

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Warrens Hall Nursing Home

**218 Oakham Road
Tividale
West Midlands
B69 1PY**

Lead Inspector
Karen Thompson

Key Unannounced Inspection
23rd May 2009 13:00

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 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

Document Purpose	Inspection Report
Author	Care Quality Commission
Audience	General Public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
Internet address	www.cqc.org.uk

SERVICE INFORMATION

Name of service	Warrens Hall Nursing Home
Address	218 Oakham Road Tividale West Midlands B69 1PY
Telephone number	01384 455202
Fax number	01384 240068
Email address	starrs.p@bupa.com
Provider Web address	www.bupa.co.uk
Name of registered provider(s)/company (if applicable)	BUPA Care Homes (ANS) Ltd
Name of registered manager (if applicable)	Vacant
Type of registration	Care Home
No. of places registered (if applicable)	40
Category(ies) of registration, with number of places	Old age, not falling within any other category (40)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:

Care Home with Nursing (Code N)

To service users of the following gender:

Either

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

Old age, not falling within any other category (OP) 40
2. The maximum number of service users who can be accommodated is: 40

Date of last inspection 20th August 2008

Brief Description of the Service:

Warrens Hall is a converted farmhouse that has been extended and adapted, which is owned and managed by BUPA who have a number of other homes in the area. Currently part of the building is not in use and accommodation is provided for up to 40 older people who require nursing care for reasons of old age.

There are pleasant views over the fields from the rear of the building. Access and egress is to the side of the building and there is a small garden and patio area to the rear plus adequate car parking space.

Accommodation is spread over two floors, there are lounge and dining room facilities on each floor, so people have a choice of areas to sit. The home offers 40 single en-suite bedrooms, four single without en-suite facilities and six double rooms. A passenger lift gives access to all areas and equipment such as hoists and assisted bathing facilities are available to assist people with mobility problems.

SUMMARY

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

The quality rating for this service is **1 star**. This means that people who use this service experience **adequate quality outcomes**.

The focus of inspections undertaken by the Care Quality Commission (CQC) is upon outcomes for people who live in the home and their views of the service provided. This process considers the care homes capacity to meet people's needs and focuses on aspects of service provision that need further development.

The last key inspection was undertaken on 20th August 2008 when it was given a three star rating. Before the inspection concerns were raised with us about the number of staff on duty and their availability at the week-ends, the lack of equipment and management in the home and some aspects of pressure area care. Part of the inspection was undertaken on a Saturday afternoon in order to determine staffing levels on weekends and was completed on one day the following week. This inspection found the home was in the process of recruiting a new manager and provided adequate outcomes for people.

Prior to this fieldwork visit taking place a range of information was gathered to plan the inspection, which included notifications received from the home or other agencies and an Annual Quality Assurance Assessment (AQAA). This is a questionnaire that was completed by the manager and it gave us information about the home, staff, people who live there, any developments since the last inspection and their plans for the future.

Two inspectors undertook the fieldwork visit over two days. The manager, who was covering the home whilst a new manager was recruited, was available for the inspection. The home did not know that we were visiting on the first day of the inspection.

At the time of inspection the home there was 39 people living in the home. Information was gathered by speaking to and observing people who lived at the home. Three people were "case tracked" and this involves discovering their experiences of living at the home by meeting or observing the care they received, looking at medication and care files and reviewing areas of the home relevant to these people, in order to focus on outcomes. Case tracking helps us to understand the experiences of people who use the service.

Staff files, training records and health and safety files were also examined.

What the service does well:

Staff undertake an assessment of people's needs before they move into the home to determine they can be met and ensure for example that appropriate equipment is available when they move in. This gives confidence to the person moving into the home that their needs will be met.

Care plans and risk assessment were of a good standard providing appropriate information in sufficient detail, so that staff had the information required to meet people's needs.

Standards of care practice were observed to be good on the day of the inspection; people were well presented and their privacy and dignity was respected. Feedback from visiting health and social care professionals was positive and they were pleased with the progress people were making.

The arrangements for pressure area care and wound dressings were good and there was evidence that pressure sores were healing where people had been admitted into the home with them.

Activities co-ordinators are employed and they try hard to provide a range of activities, so people's quality of life is enhanced. Birthdays are celebrated with cakes made by the catering team.

