Key inspection report

Care homes for adults (18-65 years)

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<th>Name:</th>
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<td>Smethwick</td>
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The quality rating for this care home is: two star good service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a ‘key’ inspection.

<table>
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<th>Lead inspector:</th>
<th>Date:</th>
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<tr>
<td>Karen Thompson</td>
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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.

<table>
<thead>
<tr>
<th>Outcome area (for example Choice of home)</th>
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<tbody>
<tr>
<td>These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:</td>
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</table>

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

This box describes the information we used to come to our judgement.
We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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

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

**Reader Information**

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Information about the care home

<table>
<thead>
<tr>
<th>Name of care home:</th>
<th>68 West Park Road</th>
</tr>
</thead>
</table>
| Address:          | 68 West Park Road  
                   | Smethwick        
                   | Birmingham       
                   | B67 7JH          |
| Telephone number: | 01215005262      |
| Fax number:       |                  |
| Email address:    |                  |
| Provider web address: | www.CareTech-uk.com |

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<tr>
<th>Name of registered provider(s):</th>
<th>Caretech Community Services Ltd</th>
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<tr>
<td>Type of registration:</td>
<td>care home</td>
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<tr>
<td>Number of places registered:</td>
<td>12</td>
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Conditions of registration:

<table>
<thead>
<tr>
<th>Category(ies)</th>
<th>Number of places (if applicable):</th>
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<tbody>
<tr>
<td>learning disability</td>
<td>12</td>
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Additional conditions:

The maximum number of service users to be accommodated is 12.

The registered person may provide the following category of service only: Care Home Only (Code PC) To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Learning Disability (LD) 12

Date of last inspection

Brief description of the care home

68 West Park is located along a residential road in the Smethwick area of Birmingham/Sandwell border. It is close to all local amenities and transport links for Birmingham, Dudley and Sandwell. There is sufficient off road parking located through the side entrance. The building is divided into two units each comprising of four residential beds and two self contained flats. The accommodation is located on three floors of which the first is accessible via a lift. Both units have large fully fitted kitchens and separate laundry areas. The building has two large lounges and separate dining areas. There is a large separate room available on the ground floor that has been designated to be used for staff meetings and residents reviews. There is a pleasant garden to the rear of the premises mostly laid to patio. The garden has suitable
Brief description of the care home

perimeter fencing to provide privacy and is gated on both sides guaranteeing access and security. Specific information regarding fees charged for living at West Park can be obtained by contacting the home for this information.
Summary
This is an overview of what we found during the inspection.

The quality rating for this care home is: two star good service

Our judgement for each outcome:

Choice of home
Individual needs and choices
Lifestyle
Personal and healthcare support
Concerns, complaints and protection
Environment
Staffing
Conduct and management of the home

How we did our inspection:

One Inspector carried out this inspection over two days and the home did not know we were going to visit.

The focus of inspections we undertake is upon outcomes for people who live in the home and their views of service provided. This process considers the care home's capacity to meet the regulatory requirements, minimum standards of practice and focuses on aspects of service provision that need further development.

Nine people were living at the home all of whom had a learning disability. We "case tracked" two people's care which involves establishing individual's experience of living in the care home by meeting or observing them, discussing their care with staff, looking at care files and focusing on outcomes. Tracking people's care helps us understand the experiences of people who use the service.
The manager was on duty during the days we visited. We spoke to staff on duty on both days of our visit. We looked around some parts of the home to make sure it was warm, clean and comfortable. We looked at a sample of care, staff and health and safety records.

We were sent an Annual Quality Assurance Assessment (AQAA) by the home in November 2009. This tell us about what the home think they are doing well and where they need to improve. It also gives us some numerical information about staff and people living at the home. We also looked at notifications received from the home. These are reports about things that have happened in the home that the home must tell us about.
What the care home does well:

There was good interaction noted between staff and people living in the home.

