

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

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:
Ray Mowat	1 0 0 8 2 0 0 9

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.

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

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

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
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A bit about 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 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.

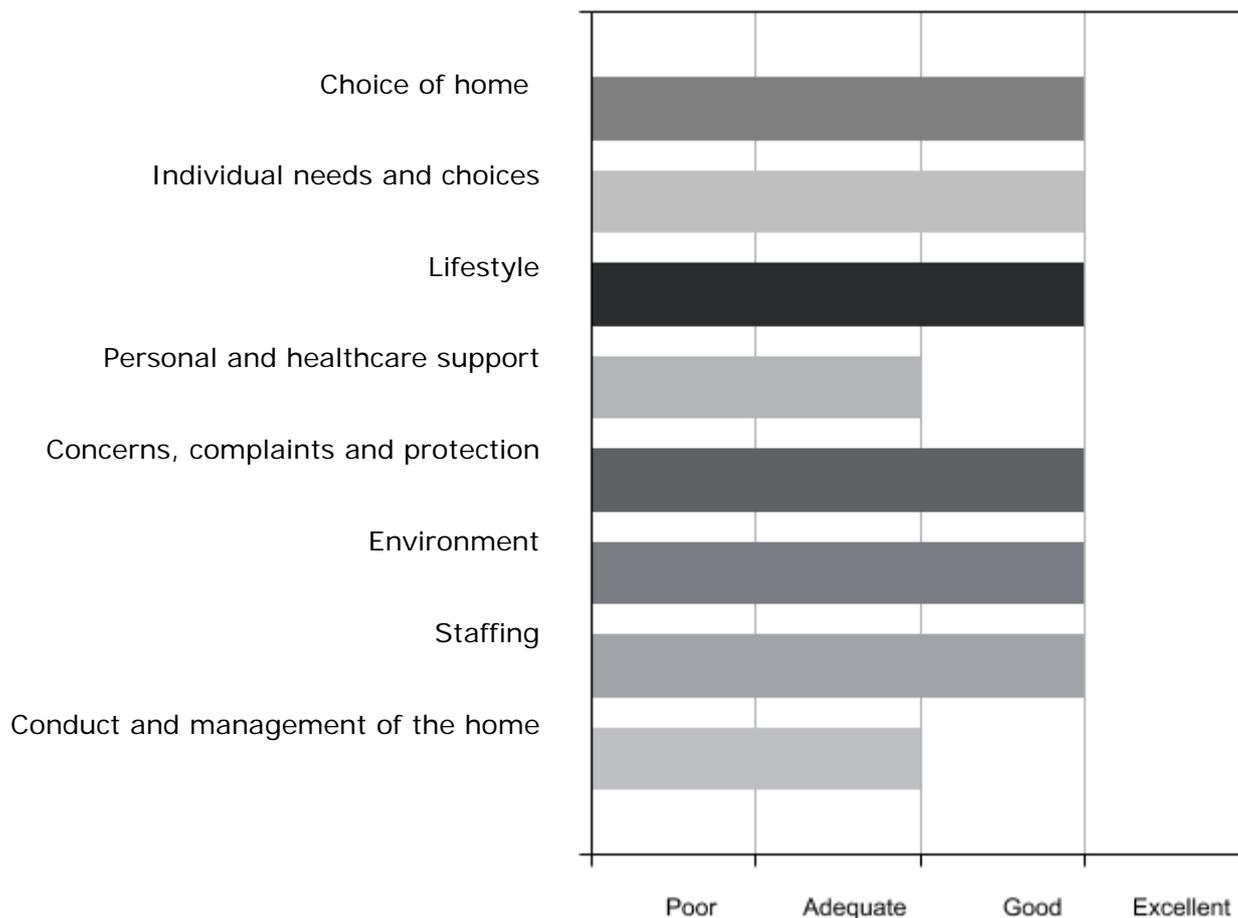
Summary

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 is what the inspector did when they were at the care home

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



During the visit we (The Care Quality Commission) met with people living in the home, visitors and spent time with the manager and care staff on duty. We also met with care staff individually and talked to them as they went about their duties.

