

Key inspection report

Care homes for adults (18-65 years)

Name:	Anvil Close
Address:	21-24 Anvil Close Nr Eastwood Street Streatham London SW16 6YA

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:
Louise Phillips	1 5 0 2 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:	Anvil Close
Address:	21-24 Anvil Close Nr Eastwood Street Streatham London SW16 6YA
Telephone number:	02086774714
Fax number:	02086778713
Email address:	
Provider web address:	www.macintyrecharity.org

Name of registered provider(s):	MacIntyre Care
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	12

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	12	0
physical disability	12	0
Additional conditions:		
The Home can admit one named service user over the age of 65 years of age.		

Date of last inspection								
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Brief description of the care home

Anvil Close is a home for twelve adults with learning disabilities, some of whom also have a physical disability. The property is purpose built and has been fully adapted for use by service users with wheelchairs. The home is on two floors and is divided into four flats, each with their own kitchen/dining room, lounge, toilet and bathroom, adapted shower room and sensory room. All bedrooms are single occupancy, with four bedrooms having ensuite facilities. Shared facilities include the lift, laundry room and a large garden. The home is situated at the end of a cul-de-sac in a quiet part of Streatham, but is within easy reach of local shops, community facilities, bus and rail links. Parking is available. Further information concerning the service can be found on

Brief description of the care home

the organisation's website at www.macintyre-care.org. At the time of this inspection the manager of the home reported that the fees per year range from #54,000 - #60,000. Additional charges are made for some outings and holidays.