People are supported to keep in touch with family and friends so they maintain relationships that are important to them. Visitors are made welcome at a time that suits them.

People living at the home have access to a range of Health and Social Professionals to ensure that any health care needs are met.

People who live at the home are able to personalise their bedrooms to reflect their individual tastes, age, gender and culture so that they feel comfortable in their surroundings.

What has improved since the last inspection?

Staff training has improved providing staff with the skills and competences to meet the needs of people living in the home.

A recruitment pro-forma has been put in place which acts as a tracking record for recruitment documentation.

What they could do better:

The medicine management must improve to safeguard those people that live at the home.

The Service Users Guide needs to include the range of fees the home charges to provide everyone using the service are fully informed.

Maintenance issues need to be dealt with swiftly to ensure the safety and well being of people living at the home.

Decore and refurbishment is required in some areas of the home and people living at the home need to be consulted in relation to this.

Risk assessments should be in place for staff commencing work on only a Protection of Vulnerable Adults first check whilst awaiting the results of a Criminal Record Bureau check. (Since October 2009 the Protection of Vulnerable Adults first check has changed its name to the Independent Safeguarding Authority (ISA) so people employed after this date will be referred to this body prior to commencing work in care homes.)

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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Environment (standards 24 - 30)
Staffing (standards 31 - 36)
Conduct and management of the home (standards 37 - 43)
Outstanding statutory requirements
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, what they hope for and want to achieve, and the support they need.

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

This is what people staying in this care home experience:

Judgement:

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

People moving into the home have their needs assessed so they can be confident their needs will be met upon moving into the home. The Service Users Guide and Statement of Purpose needs to be an accurate reflection of the current service available.

Evidence:

There were nine people living in the home at the time of our inspection. The files of two people living at the home were looked at in detail and other records sampled for specific information. We found them all to contain a needs assessment completed by the relevant placing authority.

We looked at the Service Users Guide and Statement of Purpose which had been reviewed October 2008. The Service Users Guide did not contain the range of fees and states the home has deputy managers which have never been put in place. We were told that each person living at the home had a folder containing the Service User Guide and complaints procedure in their bedrooms. The Service Users Guide was in a pictorial formate which increases the accessibility for people living at the home.
Evidence:

The home does not provide intermediate care.
Individual needs and choices

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

<table>
<thead>
<tr>
<th>People’s needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.</th>
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<tr>
<td>People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.</td>
</tr>
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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.

Care plans and risk assessments demonstrate that people living at the home are assisted to live an independent and meaningful life but further work is required to ensure this documentation demonstrates their involvement in drawing up a plan of care.

Evidence:

People living at the home have complex care needs. We looked at two care records in detail and sampled others for specific information. Care plans explain what each person’s needs are and the care and support they require to make sure these needs are met. These plans included risk assessments. Individuals’ social, emotional and psychological needs are documented for staff to follow through in a sensitive way. For example, informing staff how to support people when they are out in the community.

We spoke to people living at the home and they were happy with the care and support they received. We observed staff assisting people living at the home with daily tasks such as shopping and cooking.
Evidence:

Risk assessments are completed in order to identify any areas of risk and enables staff to put appropriate strategies in place to reduce the risks, so that people live a meaningful life, risks are reduced and well-being promoted. In the records sampled we found, "Person Centred Risk Analysis" for shaving, clothes and dressing/undressing, eating and bathing/showering. These were detailed with date of analysis, review date and team who completed the risk analysis. Like the care plans there was no confirmation supplied on these to state how the individual and or their representative had been involved in their writing to ensure that they are "person centred". We observed good staff practice in relation to managing risk and staff spoken to were positive in empowering people in their care with in the a risk analysis.

There is a key worker system operating in this home which means that members of staff become familiar with particular people's needs, likes and dislikes. This is important as people living at the home have a range of complex care needs. (Key workers are able to know their particular likes and dislikes.) One member of staff when asked what the role of the keyworker was stated "enables a person to achieve whatever they want to achieve, attend appointments and achieve success in their life". This explaination demonstrate a positive and empowering approach to the delivery of support for people in their care.