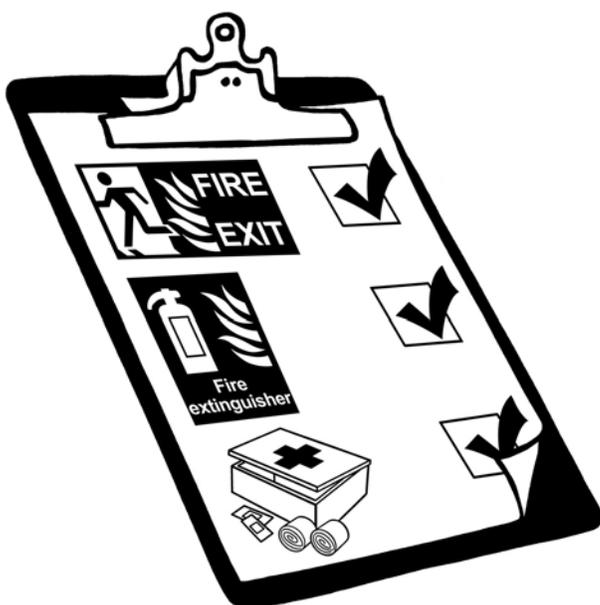


The manager Mrs Jackie Stevens completed a self assessment questionnaire called an Annual Quality Assurance Assessment (AQAA) and sent it to us before the inspection visit. This provided us with information about how the

home is run and the manager's views on what the home does well, where they have improved and plans for the future. There is also information about the people who live in the home and the staff working there.

Surveys were sent out as part of this inspection to people living in the home, their relatives, care staff and other professionals involved with the home, with their views being used to formulate the judgements in this report. We also examined records relating to the running of the home that are required by legislation, which included care plan files that guide staff in supporting people to achieve their goals and lead independent lives.

We examined staff files and records relating to the maintenance and safety of the home.





What the care home does well

Good systems are in place to make sure people's care needs are assessed before they move in to the home and on an ongoing basis making sure the home is suitable and safe.



Detailed person centred care plans have been developed with each person that records their personal and health care needs and describes in detail their preferences about how they like to live their lives. These also include pen pictures and a record of people's social and health care needs.





People are enjoying a fulfilling lifestyle with staff supporting and promoting their independence making sure decisions are in their best interests. Staff support individuals to pursue their interests and hobbies which provides them with a varied range of activities.



All the people in the home have worked closely with staff planning an annual holiday that was suitable for their needs and interests.



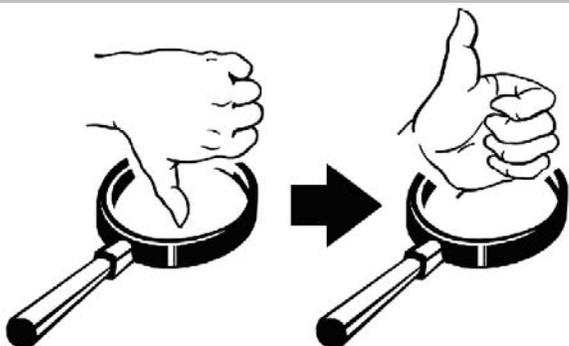
Survey feedback confirmed people are aware of how to support a person to raise a concern and there was evidence of staff listening to them and responding accordingly. The home's policies and procedures make sure both people living in the home and the staff supporting them are kept safe at all times.



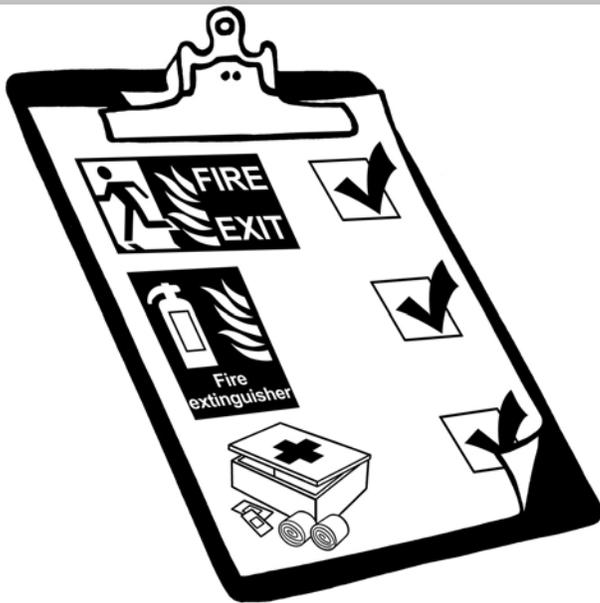
The home benefits from having an experienced and well trained staff team who have developed good relationships and a good understanding with individuals. They take on an enabling role to make sure they are promoting people's independence and helping them to achieve their goals.



