

Key inspection report

CARE HOME ADULTS 18-65

Mandeville House

**35 Larches Road
Kidderminster
Worcestershire
DY11 7AB**

Lead Inspector
Jean Littler

Key Unannounced Inspection
9th November 2009 09:00

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

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

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 home adults 18-65 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.

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SERVICE INFORMATION

Name of service	Mandeville House
Address	35 Larches Road Kidderminster Worcestershire DY11 7AB
Telephone number	01562 752277
Fax number	01562 752277
Email address	
Provider Web address	www.minstercaregroup.co.uk
Name of registered provider(s)/company (if applicable)	Minster Pathways Ltd
Name of registered manager (if applicable)	Manager post vacant
Type of registration	Care Home
No. of places registered (if applicable)	7
Category(ies) of registration, with number of places	Learning disability (7)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:

Care Home Only (Code PC)

To service users of the following gender:

Either

Whose primary care needs on admission to the home are within the following categories:

Learning disability (LD) 7
2. The maximum number of service users who can be accommodated is:
7
3. The number of service users will be reduced to 6 when a vacancy in the home occurs with the existing undersized bedroom having single occupancy.

Date of last inspection

14th October 2008

Brief Description of the Service:

Mandeville House was purchased in 2006 by Minster Pathways Ltd. It is registered to provide personal care for up to seven people who have a learning disability. The current resident group are all male and have lived together at the home for several years.

The house is a large detached property, situated in a quiet, residential area, approximately one mile from Kidderminster town centre. There is access to public transport and a range of amenities and facilities. The home has a people carrier to enable people to go on outings. There are five single bedrooms and one small double room. A condition has been placed on the registration that when one person leaves the number of places will be reduced to six and each person will have a single bedroom. There is a lounge, dining room, kitchen and garden.

More information can be obtained from the providers or the home. Inspection reports are available in the home.

SUMMARY

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

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

We (the Commission) carried out an inspection over six hours.

The manager has recently. Ms Martin is helping to manage the home, so she helped with the inspection.

The owners had given us written information before we visited, about what has happened in the home over the last year,

We looked around the house and saw some of the men's bedrooms.

We spoke with some of the men and two of the staff.

Some of the men and staff returned surveys to give us their views.

We looked at records such as care plans and medication.

What the service does well:

Any new person wanting to move in would be able have a trial stay to see if they like the home.

Information about the home and how to complain is given to the men in a way that helps them understand it.

The men know each other well and the home is friendly and welcoming.

People are encouraged to make decisions about their lives.

People like the food and have a choice over what they eat and drink.

There is a vehicle to take people to activities in the community and on day trips.

People are encouraged to be independent.

People are well supported with their personal and health care.

Medication is being safely managed on their behalf.

What has improved since the last inspection?

Some parts of the house have been decorated and there are now two dining areas so meals are quieter.

The garden patio has been made safer and more easily accessed from the lounge.

Most of the information needed to help staff support the men well is in their care folders.

Staff have been given more training to help them meet the men's needs.

There are now better checks on the standard of service people in the home are getting.

What they could do better:

The information about the home needs to show how much the service costs and tell people what they will have to pay for themselves.

People could be better helped to plan their own life and support with their key-workers and at person centred planning meetings.

Some of the men could be offered more activities to meet their needs.

Holidays could be offered each year.

The garden could be made safer and used for more activities for the men.

People could access more activities if three staff were on duty during the day.

There needs to be more staff in the team so regular staff can cover the rota.

Some people may benefit from having an advocate to help them make personal decisions.

Better checks should be made on new staff to make sure they are right for the job.

The men and staff team would benefit from having a full time manager who is supported by a deputy.

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 INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the 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 information provided for people who are considering moving into the home will help them to make the right decision about their future care arrangements. The pre-admission assessment procedures should help to ensure that only people whose needs can be met are admitted.

EVIDENCE:

There are a Statement of Purpose and Service Users Guide in place. The care files sampled showed that each man living in the home has been given a copy of the Service User's Guide. This is available in an Easy Read format with pictures to aid the understanding of people with a learning disability.