People who live in the home have specific behaviour and or communication needs and guidelines have been created in these areas. The care records looked at had sections on communication and behaviour guidelines in which information was available to assist staff in communicating and providing support to individuals. We observed staff using British Sign Language (BSL) to communicate with one person living in the home. We also found care plans to guide staff if the individual had some behaviour that required assistance to being managed appropriately and or patterns of behaviour that would prompt staff in relation to a person happiness.

Daily records are completed for each person living at the home. These give an insight into a person's routine each day including outings, meals if they have had any visitors and so forth. People living at the home told us there were no restrictions on them and they were happy with their care.
Lifestyle

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

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

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

This is what people staying in this care home experience:

Judgement:

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

People who live in the home are supported to make choices about their lifestyle and are able to develop skills through social and recreational activities.

Evidence:

We saw staff communicating with people who live in the home throughout the inspection in a way which was sensitive to their needs. The home was seen to promote people's daily routines in a flexible manner. For example we saw people moving freely around the home, choosing where to sit, what they wished to do and who they interacted with. We saw people going out shopping and attending appointment over the two days we visited. Throughout the day people were seen to be making their own choices about on how to spend the day.

We looked at the activities that promote people's independence, such as laundry and ironing which are encouraged within the home. We observed one person living at the...
Evidence:

home making cakes with the support of a care worker. We discussed with the manager the lack of documentation in relation to promoting and developing life skills such as cooking and doing their own laundry. This was clearly taking place but had not been formalised with goal settings as part of a rehabilitation life skills programme.

There are two sensory rooms in the home which staff informed us are used by people living in the home. We were told that the home has not obtained advice from occupational therapists as to the type of equipment needed to made optimum use of these rooms to meet needs of people living in the home. These room are important to help behaviour that challenges, for stimulation and enables an individual's activity choices. This continues to be an outstanding recommendation. We were told and records demonstrated that people are encouraged and supported to go out into the community to the local park, out for a meal and shopping. Care plans contained an individual activities planner drawn up on a weekly basis. Some of these activities planners were in a pictoral formate.

We were told that three people living at the home had been on holiday this year and others were due to go later in the year. We were told by the management that those who had not been or were not planning to go on holiday had nevertheless been out on day trips.

We were told by the management team that only one person at present living at the home was attending an educational establishment.

We observed staff interaction with people living at the home. Staff addressed people appropriately and they were given choices.

We were told that people who live in the home are encouraged and supported to maintain relationships with their families and friends. We found examples in the care records that we looked at which confirms this is the case.

We were told that menus are planned every week on a Sunday with people living at the home. We saw people going out with a care worker to purchase the shopping on the first day of our inspection visit. We were told that another shop takes place on a Friday to top up supplies and keep the menu varied and based on peoples weekend preferences. Staff demonstrated an awareness of cultural and diversity issues in the planning of meals and how these would be met in an appropriate and sensitive manner.
Personal and healthcare support

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

- People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

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

This is what people staying in this care home experience:

Judgement:

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

- People's health and personal care needs are met appropriately and people are treated with respect. Medication systems need to be improved so that people can be sure that they will receive their medication safely and as prescribed by their doctor.

Evidence:

- There is a mixed group of people living in the home in respect of age, gender and ability. Observations made during the inspection confirmed that people's privacy and dignity is respected.

- Everyone living at the home was registered with a local General Practitioner (GP). There was evidence of visits to/from health and social care professionals such as chiropodists, dentists, opticians, specialist doctors and nurses. Everyone living at the home has a health action plan which provides a good outline of people's medical condition with medication prescribed to each individual. The health action plans can be taken to health appointments and therefore the information entered is first hand and will help all health professionals to meet the needs of the individual. This is important due to the complexity of individual's needs.
Evidence:

Instructions were available to meet and monitor the health care needs of diabetics. We were however told that not all staff had received training in diabetic care but it was hoped that this would be arranged in the near future with a diabetic specialist nurse.

