

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:	zero star poor 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	2 4 0 9 2 0 0 9

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

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

Reader Information

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Information about the care home

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)	
Mrs Edith Uche Aganoke	
Mrs Margaret Ayodeji Akoyon	
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 quite part of

Brief description of the care home

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 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.

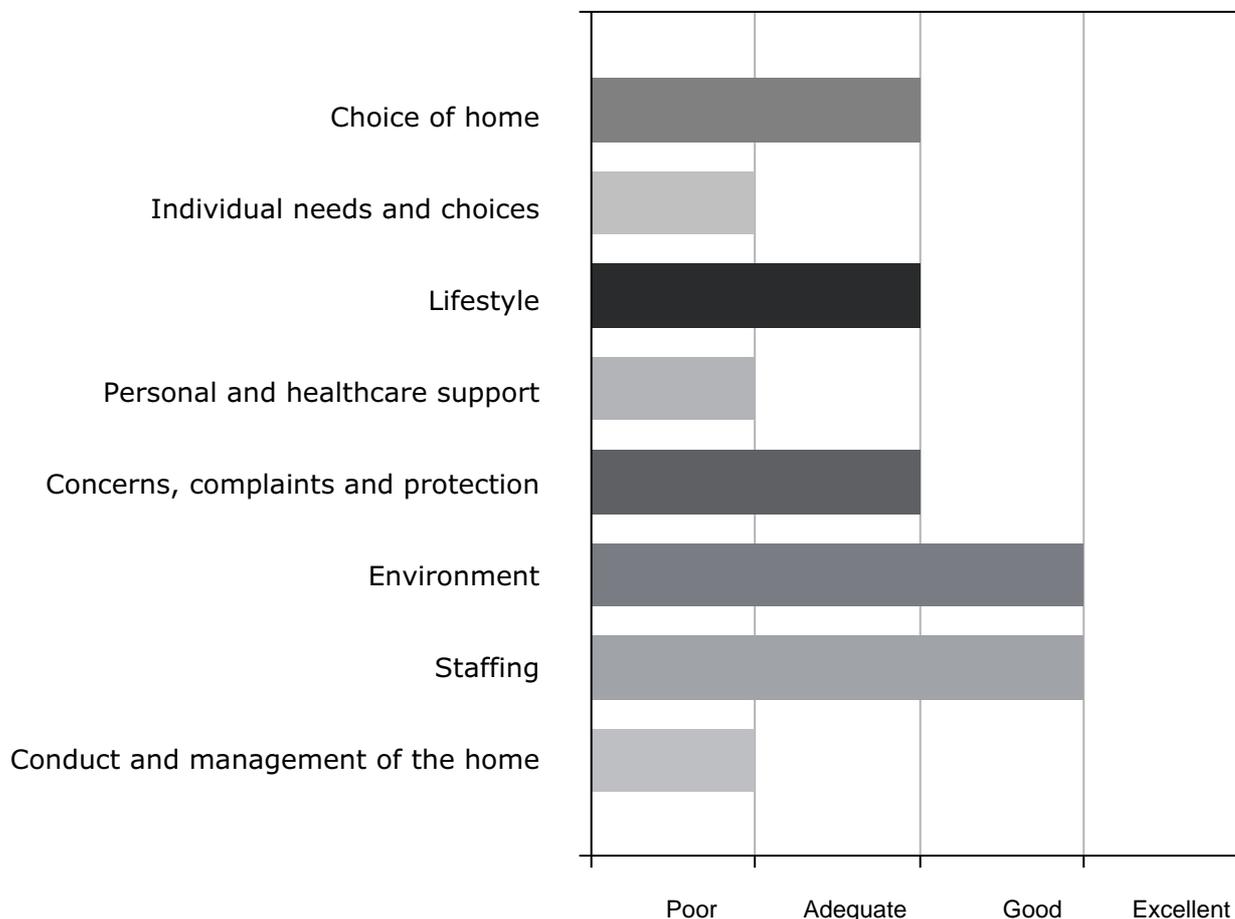
Summary

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

The quality rating for this care home is:

zero star poor service

Our judgement for each outcome:



How we did our inspection:

This inspection took place over one day, where two Regulation Inspectors visited the service.