The manager has the respect of the staff team and values their contributions to the effective management of the home, with regular supervision and team meetings. Personal development needs of all staff are being assessed with relevant training planned for them to make sure they have the appropriate skills and knowledge for their role.



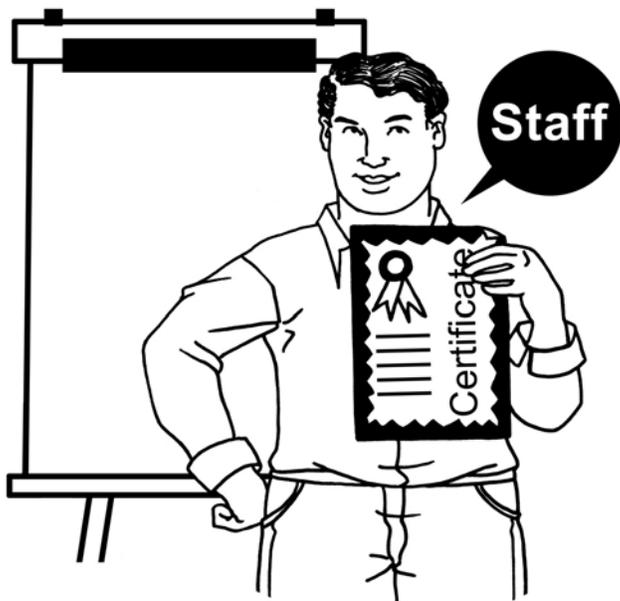
What has got better from the last inspection



All staff are receiving relevant fire training and instructions on a regular basis with a record maintained for inspection. This ensures all staff are aware of their role and responsibilities if they have to deal with a fire incident.

Management and care staff have attended relevant training relating to safeguarding, the Mental Capacity Act and deprivation of liberty to raise their awareness in relation to capacity and decision making and raising concerns.

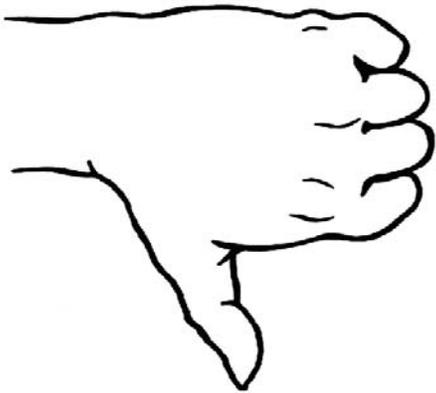
The home is enjoying the benefits of having a stable and well trained staff team. This includes the organisations own 'bank' staff who cover permanent staff absences and therefore ensure a good continuity of care. Agency staff are no longer being used. The organisation are providing a training programme for all levels of staff to make sure they have the skills and knowledge for



their role. Training records are maintained and monitored with staff to identify and respond to specific training needs for individuals. All staff have now completed emergency first aid training giving them the appropriate skills and knowledge to deal effectively with emergencies.

What the care home could do better

A clear stock record must be maintained of all medication entering and leaving the home, so that stock control can be effectively monitored and any mishandling of medication identified quickly.