We looked at the arrangements in place for medication management. Medication is stored in two locked medication rooms. Copies of prescriptions are retained so that staff can check the right medication has been received from the chemist and the prescribers instructions. However we found for one person living at the home that the GP’s instructions for administration of medication was not being followed and had been transcribed by staff differently on the Medication Administration Record (MAR) chart. Handwritten MAR charts did not contain two signatures of staff checking in the medication. We could not audit all medication as balances were not being carried forward for the start of a new medication cycle. We found also that when required medication (PRN) protocols were not in place for two of the medications audited. This was put right during the inspection.
Concerns, complaints and protection

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

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

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

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

There are systems in place for dealing with complaints and safeguardings but further work is required to ensure that staff have a practical awareness of the implications of the Mental Capacity Act in relation to meeting peoples needs.

Evidence:

The home had a complaints book to record details of any complaints. The home's manager in the process of auditing care planning documentation had found a daily entering which indicated concerns. The Manager had informed the relevant people and were at the initial stages of investigating the concerns. We looked at the complaint log book and this was the only complaint recorded. The home sent us their AQAA in August 2009 which stated they had received no complaints in the previous twelve months. Also there have been no complaints received by us in the last twelve months. The complaints procedure is detailed in the Service Users Guide so that people living in the home and their representatives have knowledge of what to do if they wish to raise any complaints. We spoke to people living at the home and they told us who they would approach if anything was worrying them.

The home's policy and procedure in relation to safeguarding people who live at the home met the standard. We talked to staff to ascertain their understanding of their duty to safeguard people. Staff knowledge of safeguarding met the standard. Some staff have received training in the Mental Capacity Act and Deprivation of Liberty safeguards. Staff whilst familiar with the terms were not aware what this meant in day
Evidence:

today practice for the delivery of care or the promotion and protection of rights. The Mental Capacity Act is an important piece of legislation and it impacts on how care needs to be delivered to ensure people living at the home are not exposed to unlawful restrictions.

We saw inventories of people's belongings on their case files. This ensures that people's personal items are protected. We saw records for management of people's personal finances.
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:

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td>People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.</td>
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<tr>
<td>People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.</td>
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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 live in a comfortable and clean home however maintenance issues need to be dealt with swiftly to ensure the safety and well being of people living there. The home decor does not reflect the personalities of people living there.

Evidence:

The home is a large detached property that has been renovated from an older people's care home to a care home for younger people who experience a range of learning and physical disabilities. There is a car park to the rear of the house with a garden area which consists of a patio and is secure. The physical layout of the home is over three floors and provides spacious accommodation. The home is split into two separate units which include four bedrooms with en-suites, a lounge, dining room, laundry, sensory room, kitchen areas and two flats on each unit. It is close to different modes of transport with bus stops close by and easy of access to West Bromwich town centre.

Staff and people living at the home showed us around the home and we looked around the home at some bedrooms, flats, communal toilets/bathrooms, lounges, 'quiet room', kitchen and sensory room. The lounge areas had comfortable seating with television for people to watch as they choose. We found the home to be clean, warm and uncluttered. Some parts of the interior of the home were looking tired especially the carpet areas.
Evidence:

We looked at some bedrooms and found these to be personalised to reflect the individuals own personality and interests. All of the bedrooms have en-suite facilities which looked clean. We were told that the current decoration of the bedrooms had not been chosen by the people living in the home.

We found the physical design of the home to meet the needs of people who lived there, for example, there is a lift for individuals who are unable to climb stairs, there are to sensory rooms for people to aid relaxation and stimulation and there is a room which is used as a 'quiet room' where people can go to read or relax without the noise of the televisions if they wish. There are also flats within the home for people who are fairly independent but require some support to maintain their independence and promote their daily living skills. These have lounges, kitchens, bedrooms and en-suite areas.