During the inspection we looked at care records and other relevant paperwork, where this was available. We met with staff who work at the home and also looked at the premises.

The manager of the service was on a period of long term leave when we visited the service, and a manager from another MacIntyre Care service is overseeing the running of the service. However, on the day of inspection she was not present, and the staff informed us she was on a training course.

In the week following the inspection we also gained information from the area manager about the service, and this is referred to in the report.

As part of this inspection we also sent out surveys to all staff and the people who use the service. We received these back from three people who use the service, and these are referred to in the report.

What the care home does well:

The staff were observed to have a good rapport with the people who use the service, treated them with respect and maintaining their dignity whilst carrying out personal care tasks.

The environment is appropriate to meeting the needs of the people who use the service.

What has improved since the last inspection?

At the previous inspection there had been four areas where the service had to improve. The service has taken steps on approximately half of these areas which represents a generally positive response to the findings of the previous inspection and some developments to the service.

What they could do better:

Areas where the service could be doing better are highlighted in the report and were fed back to the area manager following the inspection. Feedback was also provided to a senior care worker during our visit to the service.

Findings from this inspection have resulted in the service moving from being rated as a good, two star service to now being a poor, zero star service.

This is because the findings indicate that one of the requirements from the last inspection of the service has not been met, regarding risk assessments. A Statutory Requirement Notice has been issued by the CQC for the service to comply with this regulation.

We also found that a number of the National Minimum Standards for Younger Adults had not been met. This includes standards not being met around care planning, risk assessments, medication handling, health and safety, activities and record keeping, where requirements and recommendations have been made for the service to address these.

The service has been asked to submit an improvement plan to state how they will meet all the requirements in the timescale given.

A Warning Letter has also been sent to the service to ensure that they comply with the requirements.

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

Whilst some relevant assessment information is obtained about people prior to them moving to the home, the service does not demonstrate that this is used appropriately when carrying out their own assessment.

Evidence:

We looked at the care file for the person who has moved to the service most recently.

Information in the file indicates that the process of their moving to the service took place over a period of approximately three weeks, which included day visits to the service and an overnight stay before their actual move. A meeting to review the move has been planned to take place within the next few weeks.

The care file contains relevant needs assessment information from the local authority, and also guidance from the Occupational Therapist on how staff should assist the person with transferring and mobilising. The service has carried out its own pre-admission assessment, which allows for detailed information about the needs of the person to be recorded. These include such information as contact details of significant

Evidence:

people and information around personal care, which had been completed. However a number of areas of the form remain incomplete, or only partially complete, such as details about the support the person already receives, cultural and religious needs, physical issues, dealing with the persons emotions, keeping them safe and their accessing the community. Similarly, records of a person centred care plan meeting held in June 2009 records that the person has a Waterlow score of 15, which means that they are at high risk of developing pressure sores, yet this is not recorded on the pre-admission assessment, and there is no care plan or risk assessment in place to say how this is being managed at the service.

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

The care files do not contain up-to-date care plans and risk assessments to ensure that people's needs are met and risks to them are minimised.

Evidence:

We looked at the care files of four people who use the service. It was very difficult to ascertain what support people receive from the service, as the care files are very disorganised, and there is a lot of old documents mixed up with more recent information. In most of the files we looked at, we were unable to clarify what actually represented a plan of care for the person who uses the service.

Similarly, the reviews which were in the care files did not show that the care and support had actually been reviewed and that new goals and objectives had been made. An example of this was that older guidelines for care had been superseded by newer guidelines following changes in need, but this was not clear because both old and new guidelines and risk assessments were alongside each other in the files. Also, information was often written in a confusing or unclear way, with entries made, and

Evidence:

crossed out, all over a number of documents regarding changes in the persons needs. These were not always dated, so it was not clear what current support people who use the service receive.

The risk assessments for one person were quite clear, identifying safety needs in a number of areas. However, these were found to be dated, and not having been reviewed for some years, for example one risk assessment for challenging behaviour, had not been reviewed since July 2007. Another risk assessment regarding choking had not been reviewed since April 2006. A person centred plan (PCP) for this person was dated September 2005, yet had not been reviewed or updated since this time.

