

Key inspection report

Care homes for adults (18-65 years)

Name:	19 Beech Avenue
Address:	19 Beech Avenue Smithfield Egremont Cumbria CA22 2QA

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

Lead inspector:	Date:
Elizabeth Kelley	0 8 0 6 2 0 1 0

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

Copies of the National Minimum Standards – Care Homes for 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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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	19 Beech Avenue
Address:	19 Beech Avenue Smithfield Egremont Cumbria CA22 2QA
Telephone number:	01946824885
Fax number:	
Email address:	beechavenue@walsingham.com
Provider web address:	www.walsingham.com

Name of registered provider(s):	Walsingham
Name of registered manager (if applicable)	
Mrs Jacqueline Stevens	
Type of registration:	care home
Number of places registered:	8

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	8	0
physical disability	5	0
Additional conditions:		
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 - Code LD. Physical disability - Code PD (maximum number of places: 5). The maximum number of service users who can be accommodated is: 8.		

Date of last inspection	1	0	0	8	2	0	0	9
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Brief description of the care home
Walsingham provide the services and care at 19 Beech Avenue. Eight service users who have a learning and physical disability can live in this home. The home is located in a residential area about one mile from the town of Egremont on the West Coast of Cumbria. Operating as one unit, it comprises of a bungalow and adjoining house. Both properties are linked by a covered and secure walkway. The properties blend in

Brief description of the care home

naturally with the immediate area. All private bedrooms are for single occupancy. Those in the bungalow all have en-suite shower, toilet and washing facilities. There is a range of adaptations and specialist equipment available. The bungalow is designed to enable service users who use wheelchairs, and who may need additional support to move around with ease. The fees for the home are agreed on an individual basis dependent upon the assessed level of need. Information about the service is supplied to new and prospective residents in the service user guide. Inspection reports are made available to residents and their representatives and are displayed in the home.

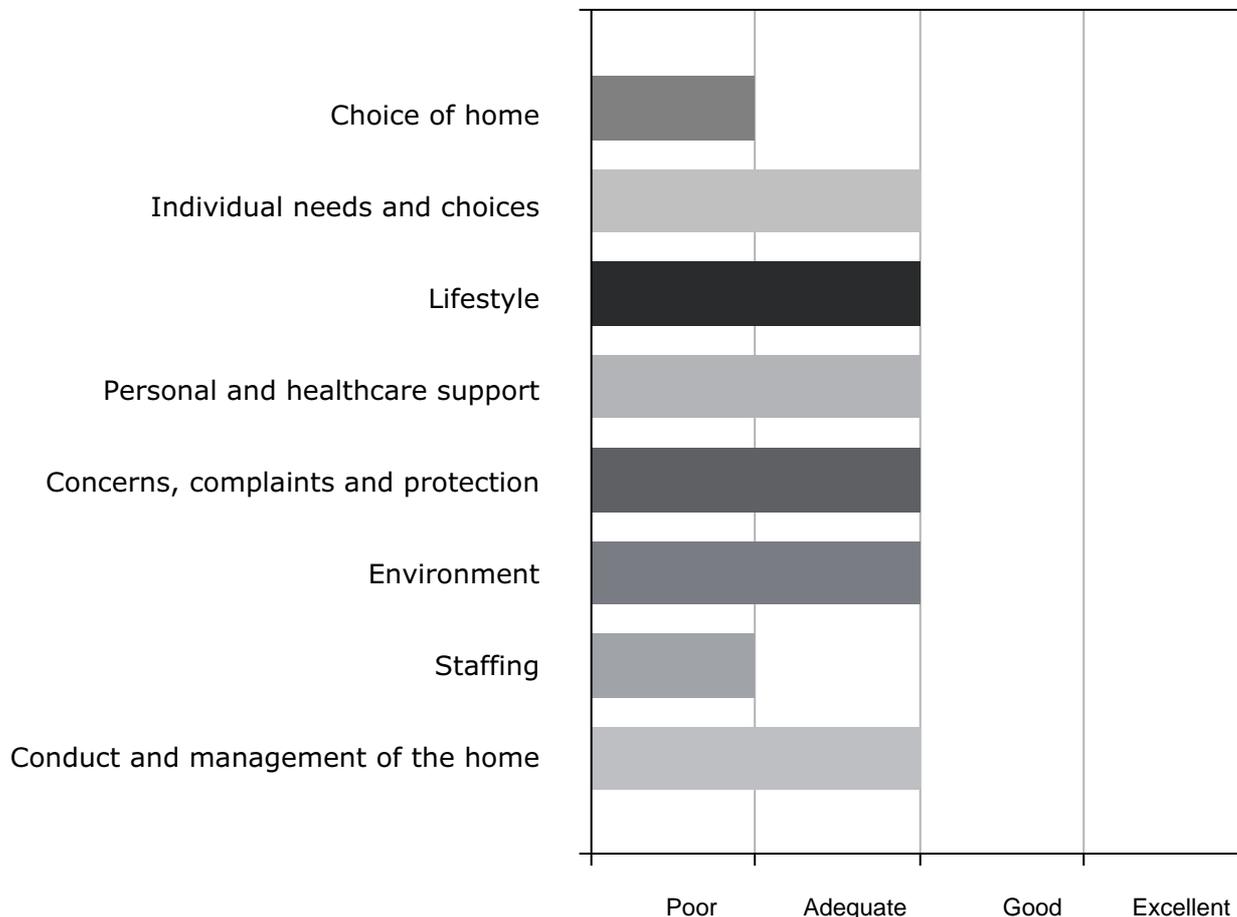
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