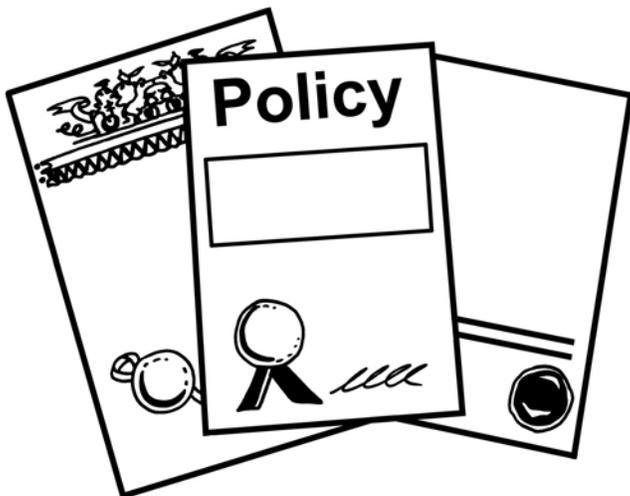
When care plan actions are agreed a timescale should be set for review, to enable progress to be monitored and new goals set, to make sure people are achieving their aims and their care plan is working for them.



The recording of health interventions such as physiotherapy and exercise sessions undertaken by staff were not being recorded consistently making it difficult to evaluate their effectiveness. All interventions should be recorded in line with the requirements of the care plan.

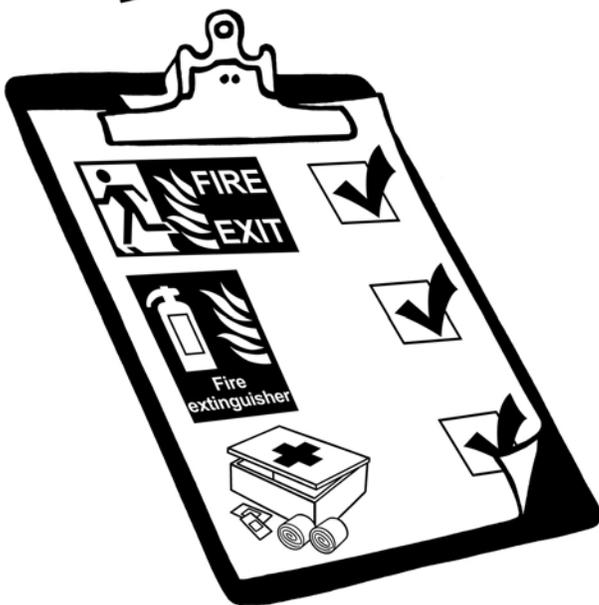


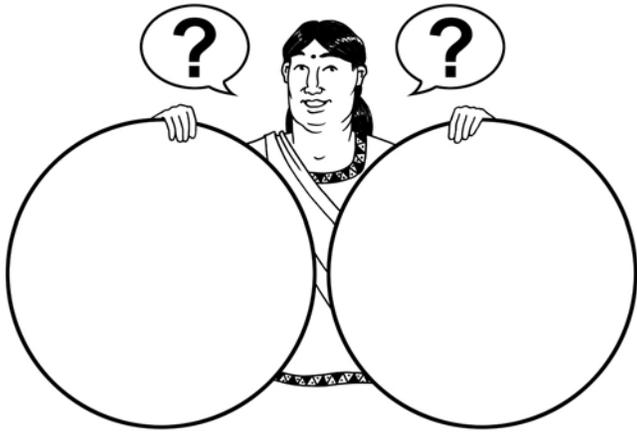
It is recommended the manager maintain in the home a record of when CRB checks are completed and their issue number, so they are available for inspection.



It is recommended the fire risk assessment is reviewed to make sure it is in line with the latest fire regulations.

Not all upstairs windows were fitted with suitable window restrictors. The manager needs to review this situation to make sure all the people living in the home are safeguarded.





The manager needs to make sure they are asking people about the quality of the service and that it is helping them to achieve what they want to do.



If you want to read the full report of our inspection please ask the person in charge of the care home

If you want to speak to the inspector please contact
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Gallowgate
Newcastle upon Tyne
NE1 4PA
03000616161

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 set out on page 4.

The report of this inspection is available from our website <http://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

Contents

Choice of home (standards 1 - 5)

Individual needs and choices (standards 6-10)

Lifestyle (standards 11 - 17)

Personal and healthcare support (standards 18 - 21)

Concerns, complaints and protection (standards 22 - 23)

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.

Good systems are in place to make sure people's needs are assessed and the home is suitable and has the resources to meet their needs.