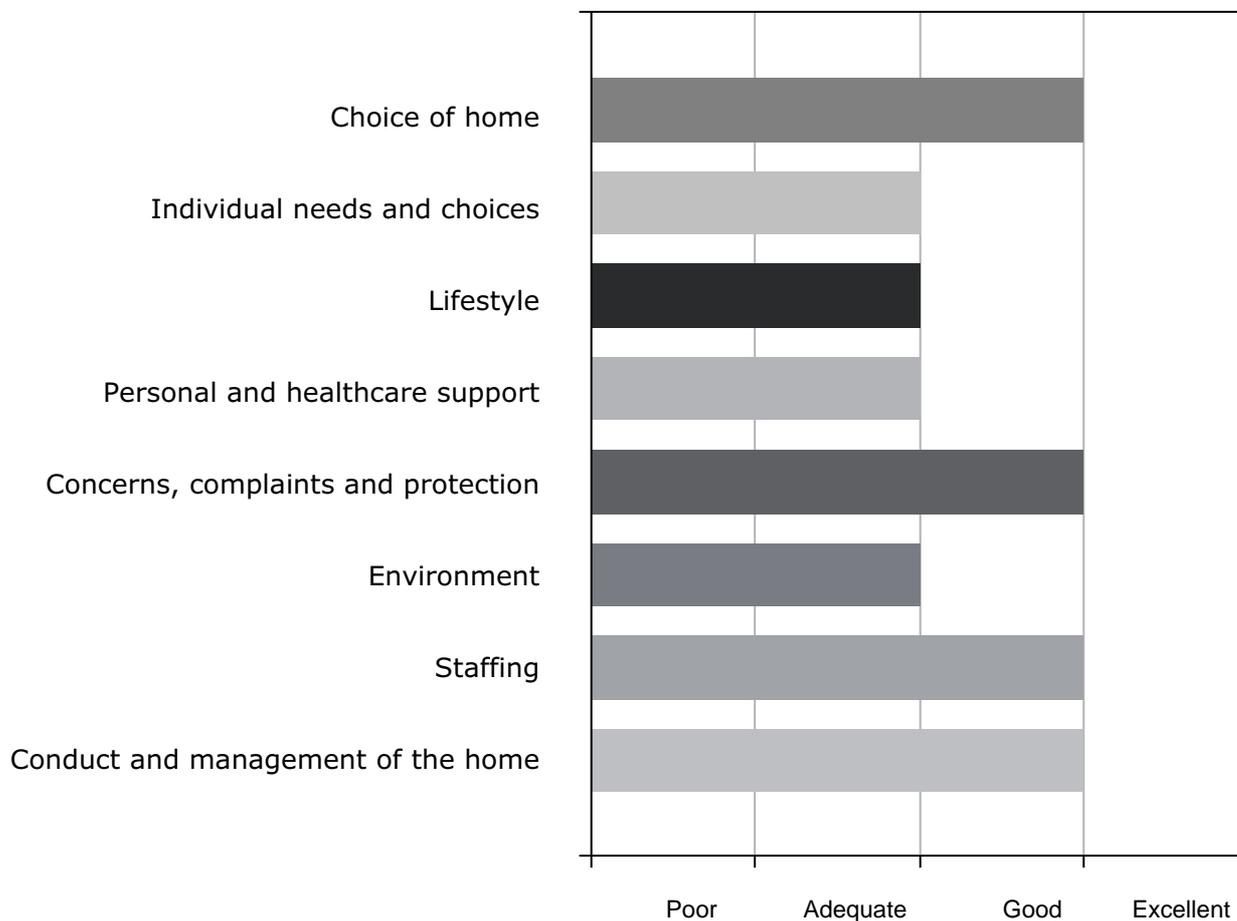
Summary

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 inspection took place over one day and included a visit to the service by a Regulation Inspector.

During the inspection we looked at records held at the home, observed what was going on and looked at the environment.

We also spoke to the people who live and work at the home and the newly appointed manager for the service. A temporary manager has been overseeing the running of the service for approximately the last seven months, with the support of the area manager. However, the temporary manager was on a period of leave when we visited. The newly appointed manager works at another MacIntyre Care service close to 21-24 Anvil Close, and she came to the service and was present throughout our inspection.

What the care home does well:

Findings from this inspection indicate that a lot of work has taken place at the home and the service is progressing in the right direction to ensure that it is run in the best interests of the people who use the service.

The atmosphere at the service is relaxed and comfortable, and we observed positive interactions between the people who use the service and the staff.

What has improved since the last inspection?

At the previous inspection there had been thirty seven areas where the service had to improve. The service has taken action on all of these, which represents a very positive response to the findings of the previous inspection, and significant developments to the service.

In particular, improvements have been made to the organisation of the service and the management of staff so that they have a better understanding of their role and responsibilities. Improvements have been made to the assessment and review processes, care planning and risk management for people who use the service.

What they could do better:

Areas where the home could be doing better are highlighted in the report and were discussed with the newly appointed manager during the inspection.

These include improvements to the goal setting in care plans, in-house activities and ensuring that food provided is fresh and nutritious for the people who use the service.

The environment also needs to be improved, in relation to hygiene and some of the furnishings and facilities provided.

Medication management and medication auditing also needs to improve at the service as we found a number of discrepancies that can put people who use the service at risk.

We also had to set an Immediate Requirement during the inspection, as we found that hazardous cleaning products were not being stored properly and presented a risk to the people who use the service.

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

The recording of the assessment of people moving to the service has improved to demonstrate that this is carried out appropriately.

Evidence:

We looked at the care files for three people who use the service. The files contain relevant information about the referral and assessment process, along with information from relevant health and social care professionals involved with the person. The home carries out its own assessment of the person and improvements have been made to ensure that fuller records are maintained of this.

Records indicate that people who use the service have their care and support package reviewed regularly by the multi-disciplinary team.

The process of people moving to the service takes place over a number of weeks, with records maintained of their visits to the service and any overnight stays.

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.

Positive improvements have been made to the support planning and risk assessments to ensure that people's needs are being met.

Evidence:

When we last visited the service we found that a number of improvements needed to be made to the care planning and risk assessment recording to demonstrate that people are receiving the right care and that their safety needs are being met.

During this inspection we looked at the care files for a number of people who use the service and found that positive work had taken place to ensure that each person has an up-to-date care plan that is more person centred, detailing their needs and how they will be met by the service.

The care files are much more organised, with a contents list and each area sub-divided into sections that contain relevant information about the person.

Evidence:

Each care file now contains a photograph of the person who uses the service, a summary of their needs and relevant contacts information.