This was an inspection where all the key areas of the National Minimum Standards were assessed. Residents, and their families, and members of staff had given their opinions regarding the home to Care Quality Commission (CQC). These comments, and the observations made by the inspector, have informed the judgments made in this report. We also: Received questionnaires from professionals and other people working with the home; Interviewed the seniors and spoke with care staff; Visited the home, which included examining files and paperwork; Received a self-assessment report/questionnaire from the manager.

Beech Avenue is in two distinct units, the bungalow, which accommodates five people with a physical disability and the house, which accommodates a further three people, and they are linked by a covered walk way.

Currently the house and the bungalow are like "Chalk and cheese" with regard to the

care that people receive, and consequently the report is written referring to each unit. The bungalow provides good care and the house is judged not to be consistently meeting people's needs at this moment in time.

What the care home does well:

Depending on which house people live in depends on the quality of care and quality of life. The care received by people living in the bungalow is very good and care plans help staff to deliver the sort of care people would like in order that they lead active lives.

The bungalow has a multi-sensory light room that is also well used and is beneficial to the people living in the home providing either a stimulating or relaxing environment. People living in the bungalow have a good routine and they pursue individual hobbies and interests.

What has improved since the last inspection?

New plans were examined in the bungalow side of the house and were judged to be of a good quality, giving staff clear instructions on how to support people to lead healthy and active lives.

The monitoring and recording of healthcare has improved and is better coordinated. A new medication monitoring check list has been introduced which clearly indicates medication entering and leaving the home. The form indicates medication sent back to the pharmacy. When this was examined in practice the system was working well, with better stock control and a new auditing system covering other areas of administration was judged to be working very well.

What they could do better:

Due to inappropriate placements of people this leads to other vulnerable people in the home being put at risk. In the house some people are being physically attacked, and are clearly on edge, under stress and exhibiting behaviours themselves provoked by the situation. The current practice for admitting new people to the home is having a detrimental effect people's quality of life.

Staff do not have the expertise or support to deal with the current level of complex needs presented by people in the home.

For these people with more challenging needs care planning and risk assessments are not working to keep people safe or protected from harm.

Peoples lifestyle choices are being adversely affected by incompatibility with other people who live in the home, and staff shortages. Staff shortages and a high turn over has affected the approach and care delivered to people, as this is not always consistent. Staffing levels has been an ongoing issue for the home, as well as having staff who can drive.

The house is also very small with little space for internal movement, and this potentially increases further the risk of conflict and frustration. It may not be suitable for people who need space for activities and walking around to work off energy and lower frustrations.

Staff morale is very low and staff are frustrated at not being listened to, and feel a lack of support from the manager and organisation. There is a high staff turnover and new

staff do not feel confident that they are equipped to deal with people living at the home.

We, the Care Quality Commission, feel that these issues potentially put people at risk and have contacted Adult Social Care to express these views. Since the inspection the organisation running the home, Walsingham, have fully co-operated and a review has commenced to look at supporting the staff team, compatibility and approaches with people to improve the situation.

We do feel, however, that the home under normal circumstances can support people with challenging and complex healthcare needs well, but the current situation is beyond the capacity and ability of the usual range of needs.

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

The current practice for admitting a new person to the home is putting people at risk.