The two sensory rooms in the home need to be assessed by external health professionals such as an occupational therapist to ensure the rooms are being used for the optimum effect to meet people needs. If not these rooms are just tokenistic and serve no purpose in the home.

The previous key inspection identified that the hallway was quite clinical in appearance and this remains the same. Carpets in the hallway were looking tired and we were told that some carpeting was to be replaced in these areas of the home. The use of standardised decor throughout the home significantly detracts from attempts to give the people living there an environment that at is genuinely personalised. We would expect a home providing long term care to involve and consult the people living there on decor.

The organisation provides maintenance cover. The Manager informed us that they e-mail the provider with maintenance issues and these are categorised in order of importance. It was concerning that the fire doors were known about by the organisation for over a week prior to our visit and was only dealt with as a result of our visit. Fire doors protect people, staff and the building in the event of a fire and are a high priority maintenance issue. Staff also told us "maintenance issues not being sorted out quickly".
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:

<table>
<thead>
<tr>
<th>People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People’s needs are met and they are supported because staff get the right training, supervision and support they need from their managers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>People are supported by an effective staff team who understand and do what is expected of them.</td>
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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.

Recruitment procedures need further work to demonstrate no one is placed at risk of harm. Staff are receiving a range of training but further training is required to ensure that people living at the home are supported appropriately.

Evidence:

We were told that the home has not recruited a deputy manager. The manager and rotas confirmed that six staff work the early and afternoon shifts with two 'waking' and one 'sleeping' staff during the night periods. Staff also have cleaning and cooking duties. The managers hours are supernumerary to care.

We looked at two staff files which were held at the organizations head office on 10 February 2010, which were found to meet the standard. Staff are however starting work at the home with only a Protection of Vulnerable Adults checks (POVA first) whilst awaiting a full Criminal Records Bureau check (CRB). The Protection of Vulnerable Adults since October 2009 has changed its name to Independent Safeguarding Authority (ISA). Staff who commence work whilst awaiting a full CRB should have a practical risk assessment completed that demonstrates the person working in the home was not left on their own with anyone living at the home.

Induction is carried out by the organisation for staff commencing work at the home.
Evidence:

The induction covers areas specifically related to the care they will be expected to provide.

We were informed by the Care Manager that twenty three members of staff were currently working at the home. The number of staff with National Vocational Qualification (NVQ) 2 or above in care was just over fifty percent which is significant improvement since our last key inspection. We were given a training matrix during our visit. This shows that some staff have received specialist training in epilepsy, autism and non violent crisis intervention. All staff have received manual handling and safeguarding training. All but two members of staff have received first aid, food hygiene and health and safety training and all but one member of staff had received training in infection control. Thirteen members of staff have not received recent fire training, the training matrix however highlighted dates in the future for this training to take place. Staff spoken to who had recently attended fire safety training demonstrate a good awareness of their roles and responsibilities in the event of a fire.
Conduct and management of the home

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

<table>
<thead>
<tr>
<th>People have confidence in the care home because it is run and managed appropriately. People’s opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.</th>
</tr>
</thead>
<tbody>
<tr>
<td>People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.</td>
</tr>
</tbody>
</table>

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.

Day to day running of the home is based on the best interests of people living but slippage in a number of areas such as maintenance could effect the health and well being and safety of people living there.

Evidence:

The Registered Manager has a wealth of experience and knowledge of working with people who have learning disabilities. It was evident throughout the inspection that she had a good relationship with people living in the home and that the managers office had an open door policy. People living in the home were observed to be freely moving around the home and some of this included visiting the manager. The Registered Manager plans to leave the organisation at the beginning of February 2010 for career advancement. The Registered Manager at the time of the inspection had completed the Registered Managers award and was in the process of completing NVQ 4 in management. Staff expressed that they had confidence in the current manager but they were concerned about the future.