The requirement from the last inspection, about having risk assessments regarding the electric hobs in the units was not evidenced to have been met.

As stated earlier in the report, a thorough assessment had not been carried out on the newest person who uses the service, which meant that relevant care plans and risk assessments had not been put in place to demonstrate how the service can meet the persons needs, and ensure their safety. In this persons file there was a PCP from where they previously lived and a health action plan dated September 2008, which was also from where they had previously lived. Apart from a risk assessment for general areas of risk, that had been carried out by McIntyre Care, there was no other documentation that had been put in place by the service to show how they are meeting this persons needs, despite areas highlighted in the assessment information obtained from relevant professionals.

The care files do not demonstrate that people who use the service are involved in identifying their support needs and developing their plan of care.

During our visit the staff told us that they are all involved in writing the care plans for the people who use the service. However, from our discussions, and observations in the care files, there would seem to be a lack of understanding around the role and responsibilities of the key worker, and these need to be more defined at the service. The service would also benefit from staff having appropriate training in the role of the key worker.

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 have a programme of activities for the week. However, there is no evidence to confirm that these have been reviewed, or that they meet the needs and wishes of the person.

The service needs to demonstrate a more proactive approach to encouraging and supporting the independence of the people who use the service.

Evidence:

Anvil Close is a purpose built care home for people with learning disabilities and physical disabilities. Whilst the environment is suitable for the people who live there, work needs to be done to demonstrate that the service is working in their interests, and promoting their independence. This is because we observed that there was no use of pictures or symbols to help orientate people around the home or give them information. We also did not observe any photographic menus or rotas, or any pictorial information whatsoever. Examples of this are that the kitchen cupboards were

Evidence:

not labelled to help people identify where things were, bedrooms and communal rooms were not signed, and there was no evidence that photos, symbols, information in different formats was available to help people make choices about their lives. Similarly no accessible information of this kind was found in the care files.

Each person who uses the service has a timetable of planned activities however, these did not evidence full and active days, with some showing only one hour of planned activity on some days. Most of the activities were based around people attending the local day centres, however, with unclear recording in the care files, we found it difficult to ascertain when these activities had last been reviewed, and whether they were what people actually wanted to be doing. There was no evidence we could see in the care files, or elsewhere at the service, that recorded the individual likes, interests, needs and wishes of the people who live at the service. Therefore we could not tell whether these were reflected in the activities that they are doing.

The three people who use the service, who responded to our survey, said they can do what they want during the day.

The timetables of activities indicate that staff at the service do not normally support people with day activities. We observed this during our time at the home, where the two people who were at the home spent most of their day watching television. When we asked the staff if they had any planned activities with the people that day, they did not state any plans that were taking place. We also observed during our visit missed opportunities that staff had to involve the people in doing some activities, including the shopping for the service, which the staff said they were going to do that day, and also involving the people in preparing their lunch, which the staff were seen to do independently of the people who use the service.

Similarly, a member of staff took us to meet one person in their bedroom. They told the person that they needed to put their clean clothes away, and when they opened their wardrobe all their clothes were in a big pile and they simply threw the clean clothes in with these. The staff member told us that this person was able to manage their own laundry with prompting, however we observed that clearly they could not manage to keep their clothes in order and were not being given support to help them manage this.

The staff said that people helped out with meal preparation and some were involved in washing clothes, however we did not see any evidence of this, and the care files do not record that this takes place.

Evidence:

On the day we visited a permanent staff member told us that a number of the people who use the service were away on holiday, however they said that they did not know where they had gone.

We looked at the food held on the units and there is a good variety of foods available for food preparation, including fresh fruit and vegetables, dried and tinned goods, as well as frozen foods. We were informed that the freezer in one unit had stopped working, and the staff told us that they removed and disposed of the food from this.

During the inspection staff we observed staff appropriately labeling opened jars in the fridge with the date of opening, and date to be disposed of (according to manufacturers instructions on the label).

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

Without up-to-date care plans it is unclear if people are receiving the care and support that they want. It is also unclear if people's health needs are being met promptly by the service.