Evidence:

While the home has developed a Statement of Purpose and has assessment policies and procedures to follow this has not helped them in making selecting people for whom they can adequately provide care for. The organisation and the manager are accepting people whose needs cannot be met by the homes staff and facilities. The organisation states that it can provide care for people with challenging behaviours, and we have seen that this is the case in this and other establishments that they run. However what the organisation fails to do is to identify and make it clear when someone's needs are so complex and challenging that they are beyond the remit and capacity of the home. By not doing this they are failing to match people's needs and people are living in an environment where their quality of life is compromised due to competing demands of people living in the home.

Some staff have reported that they did not have the training or information to be able to meet the needs of new people to the home and consequently the staff team are

Evidence:

struggling to do so.

They have also failed to properly consider the compatibility issues with other people already living at the home. The current practice for admitting a new person to the home is putting people at risk. New people have been accepted into the home without due regard to meeting their needs or the needs of others in the home and consequently people are suffering as a result.

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:

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.

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.

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.

Some people's care plans have improved and are being developed in a more person centered way. However, for those with more challenging needs care planning and risk assessments are currently not working to keep people safe.

Evidence:

At the last inspection we identified that care plans should be strengthened and the manager responded by introducing an Action Plan to address this area. This stated "Care plans have been reviewed and provision has been made on the rota for staff to have time to review actions. New person centered plans formats have been introduced which will include the care plan." These new plans were examined in the bungalow side of the house and were judged to be of a good quality, giving staff clear instructions on how to support people to lead healthy and active lives.

However, in the house with more challenging people staff felt that care plans and risk assessments were not giving them consistent guidance on how to handle people with challenging behaviours. They felt due to staff shortages and high turn over the

Evidence:

approach and care delivered to people was not always consistent. They also felt they were not equipped to deal with people who presented this level of challenging behaviour as recently exhibited. They did not feel confident in following care plans and felt there was a lack of support and guidance. This led to peoples needs not being met, for example one person now gets less staff attention, and has begun to exhibit previous behaviours not seen for sometime, while another person is more of a direct target for challenging behaviour. The noise levels in this small house are sometimes so loud that the television cannot be watched.

In the bungalow good risk assessments are in place and people are supported to make informed decisions. However, in the house this is not the case and dangerous activities and practices have been allowed to happen. For example one person is clearly not safe to be allowed to go into the kitchen and has thrown kettles and opened hot ovens. However staff say they cannot prevent him from doing this as it would be restricting his rights in his own home. This is clearly not in the best interest of this person or other people and puts an increased strain on staff who have to monitor this persons every movement.

Staff also report that due to the high levels of challenging incidents they do not have time to do paperwork. Some staff said they are not given time to look at care plans due to having to constantly monitor and have sight of people within the home in case they are attacked. A night carer said she had been on duty alone when a new person with challenging behaviours was introduced and had little idea of his needs.

Staff have a lack of direction in how to keep people safe and have misunderstood the Deprivation of Liberty's guidance. The manager needs to be re-assessing the situation and devising safe strategies with the input of a multi-disciplinary team who can act in peoples best interests, according to their capacity to make decisions. Since this inspection the feedback we gave has resulted in a renewed approach in trying to tackle these issues and to unite the whole staff team in a unified approach to people's 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 **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Peoples lifestyle choices are, at times, being adversely affected by incompatibility with other people who live in the home, and staff shortages.

Evidence:

Staff are working hard to cover shifts and to care for people living at the home as best they can but they are being hampered by staffing shortages. This is made worse by the incompatibility issues in the house where staff time is spent monitoring peoples whereabouts. The house is also very small with little space for internal movement, and this increases further the risk of conflict and frustration.

The bungalow has a multi-sensory light room that is also well used and is beneficial to the people living in the home providing either a stimulating or relaxing environment. Staff explained to us how one person has a favorite piece of music which they particularly enjoy and respond to. Aromatherapy is another popular in house activity

Evidence:

enjoyed by many of the residents, which also provides an opportunity for staff to spend time with people on a 1-1 basis which they respond positively to.

The home has an adapted vehicle for use by all the people living in the home, which enables them to access the local community and go out for day trips when staffing levels allow. Staffing levels has been an ongoing issue for the home, as well as having staff who can drive. All staff survey forms indicated staff shortages had hampered people being taken out as often as they would like.