The care plans we saw are in a newer, pictorial format including photos and symbols, around areas such as communication, personal care and gender preference for support with this. There is also information about health appointments, and what the person is able to do on their own in relation to meal preparation and making drinks.

The care plans include the safety needs of the person in relation to their going out, shopping, support with money, home safety and leisure activities.

Staff we spoke to told us that there have been recent changes to the care planning documentation, and they find them easier to work with.

One person who uses the service told us that they are involved in their care planning and that they keep a copy of their care plan in their bedroom.

We saw that care plans had been signed by the person, manager and staff, indicating the involvement of people who use the service in planning their care.

Whilst it is evident that work has taken place in the area of care planning, this should be progressed further to ensure that the care plans include more specific information around what people are able to do for themselves, goal planning and what skills they want to learn and develop.

We saw that since the last inspection risk assessments had been developed for each person who uses the service. These identify risks in areas such as personal care, use of electric hobs, physical support, relationships, finance and domestic skills. Any areas of risk identified have been developed into a risk management plan.

We did find that some care files contain information that is quite dated and in need of archiving. An example of this was a risk management plan that was dated February 2007, and another dated December 2007. We found that one of these did seem to have had more recent information added, though had not been signed or dated to evidence that it is current.

Similarly, the risk management plan for one person travelling independently contained goals that this was to be achieved by May 2009, however the date that staff had signed this was in February 2010. This was also found in another persons file, where risk management goals were dated to be achieved by October 2009, yet staff had not

Evidence:

signed this until February 2010.

The service must ensure that care plans and risk management plans have clearly identified start dates, goal dates, and regular review dates.

The new manager said that the care plans and risk management plans are developed by the manager of the service with the involvement of staff, and staff sign to say that they agree with these. She said that the documentation is typed up by administrative staff based at the head office, sometimes with a delay in these coming back to the service, and that this is possibly what could have caused the discrepancy in the dates on the risk management plans.

This practice does not ensure that the information held at the service is relevant and current to the needs of the people who use the service, and a recommendation has been made to ensure that keyworkers have more responsibility in compiling, writing and typing the care plans and risk management plans (with the person who uses the service). This is to ensure that the care, support and information about people who use the service is current.

The new manager said that most staff have done training in person centred planning and dates planned for those still needed to do this.

She said that in January 2010 all staff did 'link worker training' which involved looking at the roles and responsibilities of the keyworker, and she said that there is a keyworker system in use at the home.

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.

People who use the service are supported to pursue individual interests and activities outside the home, though improvements need to be made to in-house activities.

The service also needs to ensure that the food provided is fresh and nutritious.

Evidence:

As stated earlier in the report, since we last visited the service the care plans have been reviewed to ensure that they are more up-to-date and include information about what people who use the service want. Within the care plans there is more information about what people like to do, relationships and leisure activities they get involved in. This includes information around individuals enjoying pursuits such as going to the cinema, eating out, swimming, seeing their family and buying magazines.

One person who uses the service told us about the gardening work they do three days

Evidence:

a week, and of visitors they have at the service. They also spoke enthusiastically about days out and holidays they had been on in the past few years, showing us a brochure of where they had been and where they were planning to go on holiday this year.

People who use the service also spoke about a monthly disco that they go to, which we also saw advertised on a poster at the home. Another person told us that they also go to the local church occasionally.

We saw on display in the office a weekly plan of activities for each person who uses the service, which includes one-to-one work, art and craft, going to the day centre and seeing relatives.

We also observed that there were more photographs on display around the service, of staff and people who use the service, and more information on display about different events that were coming up for people to get involved in.

During the time we were at the service most of the people who use the service were out. Of those we saw spending time at the home, it was unclear what activities they were involved in, and we did not observe any in-house activities being provided or offered, apart from people watching the television.

There is a sensory room that people can use. In a top flat there is also a room with a pool table in this, though the room was also being used for storage.

Whilst we were at the service we did not see either room in use, and the pool table was also in a poor state of repair.

During the inspection we saw that there was an adequate stock of food in the fridges, freezers and cupboards in the kitchen, including vegetarian options specifically for some people who use the service. Records also indicate that the temperature of the fridge and freezer is tested and recorded twice each daily.