The medication system at the service must be improved to ensure that this is stocked, stored and administered appropriately.

Evidence:

The staff on duty spoke about the people who use the service with fondness and appeared to know them well. We observed that the staff generally interacted well with the people who use the service. Staff were observed taking people to their bedrooms so that they could assist them with personal care in private surroundings.

However, we were unable to appropriately assess whether the care and support that people were receiving was how they like it, due to lack of appropriate care planning in this area.

We were also unable to appropriately assess if the health care needs of the people

Evidence:

who use the service were appropriately met, as records relating to addressing health care needs were not available for inspection, due to the disorganisation of the files in the office areas. However, apart from one care file that contained a health action plan from a previous service the person had lived at, we did not see these in any of the other care files.

We looked at the medication held on all the units in the home. We observed that these were stored in a lockable cabinets on each unit. On one unit staff showed us a separate medication cabinet, which is metal, and used to store medication stock. We observed that the medication held in this cabinet is very overstocked, with large amounts of inhalers, paracetamol, corsodyl dental gel, corsodyl mouthwash and hydrocortisone cream being held. It is required that the service return to the pharmacy a majority of the stock held, as such amounts are not required at the service.

The medication files were observed to contain a list of staff signatures and their initials, for staff who administer medication.

We were informed that two staff sign the Medication Administration Record (MAR) once medication has been given to the person who uses the service, and this was seen to be continuing to be carried out. Some MAR charts state whether the person who uses the service has any allergies to medication, though not all of them, and a requirement has been made to ensure this is recorded.

We did observe some discrepancies in the medication guidance, recording, and administration. An example of this is where the guidance for one person states that it is important the person has their medication at 5pm, whereas the MAR records that this is to be given at 6pm. In one cabinet there was a loose foil of 8 paracetamol tablets, which was unlabelled.

One medication cabinet held some PRN (as required) Haloperidol medication for a person, though this had not been recorded on their MAR sheet.

Also, a box of 40 x 500mg paracetamol PRN had been dispensed by the pharmacy in June 2009, and 14 were remaining on the box. However, the records indicate that the person had last been administered PRN paracetamol in March 2009, which does not account for the missing 26 paracetamol.

Similarly, a box of 6 Dioralyte had been dispensed in July 2009, with only 3 now left in the box. There were no records to demonstrate that this had been administered to the

Evidence:

person since the date it had been dispensed.

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.

No complaints have been received by the service, though improvements need to be made to the accessibility of these.

Staff receive training in safeguarding issues.

Evidence:

We could not find any evidence at the service of any complaints having been received, and staff said they were not aware of any. Information from the area manager also indicates that no complaints have been received by the service. However, we could not inspect this area appropriately as the complaints log was not able to be located during the inspection and this must be readily available to record any concerns or complaints received.

Staff we spoke to told us that they had received training in safeguarding issues and the Mental Capacity Act, and the training records confirmed this. The service has a copy of the most up to date safeguarding guidelines from the local authority.

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.

The service is purpose built to ensure that it meet the needs of the people who use the service.

Some improvements are need to ensure the safety of people who use the service.

Evidence:

When we visited the service a lot of redecoration and refurbishment was taking place, with decorators working in most areas of the building. However, despite the disruption caused by the work being carried out the home was generally clean and well-maintained.

The three people who use the service, who responded to our survey, said that the home is fresh and clean. The home is purpose-built and is spacious, with good sized communal space and private areas. There are nicely decorated sensory areas, a large garden and people are able to personalise their bedrooms. The staff said that people who use the service had helped choose the colour scheme of their rooms.

Some bedrooms are ensuite, whilst there are also communal bathrooms with overhead tracking hoists for use to support the lifting of people who use the service, as necessary. When we visited the bathroom in one unit was being completely

Evidence:

refurbished, and unable to be used. However, the area manager confirmed on the 2nd October 2009, that this was now able to be used.

The areas that we observed needing attention were that some of the radiators were very dirty with dust and brown stains and the decorators had not put any warning signs up where they had trailing wires, wet paint, white spirit, etc.

Also, the cupboards holding cleaning products under the kitchen sink were not able to be locked, and we asked staff to move the products to a lockable area.