There was a variety of food available at all meals and a 24 hour snack menu. Generally people in the home stated the food was good and they enjoyed the meals.

The home was clean, comfortable and individual rooms were personalised. There is a choice of communal areas and each person can choose where they spend their days.

The laundry was well organised and laundering of clothes was of a good standard. Comments included; "Clothes are washed lovely".

Staff employed are given training in safeguarding people and how to recognise abuse. Staff spoken with were confident and knowledgeable about how to report any abuse and their responsibility in reducing the risks.

The employment procedures are of a good standard ensuring staff have the appropriate checks undertaken before they commence employment and people living in the home are safeguarded.

What has improved since the last inspection?

The AQAA stated relationships had improved between staff and care professionals leading to improved outcomes for people living in the home.

The chef has attended training to help with developing seasonal menus and variety in the meals.

A new telephone system had been installed enabling people to have telephones in their bedrooms if they wish.

What they could do better:

A review of the care staffing levels should be undertaken and appropriate action taken to ensure there are adequate staff on duty at all times to supervise people living in the home appropriately and ensure their needs are met in a timely and person centred manner.

Medication systems must be more robust to ensure everyone receives the medication they are prescribed.

Manual handling practices should be monitored and action taken to ensure correct procedures are followed and staff are available to carry them out at all times to ensure the safety of people living in the home and those of staff.

A review of for example furniture, crockery, drinking utensils should be undertaken and appropriate action taken to ensure there is a sufficient supply of all items in the home to meet people's needs

All complaints/concerns should be recorded and records should indicate the investigation, findings, outcome and any follow up to reduce the risk of similar occurrences in the future, so there is continuous development in the home.

A re-decoration programme is required to the interior and exterior of the building, to enhance the environment for people in the home. Also action needs to be taken to ensure the entrance is more suitable for wheelchair users.

Arrangements for staff supervision and staff meeting needs to be reviewed and appropriate action taken to address issues in respect of poor team working and low staff morale, so that it does not impinge of people's well being.

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 INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

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

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

This is what people staying in this care home experience:

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

3 and 6.

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.

Information is available for people so that they can make an informed decision about moving into the home. People's needs are assessed before they move in, so they can be confident their needs will be met upon moving into the home.

EVIDENCE:

Warrens Hall provides comprehensive information to prospective users of the service. It was stated that the information could be provided in alternative formats such as large print etc. to make it more accessible to people looking to move into the home.

The home provides nursing care for people who require long term or respite care. Admissions are not made to the home until either the manager or social

services have undertaken a pre-admission assessment. For people who are self-funding and without a care management assessment, the Manager always undertakes an assessment. Two files were looked at for people who had recently moved into the home and assessments had been completed using the quest documentation. The QUEST documentation is BUPA's own care planning documentation which guides staff through the care planning process to ensure all needs are assessed and planned for. Assessments were of a good standard, were detailed and covered a number of areas, so that staff could identify people's needs to determine if they could be met following admission to the home.

People can visit the home before moving in so they can have lunch, view the facilities, meet staff and other people who live there in order to sample what it would be like to live there. On discussion with one person they stated they did not visit as they were in hospital, but relatives had visited on their behalf.

Following admission to the home there is a trial period of one month and a review is held at the end of the month. This provides further opportunity to discuss whether the person would like to continue living there and if their care needs were being met or any changes are required.

The service does not provide intermediate care so we did not assess this standard.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

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

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

This is what people staying in this care home experience:

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

7,8,9,10.

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.

There are appropriate systems in place to ensure people's health and personal care needs are met in a way that ensures people's dignity is maintained. Areas in respect of accident monitoring and management of medication need to be improved to ensure people's well being is maintained.

EVIDENCE:

Each person living in the home had a care plan. This is a document that is developed by staff following an assessment of individuals needs. It outlines what they can do independently, the activities people require assistance with and the actions staff need to provide in order to support them.

Three people's care files were looked at in detail. There was evidence that risk assessments had been completed in respect of for example manual handling, tissue viability, nutrition. Risk assessments are completed in order to identify

any areas of risk and enable staff to put appropriate strategies in place to reduce the risks, so that people live a meaningful life; risks are reduced and well being is promoted.

The care plans were found to be of a good standard. They were clear and gave good detail, so that staff could meet people's needs appropriately. The appropriate risk assessments were in place and from these care plans were developed to reduce the risks. The care plans were reviewed on a regular basis and updated when any changes were noted. On discussion with staff they were able to provide good information about people's needs and the arrangements in place to meet them.