Information about the current fees is still not included in the Service User's Guide. This is required so people interested in using the service have access to information about fees and any extras they will have to self fund, such as activities and holidays. Ms Martin said she would add this information. The current residents are charged between £349.99 and £1054.38 per week, depending upon their assessed needs.

Information in the Annual Quality Assurance Assessment reported that a full assessment would be completed on the needs of any new person before they would be admitted. (The AQAA is information about the service that registered people have to provide to us each year). No new people have been admitted for several years so there is no current evidence available of how someone's needs would be assessed and how they would be supported to move into the service. It is for this reason that a rating of adequate has been given. The AQAA stated that a trial period would be offered but no specific time period is mentioned.

The home is currently full and there is an agreement that the number of registered places will be reduced to 6 at the first opportunity as currently two people share an undersized bedroom. It is therefore unlikely that there will be any new admissions in the near future. The current resident group are all male and are aged between 41 and 77. Three men are over 60 years of age so any future admissions would need to consider these two factors to ensure people are compatible.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

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

Most of the men's needs are reflected in their care plans but person centred planning is not well developed. Outcomes would be improved if this was happening and greater support was accessed from professionals. The men are being supported in making choices in their lives.

EVIDENCE:

Each man has a care folder. Ms Martin said she has been reviewing these since returning to manage the home. She said on the whole the information was in order, but she had found some gaps in information. She has been working to get the guidance to match the men's support needs and to complete missing risk assessments. For example, she had found that one man's plan had not been changed since was diagnosed with dementia. She was adding information including a nutritional risk assessment. Two files were sampled and these supported Ms Martins view on the situation. The information is presented

clearly in specific areas of support. There is a system for keyworkers to complete monthly care plan updates, however some men do not currently have a keyworkers since staff have left. Activity plans are not well developed, for example one man's only showed his attendance at a day centre. Ms Martin is aware that more activities need to be provided but she is also aware that the older men may not want a busy schedule. This man has said he would like to restart Pottery classes so staff need to action this. Ms Martin has introduced a new daily recording system as she felt the tick box charts that were in use did not record how the person was each day.

Person Centred Planning is not well developed in this service. Keyworkers have helped a few men start work on Life Books but for others this has not begun. Regular action planning meetings with each man and his chosen supporters are not taking place. For some there is no action plan of any kind. Support with this work is available from Worcestershire County Council and should be accessed. It was recommended at the last inspection that review and planning meetings be held at least every six months. Ms Martin said this had not happened. Some people have had an annual review with their funding authority. She planned to get the monthly summaries up to date and then hold reviews.

One man has Autism and has specific communication needs. Ms Martin was seen to role model how to support him when he becomes 'stuck' on one saying or topic. Staff were observed to be slow to respond in this way, which did not help him move on. Support from the Worcester Behavioural Team should be requested to assist the staff team to fully understand his needs and to agree a consistent way of working with him. This support should also be accessed to help staff develop a meaningful activities programme for him.

Care plans included information about how staff should support people to make choices and take their own decisions. The daily notes indicated that staff were encouraging the men to do things for themselves. Choices are respected unless they are assessed as unsafe. One man chose to go out alone during the day and another chose to eat his meal in his bedroom as he felt unwell. Ms Martin is aware of the Mental Capacity Act, however a baseline assessment of decision making abilities has not been carried out for each man. Observation of the relationship between the staff and the men, and discussions with the men and staff confirmed that each person is treated as an individual and their specific needs and preferences are respected. There seems to be a good balance between promoting independence and safeguarding the men's wellbeing. An example of this is one man likes to go to the pub alone. He is known there and pub staff have the home's phone number. He is encouraged to go early when the evenings are darker. Feedback from the men showed they are supported to make choices, such as, buying their own clothes and toiletries, having baths or showers and the time they go to bed.