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.

The records indicate that appropriate recruitment checks are carried out on staff, and that they receive training for their role.

Work needs to be done to ensure that staff are aware of their roles and responsibilities, and that each shift is managed appropriately.

Evidence:

The three people who use the service, who responded to our survey, said that the staff treat them well.

When we arrived at the service there were two permanent female staff and two male agency staff on duty. There were two people who use the service in the home when we arrived.

On arrival we were informed that the two permanent members of staff were due to go out and do the food shopping for the service, whilst the two agency staff remained at the service. This did not appear to be the best use of resources, particularly as one of the service users' was female, and needed assistance with her personal care tasks. The staff also seemed unclear about who had responsibility for leading the shift.

Further adding to this, discussions with staff throughout the inspection demonstrated

Evidence:

that there is a lack of clarity of roles, and delegated responsibilities, which gave us an overall impression of disorganisation at the service.

We saw evidence to indicate that staff receive regular training, and training update in mandatory areas such as fire safety, first aid and food hygiene. Staff said that they feel well supported and get training relevant to their role. Staff told us that they had received training in communication, assisting people with feeding and safeguarding vulnerable adults. Findings from this inspection indicate that staff must receive training in person centred approaches to working with the people who use the service.

Staff files indicate that they receive an induction to the service and their role.

There was evidence of regular team meetings with records of good discussion. And one-to-one supervision of staff takes place regularly.

We were informed that the senior care staff take in turn to do the staff rota each month, and we saw the rota in place dated up until 4th October 2009. It is recommended that the rotas are completed at least a month in advance of when staff are expected to work to ensure that the shifts are appropriately covered.

The staff recruitment files are in a good, comprehensive order and contain all relevant information relating to recruitment checks carried out on people prior to their starting work at the service. A record of the interview questions, and candidates responses to these are also held in each file.

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

The service and records held are disorganised, chaotic, and there is a real lack of leadership at the service.

Quality assurance processes and health and safety checks need to be robust to ensure the service is run in the best interests of the people who use the service. Procedures for checking peoples monies needs to be more thorough.

Evidence:

At the time of the inspection the permanent manager of the service was on a period of long term leave and a manager from another service was overseeing the day-to-day running of the service, with the support of the area manager. Staff we spoke to said that they have good support from the manager, but that there is a lack of communication and issues with passing information between staff.

As stated earlier in the report, there appears to be a lack of organisation at the service and overall lack of leadership, with staff not demonstrating a clear understanding of their roles and responsibilities.

Evidence:

We looked at the quality assurance processes and found that the area manager is carrying out monthly monitoring visits in accordance with Regulation 26 of the Care Homes Regulations 2001. However, we could find no evidence that recommendations made during these visits had been followed up. The staff told us that there was a continuous improvement folder but when they gave this to us the last entry in this was dated 2004. The staff said that annual surveys were sent to relatives but we did not see evidence of this. A written report of the outcome of these quality assurance processes was not available, which indicates that the requirement from the previous inspection regarding this has not been met. Following the inspection the area manager provided us with information about quality assurance monitoring that she has conducted at the home, along with an action plan of improvements needed at the service. However, staff need to be more aware of the importance of quality assurance processes, and of their involvement in this.

There was evidence of regular group meetings with the people who use the service, which included discussion about menus and what people were doing and wanted.

The record keeping at the service is poor. This is because records that we needed to look at to inform our inspection of the service were not able to be located, and records that were available were disorganised with very dated information being held alongside more recent records, though in no order. Staff also had trouble locating records when we asked for them. There were also files of information about people who no longer lived and worked at the service, alongside information about current staff and service users. There were lots of files of information which were no longer relevant or were out of date. Similarly, the records held were not always dated and old information was mixed in with new ones within individual files. Also, the emergency file was hidden underneath other files in the office. The whole disorganisation of the records made it very difficult to see what was current.

Records indicate that appropriate checks are carried out around the service on areas such as water temperature checks and fridge and freezer temperature checks.

Fire safety checks appear to be taking place, as there were records of these and of regular fire drills. However, there were two separate records with the same information and some were filled in and some were not, which made it difficult to audit.