There was evidence that people received regular pressure relief and pressure sores were healing where people had been admitted to the home with them. Staff were changing wound dressings regularly and the appropriate documentation was in place. It was recommended that photographs of pressure sores should include a tape measure, so that the size of wounds can be seen.

There was evidence that people's fluid and food intake was monitored on a daily basis and they were weighed regularly. This enables staff to monitor people and so ensure they receive adequate fluid and food intake to maintain their well being.

During the course of the morning it was noted that staff cancelled a call bell on at least two occasions in the corridors. Call bells should be cancelled at the point of activation for example where the person summoned help. On discussion with people living in the home some stated they had to wait a long time for assistance when using the call bell. The manager will need to review this practice and the appropriate action taken, as staff may have been distracted on their way to answer call bells.

On the morning of the second day of inspection a member of staff did not arrive on duty and the manager tried to arrange for an agency carer but no one was available. Staff were very busy, and it was observed that people were not supervised in lounges, breakfast was still being served at approximately 11am and people sitting in lounges/dining rooms did not have access to a call bell to summon assistance. Also a member of staff was observed hoisting a person on their own, which is not good practice. Also two members of staff were observed using inappropriate manual handling procedures. On discussion with people living in the home they stated;

"It is up and down"

"Some staff are very good"

"The older staff are very kind and helpful; the younger ones need a bit more training".

On discussion with staff they stated they enjoyed working in the home. The morning shift varied depending on how many people were up when they arrived on duty and if they had the full compliment of their own staff, as they knew the people living in the home. However, if they had agency staff or a certain number of people were not up in the morning it was difficult to meet everyone's needs during the course of the morning. This was brought to the attention of the manger at feed back and she stated staffing levels had been increased from three to four care staff on each floor when new people moved into the home and she had identified that some staff required updated training in respect of manual handling, which she was in the process of arranging it. A review of the staffing levels will also need to be undertaken to ensure there are adequate care staff on duty at all times to meet peoples needs.

One person living in the home was in a considerable amount of pain in the leg. The care records identified they did suffer with pain to the shoulders and arms and it appeared that the painful leg was attributed to the same cause. Although they were seen by the GP on the morning of inspection, this person had been experiencing pain for some time. Care needs to be taken to ensure a more pro active follow up if there are changes in people's symptoms/conditions.

The home records accidents and we could not find details of follow up to some. Also in one case bruises had been noted with no identified cause and there was no follow up to determine the cause. On discussion with the manager she stated that auditing of accidents was not undertaken. It is recommended that where bruising is noted follow up is undertaken and auditing of accidents in order to determine any trends so that appropriate action can be taken where necessary.

Whilst in the home we had the opportunity to speak to a social worker who was visiting. She stated she was undertaking a review for one person living in the home and she was very pleased with the progress they had made since moving into the home.

Everyone living in the home was registered with a local General Practitioner (GP). They have the option of retaining their own GP. on admission to the Home (if the GP was in agreement). People had access to other health and Social Care professionals as required including social workers, dentist, chiropodist and optician. This ensures people's health care needs are being met. We spoke to GP who was visiting and they stated there had been a change over of staff and "There are no problems; staff seem to know what they are about".

The homes medication system consisted of a blister and box system with printed Medication Administration Record (MAR) sheets being supplied by the dispensing pharmacist on a monthly basis. The home had copies of the original prescription (FP10's) for repeat medication, so they were able to check the

prescribed medication against the MAR chart when it entered the home. Medication is stored correctly and adequate stocks were maintained, which ensures a robust system for ordering medication. On inspection of the medication for the current month it was found that audits were correct for the medication that was in the blisters. However, some of the audits for boxed medication were not correct indicating that people had not received their medication correctly. On discussion with one of the nurses she had a good knowledge of medication and the management of conditions.

The home has a telephone to enable people to communicate with friends and relatives in private. People have facilities to store valuables/medication in their own bedrooms if they wish. During the inspection staff were noted to be caring and respectful to people living in the home and they looked well presented ensuring their dignity was maintained.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

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

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

This is what people staying in this care home experience:

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

12,13,14,15.