Evidence:

We discussed the admission procedure with the manager Jackie Stevens. She confirmed that the process was person centred and involved the home completing a full needs assessment in addition to a social work assessment and any other specialist assessments a person may require. There was evidence of this in people's care plan files, with staff working closely with a number of other professionals and specialist services to make sure individual needs were being monitored and responded to.

Although the home is registered as one home for eight people, it effectively operates as two homes, with three people living in one part of the house (Smithfield) that is separated by a passageway and the other five who are all physically disabled, living in the bungalow section of the house (Beech Ave). Due to the complex and diverse needs of the people living in the two different parts of the home they are not compatible and therefore operate separately.

Despite the detailed assessment and admission process there has been some compatibility issues in the Smithfield section, which have resulted in a safeguarding investigation and safeguarding management plan being implemented, whilst alternative accommodation is sought for one person. On the whole this has been managed effectively by the home manager and staff therefore minimising the impact on the people living there.

Based on discussions with staff and through examining staff records, there is evidence staff are provided with a good range of both core skills and specialist skills training to enable them to provide the individual and specialist support people require. Advocacy services have been involved with individuals and best interest meetings have been held

Evidence:

making sure their voice is heard and their views are represented independently. During discussions with staff they talked about the admission process. They confirmed that people visit the home and gave an example of how the admission process is managed, including short visits, overnight stays and the ongoing assessment of needs. Care plan files contained easy read contracts of terms and conditions which explained in detail peoples rights and the rules about living in the home. Pictures and symbols were used in addition to typed text to make it easier for people to understand. The copies on file were not signed and dated, which the manager was going to look in to as she thought the signed copies may be held centrally by the organisation.

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

Detailed care plans provide staff with suitable information to help them support people's individual needs.

Evidence:

The home is in the process of developing more person centred care plans for each person. These are a comprehensive record of a person's personal and health care needs including valuable information about what is important to them in their day to day lives. This includes an informative pen picture and social history, relationships and friendships, communication needs, significant life events and likes, dislikes and personal preferences. Communication boards called "all about me" are used in people's bedrooms that contain valuable information for staff about everyday routines and how an individual will make their needs known. As part of the care plan action plans are agreed with specific actions recorded as a result of review meetings. However there did not appear to be a formal process to review progress toward these goals. When actions are agreed a timescale should be set for review, to enable progress to be monitored and new goals set to make sure people are achieving their aims and their care plan is working for them. Health action plans have been completed that record all aspects of health interventions and involvement with other specialist services and professionals as well as more routine medical and health information such as routine appointments and GP visits. Staff support people with all aspects of their health care and ensure detailed records of appointments and interventions are maintained to maintain a good continuity of care. There were examples on file of specific strategies being agreed with other professionals about how to support a person. Some of these involved monitoring charts being completed by staff when activities were completed. Some of this recording was not being completed consistently making it difficult to assess the effectiveness of interventions.

Evidence:

The home's staff work closely with a number of other agencies to support people to make decisions about their lives. Advocacy services have been involved with individuals and best interest meetings and safeguarding meetings have taken place to make sure people's rights are respected and they are safeguarded.

A good range of risk assessments have been developed including general and specific individual risk assessments such as manual handling risk assessments. There was evidence these are kept under review on an ongoing basis making sure they are up to date and relevant.

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 enjoy a fulfilling lifestyle, which provides them with opportunities for personal development and to take part in appropriate social and leisure activities.

Evidence:

People living in the home are enjoying a range of different leisure and therapeutic activities. During this visit we observed a visiting music therapist working with a small group of people who live in the home. This is a twice weekly session that is enjoyed by the residents. Despite people's severe and complex needs it was evident they were enjoying the session and joining in appropriate to their abilities.

The home 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 favourite piece of music which they particularly enjoy and respond to. Aromatherapy is another popular in house activity 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, which has improved. The manager also described plans to increase staffing levels further, which will enable people to go out more and give staff more flexibility to respond to people's requests. There was evidence of visits being made to the local community to use the amenities of the town such as shops, social clubs and the swimming pool. In addition day trips for small groups

Evidence:

are planned, which always prove popular, as well as individual activities. A good example being a person who enjoys attending adult education cookery classes.

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 recorded. 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.

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.