Gas and electrical testing checks had been carried out recently.

Evidence:

We checked three first aid box supplies around the service. All were found to have out of date equipment, such as sterile bandages that had expired over eight years ago. There was no evidence to demonstrate that these boxes had been checked regularly.

We found a sharps bin, which was approximately half full, on the shelf in the dining room in one flat. When we spoke to the staff about this they told us that the person who used it had left the home five months previously.

The windows on the first floor were all wide open during our visit, without window restrictors on, and we could find no evidence of an up to date risk assessment about these.

We looked at the accident and incident file and found that the last record was for an incident that occurred in May 2009. However, a report in one persons file for July 2009 showed that some incidents had taken place, but these had not been logged in the incident file.

The service holds money for people who live at the service, and these are held in metal lockable cabinets in two flats. We checked the monies held, and records of these for a number of people who live at the home. The records and balance were seen to be correct, with receipts obtained for purchases made. Staff told us that the balances are checked daily by two staff. However, in the tin for one person we found a bag containing an extra bag of cash that totalled £18.66. There was no record of this on their account sheet. When we informed staff they said they were unaware of this extra money, though this should have been picked up in the daily balance check. The Employers Liability Insurance Certificate held at the service expired in August 2009.

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 service must ensure that a thorough assessment of risks to the people who move to the service are carried out.</p> <p>So that risks are appropriately managed and risks are minimised.</p>	30/11/2009
2	2	14	<p>The service must carry out a thorough assessment of potential users of the service to ensure that the home can meet their needs.</p> <p>So that the service is the right place for people to move to.</p>	30/11/2009
3	6	15	<p>Care plans must be reviewed and revised, as necessary, to reflect any change in how the persons health and welfare needs are to be met.</p> <p>So that care and support provided is current, and what the person wants.</p>	31/12/2009

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
4	6	15	<p>A care plan must be in place for each person who uses the service, detailing all their needs and how the service will support them with meeting these</p> <p>So that people who use the service are assured that their needs are being met.</p>	31/12/2009
5	7	15	<p>The service must demonstrate that people who use the service are involved in developing and reviewing their care plans.</p> <p>So that people who use the service get the support they want.</p>	31/12/2009
6	7	18	<p>Staff must receive training in person centred care plans and implement these at the service</p> <p>So that people who use the service get the care and support they need.</p>	31/01/2010
7	7	18	<p>Staff must receive training in key working, and this system must be in evidence at the service.</p> <p>So that staff are aware of their responsibilities and people who use the service get a good level of support.</p>	31/01/2010

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
8	9	13	<p>13(4)(c) Risk assessments must include electric hobs in the units.</p> <p>Subject of Statutory Requirement Notice</p> <p>To minimise risks to people who use the service.</p>	28/02/2008
9	9	13	<p>Detailed risk assessments must be in place for each person who uses the service, and these must be kept up-to-date.</p> <p>To ensure all risks to peoples safety is appropriately managed.</p>	30/11/2009
10	12	16	<p>The service must demonstrate that that it is supporting people to lead independent lives, that they choose.</p> <p>So that people who use the service live the lives they choose.</p>	31/12/2009
11	13	16	<p>The service must ensure that activities for people who use the service are planned to take place during the day, evenings and at weekends, and that they are fully involved in planning these.</p> <p>So that people who use the service live the lives they choose.</p>	31/12/2009

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
12	16	16	<p>The service must promote the independence of people who use the service through appropriate signage and use of symbols in all aspects of the service.</p> <p>To promote peoples choice, independence and accessibility.</p>	31/12/2009
13	16	16	<p>People who use the service must be encouraged and supported to be involved in daily routines around the service.</p> <p>To maximise peoples skills and promote their independence.</p>	31/12/2009
14	17	16	<p>The service must demonstrate that people who use the service are involved in the purchasing, planning and preparation of meals at the service.</p> <p>So that people can develop their skills and confidence in this area.</p>	31/12/2009
15	18	15	<p>The care plans must include information about the needs, wishes and preferred routines of people who use the service when having their personal care activities carried out.</p>	31/12/2009