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

Arrangements for visiting the home were flexible, so people are able to maintain important relationships. The activities co-ordinators work hard to try and provide a range of activities to stimulate people living in the home

There is a choice of healthy meals that meet all dietary requirements.

EVIDENCE:

There was no evidence of any rigid rules or routines in the home and people who live there can go outside on their own or with friends and family as they choose, depending on their abilities. There was a mixed response from people living in the home some stating they get up/go to bed and they want and others stating their choice was limited as they were dependent on when staff were available to help them. People are able to bring personal items of small furniture, pictures, ornaments etc. into their bedroom, providing a home from home atmosphere reflecting their personality.

Visiting was flexible enabling people to visit at a time that suited them, so people living in the home could maintain contact with friends and family.

The home employs two part-time activity co-ordinators, but the post is currently covered by one member of staff and she has not received any training in this area. She is responsible for fund raising, and she organises events such as coffee mornings, raffles, bring and buy sales in order to raise money to fund other activities for people living in the home such as entertainers, pantomime etc., as they do not receive funds from other sources. Even though some of the fund raising activities contain a social element, if part of a co-ordinators time is spent fund raising this distracts from the sole purpose of providing activities to people. The AQAA stated "We have a structured activities programme, with a dedicated activities organiser. We encourage a weekend activities programme. One to One activities for residents who are unable to join in group activities". However, the activities coordinator is not available at the week and the AQAA did not make it clear about the current arrangements.

Activities range from bingo, board games, card making, Easter bonnets and carol service, exercises and they have some instruments available for use by people living in the home. The home also has a television in each lounge with a range of DVD's. The ring and ride service is available, but has not been used recently. Last year the home ran a virtual cruise ship theme visiting different countries around the world. The lounge and dining rooms were decorated to reflect the cruise ship theme, and food, drink and entertainment were provided to enhance the theme of the country the cruise was visiting. Staff stated this was very popular and they are planning to arrange it again this year.

Birthdays are celebrated and one visitor stated; "They did a beautiful cake for her birthday". On the day of inspection family, friends and people living at the home were celebrating one person's 100th birthday with a visit from the Mayor, a piper and a buffet.

The home provides the opportunity for people to follow their own religion ensuring their religious needs are met. Holy Communion is available at the home.

There is a rotating four week rotating menu, which is changed according to the seasons in order to provide variety. The menu demonstrated a variety of nutritious meals and people living in the home confirmed that they are offered a choice each day. Special diets can be arranged for reasons of health, taste and cultural/religious preferences and these were being provided. On discussion with catering staff they were aware of people's needs for special diets and confirmed that extra calories were provided in foods such as potatoes and porridge in order to boost people's nutritional intake. They also stated they go to talk to people about their preferences etc. There is a "Night Bite" menu,

which gives details of a range of foods that are available if people require something to eat during the night.

There is a dining room on each floor, which were decorated to a satisfactory standard. The dining tables at breakfast and lunchtime were presented satisfactorily and meals were nicely presented. Staff provided assistance where necessary and it was noted that some aids were available to support people's independence e.g. plate guards.

Some concerns were raised by visitors about the availability of breakers and on arrival in the morning we only observed seventeen beakers available in the home. Also whilst touring the home it was noted that people were sitting in their bedrooms and there were no jugs of water or glasses in the rooms for them to have a drink if they wished. These concerns were raised with the manager at the time of feedback and she stated she would follow it up.

Comments to the inspector in relation to meals and drinks were positive and included;

"The food is good"

"The food is alright, but _____"

"I like the meals"

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

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

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

This is what people staying in this care home experience:

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

16,18.

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

There are systems in place for dealing with complaints and concerns. Records and auditing systems for complaints needs to be more robust ensure demonstrate complaints are taken seriously and people have confidence in the system.

EVIDENCE:

The home has a clear complaints procedure, which was on display. The AQAA stated they had received twelve complaints, all had been responded to within 28 days and two had been upheld. At the time of inspection the manager had ceased employment and an interim manager was taking charge of the home whilst a new manager was being recruited. The interim manager was only able to provide us with the records for some of the complaints referred to in the AQAA. She did provide us with the details of complaints she had received since she had taken over responsibility of the home, which were responded to satisfactorily. However, it was concerning that records for other complaints were not available, so it could not be verified that peoples concerns were taken seriously and followed up appropriately.