However, we did observe that foods that had been opened and put into the fridge, food cupboards or decanted into alternative containers had not been appropriately labeled with the date of opening and date to be disposed of, in accordance with manufacturers instructions.

Examples we found include that in the ground floor flat to the right of the entrance there were no labels on opened food packets, nor where these had been decanted into

Evidence:

other containers. Similarly, in the top floor flat to the left the foods in the fridge had been labeled appropriately, though not those in the spice rack or cupboards.

A requirement has been made for the service to address this to minimise risks to people who use the service.

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.

People are supported to meet their health and social care needs.

Whilst improvements have been made to the medication system at the service, more thorough monitoring of this needs to take place, and areas addressed appropriately.

Evidence:

The care files hold records of healthcare appointments that people attend and different guidance, where necessary, from relevant members of the multi-disciplinary team to support the needs of people who use the service. An example of this is where the file for one person who uses the service contains a document around supporting them to manage their behaviour. And in other files we saw guidance information from occupational therapy and speech and language therapy services.

As highlighted earlier in the report, improvements have also been made to the care planning to detail the persons gender preferences when they are being supported with their personal care.

A requirement from the last inspection was that each person needs to have a health

Evidence:

action plan in place. We saw in the care files that whilst some did contain a document called 'health action plan', these had not been completed. However, we did see that the health needs of people had been included in their care plans, such as information around their going to see their dentist, chiroprapist or dietician.

We looked at the medication systems and records in both of the ground floor flats. The medication held in these areas was appropriately stored in lockable cabinets.

In the ground floor flat to the left of the entrance area we found a number of errors which we have outlined below. One person who uses the service is being given Cod Liver Oil capsules following a request from their next of kin relative. It is not clear if the persons General Practitioner (GP) is aware of this, and this must be followed up by the service to ensure that it does not react with other medication the person takes. The jar containing the cod liver oil capsules is not labeled. There is one unlabeled packet of Fybrogel medication. The rehydration treatment is in an unlabeled packet. The staff showed that this was prescribed by an on-call GP in October 2009, however there is no record of when or if this has been discontinued. The MAR chart for one person states that they are to have two puffs of Salbutamol inhaler when required, however the inhaler was not in the medicine cabinet. The staff informed us that this been discontinued, however, the MAR chart had not been updated to reflect this.

In looking at the medication held in the ground floor flat to right on entering the home the one discrepancy we found was in the paracetamol medication for a person, which is described on the label for two tablets to be given four times a day, but on the MAR chart this says that this is to be given PRN (as required).

The medication files in both units contains some documents titled 'my medication profile' which details for each person what medication they take, why, and what they need support with in taking their medication, such as ensuring they have their medication on time. However, these were not seen to be in place for each person.

The records indicate that some medication stock is checked and recorded daily, though it is not clear why this does not happen for all medication held at the service. The new manager said that she believes this is the auditing of medication carried out at the service. This is not sufficient, as the errors we found evidence that much more thorough auditing of medication needs to take place, and a structured recording format developed for evidencing this.

The medication auditing needs to be carried out by weekly by the manager of the service, to cover all areas of medication management.

Such things that need to be included in the audit are ensuring that all medicines have

Evidence:

labels that correspond with the MAR chart, the allergies section of the MAR charts are completed for each person, that MAR charts are correctly signed, etc, and of the actions taken to address any errors found.

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 appropriate procedures for addressing complaints and ensuring that risks to people using the service are minimised.

Evidence:

The service has an appropriate complaints procedure that provides timescales in which any complaint will be acknowledged and investigated. This is also available in a more accessible format, with pictures, for the use of the people who use the service.

The service keeps a log of complaints received, with the last recorded complaint being in 2006.

There are policies and procedures at the service regarding what to do in the event of an abuse allegation being made at the service, along with the local authority safeguarding procedures.

The staff training records indicate that staff received training in Safeguarding of Vulnerable Adults and the Mental Capacity Act.

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 home is pleasant and comfortable for the people who live there.

Some areas need attention to make the environment more homely and safe, and to minimise risks to people who use the service.