Personal and health care needs are well documented and staff aware of individual needs. Medication procedures should be reviewed in line with good practice guidelines.

Evidence:

The comprehensive person centred care plans including the health action plans ensure staff have detailed information about all aspects of service users personal and health care needs. Specific strategies have been developed with the support of other professionals and specialist services that ensure that people's privacy, dignity, independence and control over their lives is respected.

Structured routines are in place, where required, to make sure all staff can provide a consistent and reliable service with all aspects of their personal care. Copies of these are kept in bedrooms which make sure the care plan is being used effectively and consistently.

Special aids and adaptations are in place around the home that support and encourage an independent lifestyle. The home's staff work closely with a number of other agencies and professionals to make sure people are getting suitable support and equipment to meet their individual needs.

Through the completion of health action plans health care needs are well documented and staff are aware of all relevant health related needs and making sure they are closely monitored. Staff explained how they liaise with a number of other professionals on an ongoing basis to ensure people's needs are responded to in a timely and effective manner. Specific strategies have been developed to support staff in responding to individual's physical and emotional health care needs. These are reviewed regularly and updated as required. Some aspects of recording of health interventions undertaken by staff were very ad hoc making it difficult to evaluate their effectiveness. These included recording of exercise and physiotherapy sessions and weight records.

We examined the homes medication records and storage system. All medication was securely stored and a record of administration is completed when it is administered.

Evidence:

However there was no clear stock record being maintained of medication entering and leaving the home, meaning stock control cannot be effectively monitored and mishandling identified quickly. There are no controlled drugs currently kept in the home but suitable storage facilities are in place. Training for care staff is provided by the local pharmacist. It was evident from reading a recent entry in the daily care records that good practice guidelines had not been followed when medication was spilt from a monitored dosage system. This was raised with the manager to enable her to provide relevant training and support to the member of staff involved.

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.

People are safeguarded by the homes policies and practice, with staff aware of their role and responsibilities in reporting concerns and complaints.

Evidence:

There have been no formal complaints received by the home since the last inspection visit. The home has a suitable complaints policy and procedure, which is made available to people living in the home and their relatives. Survey responses from people living in the home, their relatives and staff working there, confirmed they knew who to speak to regarding any concerns or complaints they may have. There was evidence appropriate referrals have been made on behalf of individuals to advocacy services and other professionals when best interest issues have arisen.

Since the last inspection safeguarding training has been provided for the staff team. In addition the manager and assistant manager will be attending specific training for managers of services to enable them to deliver further training to their staff. It was evident they are aware of their responsibilities in recognising and reporting any suspected or actual abuse. There was evidence of appropriate referrals being made to other agencies and the home working closely with them to safeguard people. The most recent resulting in a safeguarding plan being agreed with the involvement of an IMCA (Independent Mental Capacity Advocate) to ensure the safety of the people living and working in the home.

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

Beech Avenue is a safe and comfortable living environment that is suitable for the needs and lifestyles of the people living there.

Evidence:

Beech avenue is in two distinct units, the bungalow, which accommodates five people with a physical disability and Smithfield, which accommodates three people. 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. The manager explained that repairs and renewals were identified such as plans to replace the hall, stairs and landing carpet and the replacement of water damaged bath panels.

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 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

Evidence:

the home is "always clean and fresh and free from bad odours".

Staffing

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

People have safe and appropriate support as there are enough competent, 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 **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There is a settled staff team in place who have a good understanding of the people they support and a good insight about their roles and responsibilities.

Evidence:

Since the last inspection the home has made good progress in improving the staffing levels and no longer use agency staff. The organisation has "bank" staff who work across a number of homes covering permanent staff absences. This has helped to maintain a good continuity of care. Recruitment is ongoing to fill some vacant hours that remain. We examined staff rotas that confirmed most of the time adequate staffing levels have been sustained. However 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 manager explained her plans to use assisted technology to replace the waking staff with sleep in staff, which will enable more staff hours to be redeployed flexibly during the day time shifts.

The introduction of dedicated domestic staff has been effective in allowing the care staff to focus their efforts in supporting the service users.

A good range of staff training is being provided including both core skills training and training in specialist areas such as epilepsy management, dealing with challenging behaviour, deprivation of liberty and mouth care.