On discussion with people living in the home and visitors there was a mixed response and one person stated they had raised concerns verbally with the previous manager a few months previously, but we could not find a record of

this. Also records indicated that people had raised concerns about the entrance to the home on a number of occasions as it was not wheelchair friendly. Records suggested the previous manager had dismissed it saying Warrens Hall was an old building and many other homes had not been adapted. Although this issue is now being addressed it does raise concerns about responses to complaints that we did not see and also if all complaints were recorded. Before the inspection concerns were raised about the lack of management, shortage of staff and it was alleged that several staff left the building to go outside to smoke especially at week ends.

On arrival at the home on Saturday afternoon, staffing levels were found to be stable according to the levels being worked to by the manager and staff were on the premises. We found the manager had ceased employment approximately two months previously and an interim manager visited the home between two and three days per week. At the time of visiting the home concerns were also raised with us about the shortage of beakers and furniture, the manual handling of people and some issues with communication. At the time of inspection we did find a shortage of beakers/glasses, jugs and furniture was sparse in some bedrooms and communal areas. Also there was some evidence of poor manual handling procedures and unexplained bruising. It also became apparent to us that there were some problems with team working and this could impact on communication systems within the home. All the issues were brought to the attention of the manager who had already arranged training in respect of manual handling. She agreed to look into the other concerns and discuss them with the new manager upon their arrival to the home.

Records indicated that the majority of the staff had undertaken training in respect of safeguarding and on discussion with a member of staff they had a satisfactory knowledge of the procedure and confirmed they had received training. Training in respect of the Mental Capacity Act had been undertaken by approximately half the care/nursing staff and there was no evidence of any training in respect of the Deprivation of Liberty Safeguards. Systems will need to be put into place to ensure all staff have knowledge of the Mental Capacity Act and the Deprivation of Liberty Safeguards, commensurate with their position in the home, to ensure people who lack capacity are supported appropriately and they have up to date knowledge of legislation.

Environment

The intended outcomes for Standards 19 – 26 are:

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

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

This is what people staying in this care home experience:

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

19,26.

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

Some re-decoration is required to enhance the environment. Replacement of some furnishings and equipment is required to ensure people's needs are being met.

EVIDENCE:

The home is a detached two -storey building with adequate parking for visitors. The paint is peeling from parts of the exterior and it is in need to some work to enhance the appearance. There is a small garden/patio area at the entrance of the building. Entry to the home is gained through two doors; however the configuration of the doors is not suitable for people with wheelchairs. This had already been brought to the attention of the management and the manager stated they were in the process of addressing it.

The Home was warm and cleaned to a high standard. The décor was looking worn/tired and a number of areas were in need of re-decoration.

The bedrooms were spacious, light, comfortable and had been personalised with the individuals own photos and ornaments, and in some cases items of their own furniture to reflect their personal taste, gender and culture. Some bedrooms had been decorated with matching curtains and bed linen, and modern bedroom furniture by families. It was noted that some bedrooms did not have bed tables and some furnishings were damaged. All bedrooms had a call bell, so people could call for assistance if required. En-suite facilities consisting of wash hand basins and toilets in each bedroom. Two assisted bathrooms and a shower room were located within easy reach of bedrooms and provided people with a choice of bathing. Comments included

"The home is always clean".

"There is a lovely outlook".

"It could do with a lick of paint"

"It is set in beautiful surroundings, but it is getting run down".

A passenger lift gives access to the first floor. Handrails were provided in corridors and near to toilets, raised toilet seats and hoists were provided to assist people who experienced problems with mobility.

There are three lounges and two dining rooms spread over both floors, providing a choice of areas to sit. We noted that there were not sufficient tables for people to have drinks etc in front of them when sitting in lounges. Tables, which are used to place drinks on, were observed to be moved from bedrooms to lounges and vice versa. Staff should not have to move furniture from one place to another, this impacts on the time they spend with people living at the home and also is an unnecessary manual handling task. An audit of furnishings should be undertaken and action taken where necessary to provide suitable and sufficient furnishings to meet people's needs.

There was a separate laundry, which was appropriately equipped. People were happy with the laundry service and it was stated, "Clothes are washed lovely - lovely clean clothes and ironed as well"

Staffing

The intended outcomes for Standards 27 – 30 are:

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

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

This is what people staying in this care home experience:

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

27,28,29,30

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.