The Registered Manager informed us that they had undertaken random audits in areas...
Evidence:

such as care planning, medication and the homes environment. In addition to this the area manager completes visits on a monthly basis as part of their providers responsibility role.

Accident records are maintained in line with the Data Protection Act. We looked at a sample of health and safety records such as fire, gas and emergency lighting. Also each person living in the home had an individual fire risk assessment which specifies what support is needed in the event of a fire.

Staff have received training about the Mental Capacity Act 2005 and the deprivation of liberty safeguards. They were however not fully aware of how this impacts on the day to day care they deliver.

Maintenance issues are not being dealt with swiftly which puts people at risk as discussed in the environment section of the report.
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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
</table>

Are there any outstanding requirements from the last inspection?

Yes [ ] No [x]
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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>24</td>
<td>23</td>
<td>A service users bedroom door (fire protection door) is not shutting correctly placing the service user at risk. The bedroom fire door must shut correctly to protect the service user in the event of a fire.</td>
<td>28/01/2010</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
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<tr>
<td>1</td>
<td>20</td>
<td>13</td>
<td>The quantity of all medicines received and any balances carried over from previous cycle must be recorded to enable audits to take place. This will demonstrate that medication is being administered as prescribed.</td>
<td>19/02/2010</td>
</tr>
<tr>
<td>2</td>
<td>20</td>
<td>13</td>
<td>The medicine chart must record the current drug regime as prescribed by the clinician. It must be referred to before the preparation of the persons medicines and be signed directly after the transaction and accurately record what has occurred.</td>
<td>19/02/2010</td>
</tr>
</tbody>
</table>
### Statutory requirements

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<tr>
<td>3</td>
<td>34</td>
<td>19</td>
<td>To ensure the health and well being of people living in the home</td>
<td>26/02/2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The manager must ensure that a practical risk assessment is carried out whilst awaiting a full Criminal Records Bureau check to ascertain and minimise any risks.</td>
<td>26/02/2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>This is to protect people living at the home from risk of harm.</td>
<td>26/02/2010</td>
</tr>
<tr>
<td>4</td>
<td>35</td>
<td>13</td>
<td>All staff receive fire training and this should include a refresher that occurs on an annual basis.</td>
<td>26/02/2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To promote and protect the well being of people living at the home.</td>
<td>26/02/2010</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Refer to Standard</th>
<th>Good Practice Recommendations</th>
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<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>The Service User Guide should be reviewed to ensure it contains information about the fees and is an accurate reflection of the current workings of the home.</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
<td>Records need to demonstrate how people are involved in the decision making process of their care.</td>
</tr>
<tr>
<td>3</td>
<td>16</td>
<td>Care planning documentation should include specific rehabilitation programmes so goals can be formally measured and monitored.</td>
</tr>
</tbody>
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### Recommendations

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<tbody>
<tr>
<td>4</td>
<td>20</td>
<td>Handwritten Medication Administration Records should contain two signatures of staff checking in the medication to demonstrate a second person has checked and found the information to be correct.</td>
</tr>
<tr>
<td>5</td>
<td>23</td>
<td>It is recommended that the hom obtain a copy of the Department of Health guidance &quot;Mental Capacity Act 2005 core training set&quot; published July 2007 and staff are provided with training, so that staff are aware of their responsibilities and peoples rights are protected.</td>
</tr>
</tbody>
</table>
| 6  | 29                | Advice from a relevant professional should be sought for purchase of equipment in sensory rooms. This should be obtained as a priority to increase the opportunities of sensory stimulation for people living at the home.  
(Recommendation first made at the Key inspection March 2009) |
| 7  | 35                | Staff should receive training in diabetic care to ensure they have the skills and competences to meet peoples health needs. |
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