We met with a number of staff during this visit and also got feedback from staff through the surveys sent out as part of this inspection. Staff confirmed that "they get the training they need". Staff also talked about a "very good induction" and "felt they were well supported by the management team". We examined staff files including supervision records, which it was evident was taking place on a regular basis as required. There was no record in the home of when Criminal Record Bureau checks (CRB) were completed as this information is held centrally by the organisation. It is recommended the manager maintain in the home a record of when CRB checks are completed and their issue number so they are available for inspection.

Staff meetings take place on a regular basis which are used to share relevant information

Evidence:

among the team. Staff said "communication is good and they work well as a team". Daily care records and handover sheets are very effective for sharing information between shifts in addition to verbal hand overs.

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 new manager is providing clear leadership and is making sure people's rights and best interests are promoted and protected.

Evidence:

The new manager Mrs. Jackie Stevens is in the process of registering with the Care Quality Commission (CQC) as the registered manager for Beech Avenue. Since the last inspection good progress has been made in meeting the requirement and recommendations made at that visit. Staff confirmed they felt "well supported" and "worked well as a team to support service users". As one carer said "we provide individualised care based on people's needs". The manager and staff team are aware of promoting people's rights and best interests in the support they provide. They have completed relevant training relating to the mental capacity act, safeguarding and deprivation of liberty. They are also working with other agencies including advocacy services and an IMCA, to ensure people's views are heard and represented independently. The manager works closely with three assistant managers who through regular supervision and team meetings give a clear sense of direction and make sure staff feel valued and able to contribute to the smooth running of the home. Currently there is no formal consultation taking place with service users or their Representatives. The manager described how they use informal feedback and the ongoing care planning process to develop a service plan for the home every year. Currently two of the priorities identified include communication and compatibility, with the separation of the two parts of the home, due to the diverse needs of the people in the two units being central to this. The manager needs to look at introducing more formal quality monitoring systems to enable them to measure success in achieving aims and objectives and the outcomes for the people who use the service. Feedback from people who use the service and their representatives should be central to the development of the annual service plan, to

Evidence:

ensure it reflects their views and aspirations for the future. The records we examined during this inspection visit were all securely stored in line with good practice and on the whole were well maintained and accurate. There was a good range of risk assessments in place that keep both people living in the home and the staff working there safe from identified hazards. Most of these had been kept under review on a regular basis or at least annually, however it is recommended the fire risk assessment is reviewed to make sure it is in line with the current fire regulations.

Not all upstairs windows were fitted with suitable window restrictors. The manager needs to review this situation to make sure all the people living in the home are safeguarded. Routine servicing and maintenance of equipment and services is taking place making sure both service users and staff are kept safe. Routine health and safety checks are being completed and recorded as required. Good systems are in place for the safe moving and handling of people including both overhead and portable hoists.

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	Description	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	Description	Timescale for action
1	20	13	<p>A clear stock record should be maintained of all medication entering and leaving the home, so that stock control can be effectively monitored and any mishandling of medication identified quickly.</p> <p>Currently there is no system in place to monitor the medication stocks held in the home enabling staff to identify errors or mishandling.</p>	17/09/2009

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	6	When care plan actions are agreed a timescale should be set for review, to enable progress to be monitored and new goals set to make sure people are achieving their aims and their care plan is working for them.

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
2	19	Some aspects of recording of health interventions undertaken by staff were very ad hoc making it difficult to evaluate their effectiveness. All interventions should be recorded in line with the requirements of the care plan.
3	20	All staff should be made aware of the good practice guidelines to be followed when medication is spilt or lost.
4	34	It is recommended the manager maintain in the home a record of when CRB checks are completed and their issue number so they are available for inspection.
5	39	The manager needs to look at introducing more formal quality monitoring systems to enable them to measure success in achieving aims and objectives and the outcomes for the people who use the service.
6	42	It is recommended the fire risk assessment is reviewed to make sure it is in line with the latest fire regulations.
7	42	Not all upstairs windows were fitted with suitable window restrictors. The manager needs to review this situation to make sure all the people living in the home are safeguarded.

Helpline:

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