Staffing levels need to be reviewed to ensure there are adequate staff on duty to meet people's needs. People are supported by staff who are trained and the recruitment system for employing new staff is satisfactory for the protection of the people who live there.

EVIDENCE:

The manager aims to have eight care staff and two nurses on duty during the morning, six care staff and two nurses during the evening and three care staff and one nurse overnight. There has been a high staff turnover over the past year and they are currently recruiting to fill vacant posts. It was stated that agency staff were used to cover absences and this was observed on the first day of visiting. On the second day of inspection a member of staff was off sick and they were unable to obtain an agency member of staff to cover the shift, which put extra pressure on staff to try to meet people's needs. The duty rota for the month indicated that the staffing levels were achieved with the use of agency staff on most occasions.

In addition, to the care staff there are domestic, catering, maintenance and administration staff.

People living in the home stated;

"Staff are friendly".

"They could do with more staff- the staff are always very busy, they have not got time to give drinks etc".

"Staff are great, but they don't get enough time to do things"

"Because staff are so busy they sometimes are not up to date with changes".

"There is usually no staff in the lounge, they are to busy"

As identified in the health care section we noted people were not supervised in lounges/dining rooms, people stated they had to wait a long time for call bells to be answered, in some instances they felt rushed, some inappropriate manual handling was occurring and day staff rely on night staff getting a number of people up before they arrive on duty, so they can meet peoples needs during the course of the morning. A review of care staffing levels should be undertaken and appropriate action taken to ensure people's needs are met in a person centred manner.

Recruitment records sampled showed that appropriate recruitment checks had been made to ensure staff were suitable to work with vulnerable adults before they commenced work in the home, so people were protected. However, it was noted that the full copy of the Criminal Record Bureau (CRB) check was not available, as it had been cut into pieces and we could not determine the actual result of the check. There was no other evidence on file for us to verify the findings of the CRB. This practice will need to be reviewed so that this information is available for inspection.

Following employment new staff undertake the homes induction training. There is a rolling programme of staff training that includes fire safety, manual handling, health and safety, food hygiene, infection control, nutrition, safeguarding, personal best etc. Records indicated the majority of the nursing staff had undertaken training in respect of caring for people with dementia, but only two care staff had undertaken training in respect of understanding dementia. The training matrix showed eight of the twenty nine care staff had completed National Vocational Qualification (NVQ) level 2 or equivalent and two staff were in the process of undertaking the training. Training ensures staff have the appropriate skills and knowledge to care for people living in the home.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

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

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

This is what people staying in this care home experience:

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

31,32,35,36,38

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

Currently there is a lack of leadership and continuity in the home and systems are failing to support staff, which can impact on people living in the home. Systems are in place to ensure the health and safety of people living in the home

EVIDENCE:

The manager ceased employment at the end of March 2009 and an interim manager was taking responsibility for the home visiting two to three days per week. A deputy manager had been recruited approximately six months ago, but had been absent from the home for a period due to illness. Therefore,

there was a lack of leadership and guidance for staff. It was stated a new manager had been appointed and should be commencing work in the home within a few weeks. One comment received was, "There is no one steering the ship".

Systems were in place for safekeeping people's money and the administrator stated they did not act as appointee or agent for any one living in the home. Records were checked and the systems appeared to be of a good standard with receipts for expenditure. Regular audits are undertaken to ensure a robust system.

The quality of the service is monitored via a number of audits by the manager within the home and from external managers. Surveys are forwarded to various people for feedback annually and the last one had been completed last year and a report was available with the findings. Senior manager undertaken regular visits to the home and report on the findings.

Prior to the inspection an Annual Quality Assurance Assessment (AQAA) was completed. The document gave some information about the home, staff, people who live there and the improvements over the past year and the plans for the future of the home. However, it was brief, comments were vague and it did not make it clear that the manager was leaving the home or the arrangements for the management of the home, which could have been addressed in the area for future plans. It is recommended that this process be reviewed for the future.

Records in respect of meetings with staff, people living in the home and their relatives/representatives indicated they only occurred intermittently. Records of staff supervision suggested that it was undertaken in groups about concerns and there was no indication about development or individual feedback, as the records were photocopies of the same document with different staff names on the top of the paper. The AQAA stated staff were supervised, but did not explain the process. Supervision sessions with staff should be on an individual basis with appropriate support for each individual and training needs discussed.