Evidence:

The home is purpose-built, spacious and with good sized communal spaces and bedrooms. People are able to choose the colour of their bedroom and personalise it with their own possessions and belongings. Some of the bedrooms are en suite, and others are close to communal bathrooms, with overhead tracking hoists to support the lifting of people who use the service, where relevant.

At the last inspection of the home redecoration was being carried out in a number of areas. This has now been completed, making the environment more modern and pleasant for the people who use the service.

During this inspection we found some areas that need to be addressed. In the ground floor flat to the right of the entrance there is a very wobbly chair in the kitchen which needs repairing. There is also a drawer missing in the kitchen area.

Evidence:

In the ground floor flat to the left in the entrance, we saw COSHH (Control of Substances Hazardous to Health) products, such as kitchen cleaner and oven cleaner, being stored in cupboards that had a lock, but could not be locked by staff. This is a health and safety issue for the people who use the service and so we issued an Immediate Requirement during the inspection for this to be addressed within 24 hours.

In the top floor flat to the left of the hallway the bin in the kitchen needs to be replaced as the lid is missing.

When we entered the top flat to the left of the hallway we found that the first bathroom on the left had black stains on the flooring that need removing. We also found four COSHH products kept in an unlocked cupboard under the kitchen sink. This was also the subject of the Immediate Requirement we issued, as outlined above. There is also a drawer front missing from a unit in the kitchen. In this flat there is also a room that leads off from the dining area, which contains a pool table, bin liners and a tumble dryer. It is unclear what the purpose of the room is and it should be made for better use of the people who use the service.

A fire door in the top floor staff office also needs repairing as there are loose hinges on this.

In each kitchen, the small freezers were each in need of defrosting and the filters at the bottom of these in need of cleaning, as they were thick with dust.

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.

Staff receive training relevant for their role and appropriate recruitment checks minimise risks to people who use the service.

Evidence:

Since the last inspection improvements have been made to ensure that there a leader is identified to co-ordinate each shift, and when we arrived at the service we were directed immediately to the shift leader for the morning.

The shift leader informed us that a lot of work has taken place to ensure that staff are aware of their responsibilities and training has been provided to support staff with this.

At the last inspection of the service we found that the recruitment practices were appropriate and minimise risks to people who use the service, and on this occasion we did not view any staff recruitment files.

We spoke to staff and looked at staff training records, which indicate that staff are receiving most training relevant to their role, including moving and handling, fire safety, medication and diabetes care.

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

There have been recent changes to the management of the service.

Findings from this inspection indicate that the service is progressing in a positive direction for the benefit of the people who use the service.

Appropriate health and safety checks are carried out to minimise risks to the people who use the service.

Evidence:

Since the last inspection of the service the registered manager has left the organisation.

On the day of the inspection the service was being managed by a temporary manager from another service run by the organisation, who has been running the home for approximately seven months, with the support of the area manager.

When we visited the manager was on a period of leave, though we were informed that

Evidence:

a new manager had recently been appointed for the service. The new manager works as a senior support worker another similar service run by McIntyre Care, which is in close proximity to the service. The new manager came to 21-24 Anvil Close whilst we were at the home, and stayed for the duration of the inspection. She informed us that she was due to take up her post as the manager of the service on the 15th March 2010. She informed us that she has worked for the company for approximately seven years and has a National Vocational Qualification (NVQ) in promoting independence. She said that this will be her first management position.

We recommend that the new manager undertake training in leadership and management to support them in their role. We also recommend that the new manager submits an application to the CQC to be the registered manager for 21-24 Anvil Close.

The new manager told us that the service she currently works at and 21-24 Anvil Close work closely together in arranging activities for the people who use the services, and staff training. During the inspection we observed that the new manager had positive interactions with the staff and a good relaxed rapport with the people who use the service.

Staff we spoke to said that despite changes in the management of the service over the past year, they have received good support from the manager and area manager. They said that the improvements at the service have given them more structure to what they are doing, that communication is better and that they have received a lot of training to support them in their work.