A four week rolling menu is displayed in each part of the home. These have been developed based on feedback from individuals and past experience of what people prefer to eat. Special diets are catered for and close monitoring of nutrition is taking place with the involvement of the dietitian when the need arises. Staff described how they provide alternative food if someone does not want the menu choice, which again is based on past experience of individual likes and dislikes which are recored. The two parts of the home shop separately which enables staff to provide a greater degree of choice and flexibility around the menu choices and mealtimes.

Again the bungalow has a good routine for individual people and they pursue individual hobbies and interests. We saw records that describe the weekly activities in the home. People each have a different weekly programme of activities. The home has transport available to take people out.

Staff are doing their best to be flexible and make the most of the opportunities they have to take people out on their own, or spend time with them.

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

The monitoring and recording of healthcare has improved and is better coordinated. However, the management of more complex behavioural issues is outside the remit of the home and consequently peoples health and well-being are put at risk.

Evidence:

Walsingham nationally have introduced a new style care plan, and when these were examined in the bungalow they were well filled in and gave staff clear instructions on how to offer people support. They ensured that all areas of a persons well-being and lifestyle were considered. Where possible people had been involved in these plans and families had also been involved, where this was appropriate. However a little more detail is required about a persons capacity to make decisions and the support that maybe necessary when a persons ability to make a decision is compromised. For example when it maybe necessary for other people to make decisions in peoples best interests, and who this might include, eg family members, advocates, professionals etc.

Each person has a Health care plan, with the latest guidance from health care professionals. Based on information received from professionals, relatives, and

Evidence:

observations of the staff, and also from the written records, people receive appropriate support to access the health services they require. Residents are registered with a GP of their choice and have access to other members of the Primary Health Care team. Other checks such as opticians and dental checks are also recorded on Healthcare files. People also have a hospital care plan so that when a person is admitted to hospital these plans can be readily available to go with them and inform hospital staff of important personal and care details. This is good practice and health professionals have commented about how useful they are, especially when a person has little verbal communication.

Any personal care is delivered in residents own bedrooms and staff demonstrated that they are aware of issues of dignity and privacy. Interactions were observed between staff and residents and this was carried out in a sensitive and respectful manner.

Staff had also received advice from the Challenging Behaviour team on how to best to support people. Discussions with staff however indicated that there was an inconsistent approach and that care plans and risk assessments did not always help them to care for some people safely or others living in the home.

While some staff have received accredited training in the use of intervention with challenging people, they are unclear on how to put this into action. Again this all relates to the situation where an admission to the home has stretched the staff team beyond the level of their current level of expertise. Staff do however manage other people with challenging behaviours well, and have done so for years. The organisation is currently arranging for healthcare professionals to offer help to the team and devise other approaches.

The area of caring for people's medication has been strengthened since the last inspection. An Action Plan for the home describes the changes:

A new medication monitoring check list has been introduced which clearly indicates medication entering and leaving the home. The form indicates medication sent back to the pharmacy. When this was examined in practice the system was working well, with better stock control and a new auditing system covering other areas of administration was judged to be working very well.

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

People are not always protected from harm and staff feel a lack of support from senior managers in ensuring this happens.

Evidence:

The organisation, Walsingham, have responded to criticisms of mismanagement in safe guarding people with an action plan to address these failings. A large part of this action plan was to ensure staff have training in safe guarding vulnerable adults. The training programme for the organisation was examined and this detailed dates of forthcoming Safeguarding training.

Evidence indicates that referrals are now made to social services in a timely and appropriate manner. However once a referral is made to Adult Social Care this does not absolve the organisation from taking further action if they feel it is necessary.

Staff in the home are having to deal with more challenging behaviours and have been under pressure to protect other more vulnerable people in the home. Due to the new placements in the home to people with very complex challenging behaviours, this has led to other vulnerable people in the home being put at risk. In the house some people are being physically attacked, and are clearly on edge, under stress and exhibiting behaviours themselves provoked by the situation. When incidents of challenging behaviour have occurred staff are not getting a de-brief or analyzing the incident to prevent it occurring again. Staff also report that supervisions and support

Evidence:

from senior managers is inconsistent. This is poor practice when a staff team are working under such challenging circumstances.

Added to this is the incorrect interpretation of the protecting peoples liberty's. Namely Human Rights Act and the Deprivation of Liberties guidance. When spoken to staff were under the understanding that they could not restrict peoples liberty within their own home. Consequently they were allowing people to carry out activities dangerous to themselves, other people living in the home and to staff. One person was clearly not safe to be allowed in the kitchen but staff said they had been told they could not restrict this persons movements. Even common sense would dictate that allowing a person to throw a hot kettle or grab hot food out of an oven should be prevented. These sort of restrictions and safeguards are why a person may need to be accommodated in a registered care home, ie they need protection and care, and as long as measures such as "best interest" meetings and relevant professionals are involved, then this is considered good practice.