On discussion with staff they stated they enjoyed working in the home, but there appeared to be some problems with team working between some groups of staff. They confirmed that staff meetings did not occur regularly and supervision consisted of being called together and discussing a problem in the home. Staff generally felt things had slipped since the manager had ceased employment. They felt morale was low and did not feel appreciated; they felt they were constantly clock watching and rushing to get things done, and "It is like conveyor belt care".

Although the staff work hard there appeared to be inconsistencies in care as evidenced by people we spoke with. Areas of development were found, which

need to be addressed to ensure everyone receives a consistent standard of care that meets their needs in a person centred manner. Areas that need to be addressed include the handling of complaints, the inconsistencies in care provided, the lack of supervision in lounges, poor manual handling techniques, investigation of bruises and follow up of falls, medication, poor staff morale and team work, problems with communication, shortage of equipment in the home, the lack of information on CRB's and support for staff.

Records indicated that regular maintenance checks and servicing of equipment was taking place. The fire system and equipment had been checked, so that people are safe in the event of a fire occurring. Checks were made on hot water outlets to ensure it is maintained at a satisfactory temperature to prevent scalding etc. However, we could not find evidence to show the assisted baths had been serviced. During the inspection it was also stated that one of the hoists kept breaking down and the door bell only worked intermittently. These areas will need to be addressed to ensure people in the home are safeguarded.

SCORING OF OUTCOMES

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

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

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

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

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

ENVIRONMENT	
Standard No	Score
19	2
20	X
21	X
22	X
23	X
24	X
25	X
26	3

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

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

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	2
13	3
14	3
15	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	2
32	2
33	3
34	X
35	3
36	2
37	X
38	2

COMPLAINTS AND PROTECTION	
Standard No	Score
16	2
17	X
18	3

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
1	OP9	13(2)	Systems must be in place to ensure the correct administration of recording of medication at all times to ensure people receive the medication prescribed to them.	28/06/09
2	OP16	22	A record of all complaints including the nature of the complaint, investigation, findings and outcome must be retained in the home to demonstrate complaints are dealt with appropriately.	28/06/09
3	OP27	18	A review of staffing levels should be undertaken and appropriate action taken to ensure there are adequate staff on duty at all times to meet people's needs effectively and in a person centred manner	28/06/09
4	OP29	19	Details of the findings of the CRB should be available in the home to evidence that people are fit to work the people in the home.	28/06/09

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	OP8	It is recommended that photographs of pressure sores include a tape measure, so the size of the wound can be determined.
2	OP8	Systems should be in place to ensure people are monitored appropriate when sitting in communal areas.
3	OP8	Call bells must be cancelled at the point of activation to ensure people are responded to in a timely manner.
4	OP8	Systems must be in place to ensure all bruises are investigated and accidents audited, so appropriate action is taken to ensure people's well being
5	OP8	Systems must be in pace to monitor manual handling procedures and ensure the safety of people living in the home and those of staff.
6	OP12	It is recommended the activities co-ordinator is provided with training in their role, to enhance the service provided to people living in the home.
7	OP18	Staff should be provided with training, commensurate with their position, about the Mental Capacity Act and Deprivation of Liberty Safeguards, so they have the knowledge to support people appropriately.
8	OP23	A review of furnishings and equipment should be undertaken and action taken to provide appropriate equipment to meet people's needs.
9	OP23	Re- decoration of the exterior and interior of the home should be undertaken to enhance the environment for people living there.
10	OP23	Action should be taken to ensure access to the home by the main entrance door is suitable for wheelchair users.
11	OP32	Action must be taken to address the shortfalls in team working and staff morale, so it does not impact on the care provided to people living in the home.
12	OP33	Arrangements for meeting with people who live in the home, relatives and staff should be developed to improve communication, enhance outcomes for people living in the home and feed into the quality assurance system.
13	OP36	Arrangements for staff supervision need to be developed and improved, so that staff are provided with appropriate support.

14	OP36	The manager must ensure there is evidence available to demonstrate servicing of all baths and hoists and they are in effective working order to ensure the safety of people living in the home.
----	------	---

Care Quality Commission

West Midlands

West Midlands Regional Contact Team

3rd Floor

77 Paradise Circus

Queensway, Birmingham

B1 2DT

National Enquiry Line:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.