff records show that the home is on target to provide formal supervision every two months at this time areas of work training and progress are discussed.

Staff told us in the surveys that the 'amount of staff at times' could be better, and 'training needs to be efficient' Other comments include 'work as a team' and staff deliver 'one to one care, with time for residents'.

Evidence:

People who use the service said that staff are kind and friendly and come quickly to give help when it is needed.

Management and administration

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

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

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

The management of some areas of health and safety practice needs to be improved to ensure people are protected from potential risk of harm.

Evidence:

The AQAA tells us 'We have an annual internal and external customer satisfaction survey. Bupa Care Homes has a comprehensive suite of policy and procedure manuals that are regularly reviewed by experts and updated when required. The Dementia Champion training has been commenced. We strive to ensure that the home is run at all times with the well being of the residents at the heart of all we do'.

The manager is qualified and has the necessary experience to run the home and has been in post since November 2009 and has the necessary experience to run the home. She is a registered nurse.

From discussion with people living at the home, staff, the manager, the examination of records and observation of care practices show that a competent and skilled

Evidence:

manager runs the service. The manager was present throughout the inspection and was knowledgeable about the people using the home.

Prior to the inspection we asked the manager to complete an Annual Quality Assurance Assessment (AQAA). The AQAA was completed to a good standard and gave us information about the home, staff and people who live there, improvements and plans for further improvements.

The home is in the process of developing systems to monitor practice and compliance with the plans, policies and procedures of the home. This includes consultation with residents and their representatives. about the service. Continued work is needed in this area to address shortfalls, for example, the care plans examined demonstrate that the system for auditing care plans needs to be more effective. Medication management needs to improve to ensure all residents receive their medication at the correct dosage and at the required intervals. It is also recommended that the manager develops and implements a system to audit the way the service manages medication.

A manager from within the organisation visits the home on a regular basis to report on the standard of care provided of which reports are made available within the home.

A review of money was undertaken for those people case tracked and for one extra person. All records and monies were in order and receipts were available for any transactions undertaken.

We saw that people living at the home were comfortable in the presence of the manager and could speak to her at any time. One of the visitors spoken with said the manager was very approachable and kept them up to date on their relative's life in the home. The staff spoken with during the inspection spoke highly of the manager and felt that they could approach her for help in any area.

Information provided by the manager in the pre inspection questionnaire indicates that relevant Health and Safety checks and maintenance are being carried out at the home. The home has effective systems for maintaining equipment and services to the home to promote the safety of people in the home. A sample of service and maintenance records were examined and found to be up to date for example fire alarm systems are tested weekly and serviced quarterly, Portable Electrical Appliance testing is ongoing on a rolling programme, a gas landlord certificate was seen and was up to date.

The fire records are maintained and these told us that staff do not have regular fire

Evidence:

practices, this is needed to ensure staff respond appropriately should there be a fire.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	8	12	<p>The care plans must include the clinical conditions for each person. This specifically relates to epilepsy and diabetes management.</p> <p>This is to ensure that staff have clear information to fully support people's clinical needs.</p>	30/04/2010
2	8	13	<p>A full assessment and risk assessments must be available for those people who require bed rails for safety.</p> <p>This is to demonstrate that bed rails are used appropriately to maintain safety and not to restrain.</p>	25/03/2011
3	9	13	<p>The medicine chart must record the current drug regime as prescribed by the clinician. It must be referred to before the preparation of people's medicines and be signed directly after the</p>	30/04/2010

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			transaction and accurately record what has occurred. This is to ensure that the right medicine is administered to the right service user at the right time and at the right dose as prescribed and records reflect practice.	
4	28	18	All staff must receive mandatory training, to include moving and handling, infection control and health and safety. This is so they have the skills and knowledge needed to support people who use the service and people benefit from having their needs met from suitably qualified and trained staff.	31/05/2010

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	8	It is recommended that the manager develops and implements a system to audit the way the service manages medication, to include the competency of staff administering medication.
2	30	Training records should be available which show dates of training for all staff and training due to ensure all staff are kept up-to-date with necessary training to support people who live in the home.

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
3	33	Systems should be in place for the review of working practices and quality of service delivered to people. This should make sure that the home is run in the best interests of people living in the home.
4	38	Fire drills should be carried out and recorded to ensure that people are kept safe in the event of a fire. This is to ensure staff understand the procedures in the event of a fire which will help to safeguard people.

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