There was also evidence to suggest that information is deliberately being with held from some family members about the present situation as they would be unhappy, upset and would want to complain. In trying to accommodate one person who clearly needs more specialist care or individual accomodation the manager and organisation are failing in their duty to others in the home. Staff in the house feel that opportunities to speak up about the situation are limited, for example they were not given CQC staff survey forms. The staff team in the house are very demoralised and a lack of support from the manager and organsiation. They state they do not get the support they feel they need, and this is leading to many experienced members of staff leaving or asking to be moved out of the house, to the bungalow where the work is less stressful.

Environment

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The bungalow is suitable in meeting peoples needs, while the semi-detached house is small and claustrophobic

Evidence:

Beech avenue is in two distinct units, the bungalow, which accommodates five people with a physical disability and Smithfield, which accommodates three people, which is a semi detached house, linked to the bungalow by a covered walk way. The bungalow is fully accessible with each person having a single room with en suite facilities including a toilet and shower. There is ample communal space both inside the home and in the garden area, however plans are in place to improve the garden space by splitting the garden with a fence to improve people's privacy and access. All areas of the home are decorated and furnished to a good standard suitable for a domestic setting. There is an ongoing programme of maintenance and repairs that ensures the home is safe and well maintained. All the bedrooms are personalised in the way they are decorated with individuals able to "put their own stamp on their rooms". People are able to choose the furniture and fittings that are suitable to meet their individual needs and lifestyles. In addition to en suite bathrooms and toilets there are also shared facilities available. There are suitable aids and adaptations in place around the home that support and promote people's independence, such as specialist shower and bath chairs, high/low beds, portable and overhead hoists. The manager also explained that the home after

Evidence:

detailed discussions and risk assessments, are introducing assistive technology to enable them to replace waking night staff with sleep in staff. This will have the added benefit of increasing day time staff hours that can be used flexibly to support people to access the community. All areas of the home were clean and hygienic with dedicated domestic staff in place to maintain a high standard of hygiene. Visiting professionals and relatives confirmed that the home is "always clean and fresh and free from bad odours".

The Smithfield house was less homely as it had been stripped of ornaments and pictures to accommodate people with behaviours that do not allow for objects to be freely available for safety reasons. This side of the house felt claustrophobic, with a small lounge, and narrow hallway. It does not lend itself to people who need to move around and burn off energy. This could be a contributory factor in aggressive outbursts.

The upstairs bathroom requires work done on it, as bath panel are badly peeling, and this looks unsightly.

The homes have a good location in the heart of the community which leads to ready access to local amenities such as health centre, shops and pubs all within walking distance.

Staffing

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

People have safe and appropriate support as there are enough competent, 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.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

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

Staff currently do not have the level of expertise or support to deal with the recent level of complex needs presented by people in the home.

Evidence:

The home is currently short staffed, due to vacancy's and illness, which is putting a dedicated staff team under strain and is affecting the care being delivered to people in the home. Survey forms from both staff and residents stated that an increase in staff would allow for more one to one activities and allow people to go out more. This is currently limited due to staff shortages and the number of staff who can drive. Staff turn over recently has been high and other staff reported that they would leave if they could find other employment.

Recruitment is ongoing to fill vacancy's, and four new staff are due to start. There is evidence that at times it is difficult to support people outside the home as this requires a greater number of staff, which is confirmed by survey feedback from the staff team. The introduction of assisted technology to replace the waking staff with sleep in staff, has not been entirely successful, as staff have reported that if they have a disturbed night sleep they then have to work a day shift and feel tired and under strain.

Staff reported that they had been provided with a range of training courses to assist

Evidence:

them in working with people with learning disabilities. However some staff reported that they would like more training in meeting more specialised care needs such as autism. While a number of staff have had training on how to handle people with challenging behaviour, they still feel out of their depth in how to put this into action. They reported that staff adopt different approaches depending on their level of experience and confidence in managing challenging behaviours. This mixed message and lack of consistency is having a negative effect on the care of service users. Due to the previously mentioned inappropriate placement, staff reported to us in surveys and verbally their unhappiness with the present work environment within the house. Here are a sample of comments "At the moment the home is not functioning how it should be, there isn't any choices for residents, and it is virtually been turned into a prison. Management don't want to know and someone will be seriously hurt before long".