During the inspection we found that the service was more organised than the last time we visited, and staff had a clearer awareness of their roles and responsibilities. The office areas were much better organised and it was easier to find relevant records and information. However, as highlighted earlier in the report, the care files still contain a lot of older dated information, that has been superseded by more recent information, and are in need of archiving.

The recording of incidents and accidents at the service has improved and we saw that these are up-to-date and informative about incidents that have occurred.

In looking at the quality assurance processes of the service, we saw that the area manager carries out monthly visits, and the reports of these demonstrate that all areas of the service is looked at and action plans made to address issues.

We saw that group meetings with people who use the service take place weekly,

Evidence:

where discussion takes place around the menu, and what people want to do.

We were informed that staff meetings take place every month, though the records of these were dated up to October 2009 only.

An annual survey to relatives of people who use the service takes place, with an action plan developed to ensure issues raised are addressed.

The service holds relevant certificates and records to indicate that appropriate checks are carried out on areas of health and safety, including the electrical system, fire safety, portable appliance testing and gas safety.

All accidents and incidents are recorded, and the service notifies the CQC appropriately about any incidents that occur.

Hot water temperatures testing is carried out weekly at the service.

We saw that window restrictors had been installed on a number of windows on the top floor to minimise risks to people who use the service. Since the last time we visited the service the first aid boxes in the kitchen areas had been re-equipped with new dressings, although we did find one box that contained two dressings that were out of date, though these were removed by the staff during the inspection.

We looked at the monies held for two people who use the service, and these were seen to balance and are recorded appropriately, with receipts maintained of transactions that have taken place.

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
1	30	13	All COSHH cleaning products to be removed and put into a locked cupboard by 17:00hrs on 16/02/10. To minimise risks to people who use the service.	16/02/2010

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
1	6	15	The care plans and risk management plans must clearly include a start date, goal dates and regular review dates. To ensure that they are up-to-date and kept under regular review to ensure they are current to the needs of the people who use the service.	30/04/2010
2	7	18	All staff must have training in person centred planning. So that people who use the service get the care and support they need.	31/05/2010

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
3	9	13	<p>Where risk management plans have been updated, the changes must be clearly dated and signed.</p> <p>To ensure that they are up-to-date and kept under regular review to ensure they are current to the safety needs of the people who use the service.</p>	30/04/2010
4	14	16	<p>The service must ensure that people who spend most of their time at the service are offered and supported to be involved in a variety of in-house activities.</p> <p>To maximise peoples quality of life whilst they are in the home.</p>	31/03/2010
5	16	16	<p>The pool table must be replaced and positioned so that people can use it when they wish.</p> <p>So that people who use the service can pursue leisure activities when they wish.</p>	31/03/2010
6	17	16	<p>Opened food packets and foods that have been decanted into alternative containers must be clearly labeled with the date opened and date to be disposed of.</p>	31/03/2010

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
			To ensure that people using the service are provided with suitable and nutritious food.	
7	20	13	<p>The manager must carry out weekly medication audits on all areas of medication administration, and these must be recorded in detail.</p> <p>So that the service demonstrates that medication is being managed at the service, and errors identified are addressed promptly.</p>	31/03/2010
8	20	13	<p>The MAR charts must accurately detail current medication to be administered, and this must correspond with the medicine labels.</p> <p>So that medications is given correctly and safely.</p>	31/03/2010
9	24	23	<p>The service must ensure that the home and furnishings are kept in a good state of repair at all times.</p> <p>So that the home and facilities are fit for the people who live there.</p>	30/04/2010

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
10	30	23	All parts of the home must be kept clean at all times, including the fridge filters, bathrooms and all communal areas. SO that the home is safe and hygienic for the people who live there.	31/03/2010

Recommendations

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

No	Refer to Standard	Good Practice Recommendations
1	6	It is recommended that the keyworker system is developed so that keyworkers compile, type and write care plans and risk management plans (along with the person who uses the service) to ensure that the care, support and information held about people who use the service is current.
2	37	The new manager should undertake leadership and management training to enhance their role. does NVQ level four in management, or equivalent
3	37	The new manager should submit a full application to the CQC to be the registered manager for the service.

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