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
			So that people get this support in the way that they want.	
16	19	13	Each person who uses the service must have a health action plan in place So that the health needs of people who use the service are met.	31/12/2009
17	19	13	The service must demonstrate the that the health needs of people who use the service are monitored and appropriate actions taken as necessary. So that changes in peoples health is responded to promptly and that they get the right care.	31/10/2009
18	20	13	The service must return to the pharmacy all overstocked medication. So that people who use the service can be assured that medication is being managed appropriately.	31/10/2009
19	20	13	The 'allergies' section of the MAR must be completed for each person who uses the service So that risks to people are minimised.	31/10/2009

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
20	20	13	Medication must be given at the prescribed time, and this must be recorded. So that people receive their medication appropriately	31/10/2009
21	20	13	All medication held at the service must be recorded appropriately. To demonstrate that the service is managing medication properly.	31/10/2009
22	20	13	The manager must carry out weekly medication audits, which must be recorded, and any errors addressed. To ensure medication is being managed properly at the service.	31/10/2009
23	22	22	The complaints log must be readily available at the service. So that the service can demonstrate that it deals with complaints appropriately.	31/10/2009
24	24	13	Appropriate signage must be used to ensure risks to people are minimised whilst the redecoration is being carried out. To ensure risks to people are minimised.	31/10/2009

Statutory requirements

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No.	Standard	Regulation	Requirement	Timescale for action
25	30	13	<p>Cleaning products must be stored in locked areas at all times.</p> <p>To ensure risks to people are minimised.</p>	31/10/2009
26	30	23	<p>All areas of the service must be kept clean at all times.</p> <p>To ensure risks to people who use the service are minimised.</p>	31/10/2009
27	31	12	<p>The preferences of people who use the service must be recorded, particularly in relation to gender differences in the provision of personal care.</p> <p>So that people get the care they want, and from who they want.</p>	31/12/2009
28	31	18	<p>A named shift leader must take responsibility for each shift throughout the day.</p> <p>To ensure the service runs smoothly.</p>	31/10/2009
29	38	9	<p>Robust processes for managing and leading the service must be demonstrated to ensure that all staff are aware of their roles and responsibilities.</p>	30/10/2009

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 the service is managed properly and in the interests of people who use the service.	
30	39	24	<p>A robust quality assurance system must be implemented at the service to ensure close monitoring of the service takes place, and appropriate actions taken.</p> <p>To ensure the service is run in the best interests of the people who live there.</p>	31/12/2009
31	41	17	<p>Archiving of records must take place at the service to ensure these are held in accordance with relevant data protection legislation</p> <p>To ensure that information held is relevant and up to date.</p>	31/12/2009
32	41	17	<p>A robust record-keeping system must be implemented at the service.</p> <p>So that the service manages information and records appropriately.</p>	30/10/2009
33	42	13	The equipment in first aid boxes must be checked at least every six months. A record must be maintained of this.	30/10/2009

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
			So that appropriate first aid equipment is available for use at all times.	
34	42	13	The sharps bin must be disposed of appropriately. To minimise risks to people who use the service.	31/10/2009
35	42	23	Window restrictors must be installed on all windows throughout the service. To minimise risks to people who use the service.	30/11/2009
36	42	17	All accidents and incidents must be appropriately recorded To ensure risks are managed appropriately at the service.	31/10/2009
37	43	17	All service users monies held must be recorded and accounted for. To assure people who use the service that their money is being held securely.	31/10/2009

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	Care plans and risks assessments should be reviewed at least every six months, or where changes to a persons

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
		needs occur.
2	14	When people who use the service go on holiday the staff team should be aware of where they are.
3	15	Details regarding maintaining relationships with significant others, friends and family should be recorded in the care plans of people who use the service.
4	31	Staff should demonstrate a clear understanding of their roles and responsibilities at all times.
5	33	It is recommended that the rotas are completed at least a month in advance of when staff are expected to work to ensure that the shifts are appropriately covered.
6	37	Communication pathways need to improve at the service to ensure that important information is passed promptly to all relevant staff.
7	42	An up-to-date Employers Liability Insurance certificate should be on display at the service.

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