"Staff morale is at an all time low with staff leaving. We feel constantly under threat by residents and have to try and protect residents from each other, as they are not suited together or to the house." "Staff feel very vulnerable" "Please do not let the home know these details for fear of repercussions"

Staff also reported that due to more experienced staff leaving they were worried about how new inexperienced staff would cope. One said "I think it will collapse like a pack of cards". "I used to love my job and now I hate it" "I am so anxious I cry all the time". "Staff are not listened to, we cannot cope, but feel we will get the blame if anything does happen". "Staff go crying to the manager to be moved into the bungalow, its not fair". A new member of staff said they did not feel ready to be working in an environment with such challenging behaviours, and felt threatened.

A review of the provision within the houses needs to take place, and Adult Social Care need to be informed of the situation so plans can be made to provide appropriate accommodation for people currently living there. Staff are operating out of their depth and Once this current situation is resolved things should settle down. We have noted that in the past staff have been coping very well with people who exhibit challenging behaviour.

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:

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.

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.

This is what people staying in this care home experience:

Judgement:

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

The management arrangements in the home are not consistently promoting the welfare of people living there or providing staff with the support they require to effectively carry out their role.

Evidence:

The part of the home termed 38 Smithfield, and referred to in this report as the "house", is currently in crisis and is not operating in the best interests of either services users or staff. The current manager is off on long-term leave and the replacement arrangements are not dealing with the situation effectively. The organisation is not offering the level of support needed in this situation to the manager or the staff team and there is an under current of mistrust, poor communication and rumors operating. This leads to two completely different homes being run, the bungalow where things are running quite smoothly and people are supported to have a good quality of life. Then there is the house where the an incompatible placement has made life difficult for other people living there, and the staff team. The organisation needs to be clear and state when some peoples needs are beyond their ability to cope with, and that this is not an admission of failure, it is

Evidence:

acting responsibly to protect other people in the home and in their duty to provide staff with a safe working environment.

Other health and safety aspects of the home are satisfactorily managed and the home is well maintained. For example all full time staff have gained an appointed First aider certificate and the home has a qualified moving and handling assessor who attends regular up-dates.

Under these circumstances it is very difficult to see how any management tools can be operating effectively, such as a quality assurance system, whereby peoples views are sort and measures are in place to ensure peoples needs are put at the heart of what the homes does. The current situation prevents any attempts at working to good practice guidelines and we can only judge that management from both the manager and the organsiation is lacking based on the outcomes for people.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

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

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
1	2	14	<p>The manager must carry out assessments of prospective service users and only accept those whos needs she is confident the home can meet.</p> <p>This is in order to give people a good quality of life and keep them safe from harm, while also giving due regard to the well being of other people living there.</p>	30/06/2010
2	9	11	<p>The manager must ensure that risk assessments are in place that guide staff to use safe and consistent practices with people.</p> <p>This is to ensure that people are kept safe and that this is balanced with their capacity and rights.</p>	30/06/2010
3	22	12	<p>The manager must ensure the care home is conducted in a manner that promotes the welfare of service users,</p>	30/06/2010

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			<p>including making information available to allow people to raise concerns or complaints</p> <p>People should be given important information to allow either, themselves or their advocates to make informed decisions, even if this may cause upset or involve them making a complaint.</p>	
4	23	13	<p>The registered person must protect people living within the home from abuse.</p> <p>It is the duty of those in charge to take action and make representations to Adult Social Care on their behalf to promote their best interests.</p>	30/06/2010
5	33	18	<p>People must be supported by competent, qualified and experience staff.</p> <p>This is to meet peoples needs and keep them safe from harm.</p>	31/07/2010
6	36	18	<p>The manager and the organisation must conduct the home and support the staff team, in a way that allows staff to carry out their roles effectively and have their views listened to.</p>	31/07/2010

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			This is in order to create a staff team that can function as individual as and as part of a team to best support the well-being of service users	
7	37	12	<p>The registered manager must ensure that the home is conducted in the best interest of service users, and ensure that their welfare is promoted and protected.</p> <p>It is the duty of the manager to protect people from harm and speak up on their behalf when they do not have the capacity to do so.</p>	30/06/2010

Recommendations

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

No	Refer to Standard	Good Practice Recommendations

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