Two of the men use their own type of communication. Only two staff have been on a Makaton signing course. Ms Martin said there is no digital camera or computer software available to help the service develop visual communication aids, such as staff rotas, activity plans, menus etc. to further empower the men. Support from the Worcestershire Speech and Language therapist should be considered.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

This is what people staying in this care home experience:

People using the 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 men live in a relaxed house they consider home and are supported to follow their chosen hobbies. They are being supported to develop personally and access activities they enjoy, however, outcomes could be improved particularly for one man if staffing levels were increased. The men are supported to stay in touch with their family and friends. They enjoy their meals and have a choice over what they eat.

EVIDENCE:

There is a relaxed atmosphere in the home and the men seem very comfortable with the staff and each other. Daily records showed there is flexibility about the routines. The men were observed to move freely about the

home and take part in their own chosen hobbies such as watching favorite DVDs or doing jigsaws. Most of the men enjoy music and have their own music players. Some like to watch TV or DVDs in a group.

The men are being encouraged to follow an 'ordinary' life style as far as possible. Some enjoy going food shopping and will get involved in tidying their bedrooms and with mealtimes routines.

Each person has a different weekly routine as some attend set activities such as day services. The activities people attend has been arranged with each man's preferences in mind. As mentioned some activity plans need further development to demonstrate that staff are activity working to offer them varied activity choices. Currently the men do not have their own plans in a format they can understand. If people decide they don't want to do something or to go somewhere, then Ms Martin said this is respected. One man enjoys bell ringing and so when an opportunity arose he was supported to attend. Another is an Elvis fan and was looking forward to going to a tribute show in December.

One man has autism and needs a high level of staff support to engage in activities and often has a very short interest span and needs to be supported to leave as soon as he is ready. He spends time at home helping staff around the house, which he enjoys and goes on drives in the vehicle. With staffing levels often at 2 to 7 it is difficult to see that his special needs can be fully met. Ms Martin said the local day services have stopped his attendance and it is hard to find activities that suit him. Increased staffing and professional input from a psychologist or occupational therapist may be of help. This was all recommended at the last inspection but not actioned.

The level of outings is limited because there is only two staff on duty unless a manager is the third worker. Some men said in their surveys that they would like to go on more trips out in the vehicle. Those who are able to go out alone or travel independently have greater opportunities than those reliant on staff availability. Some group activities are also organised. Some holidays were arranged this year but then cancelled. Staff were unsure of why this happened.

Most of the men have family actively involved. Contact is supported and some visit family regularly. Birthdays are celebrated at the home, together with the families and friends.

The arrangements regarding the provision of food reflect the individual likes and dislikes of the men. Everyone is encouraged to help to prepare a menu for that week, although there may also be a spontaneous response to a suggestion to go out for a meal or have a 'take-away'. The menu seemed varied and quite balanced nutritionally. People are encouraged to be involved in food shopping with staff, and some they also assist with the preparation. Healthy eating is promoted for everyone, and a record is kept of the food provided. The

meal observed was calm and the men said they enjoyed the pork. Special needs have been considered in terms of diet and the utensils to support their independence. The home uses the 'Safer Food, Better Business' system, produced by the Food Standards Agency, which helps compliance with the regulations relating to food management.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the 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 men are being appropriately supported with their personal and health care needs and their rights in this area respected. Medication is being safely managed on their behalf.

EVIDENCE:

The information in the AQAA reported that personal care is provided in a flexible manner. Statements included, 'Independence is encouraged and approached in a flexible sensitive way with regards to personal hygiene, support and guidance is offered in areas requested by the individual and when recognised by staff. Independence is encouraged with regards to rising and retiring times'. The daily records seen showed that the men were being supported to have regular baths or showers and they all looked well presented. The men are quite independent in many self care areas, only needing to be reminded or prompted by staff. The feedback from the men indicated that they were happy with staff support in this area. Staff were observed to interact with the men in a respectful and friendly way. Daily

records were also written in a respectful manner.

One man was being supported to visit his doctor due to a recent problem he was experiencing. All staff on duty were aware of this and were reassuring him when he became anxious. Ms Martin gave examples of recent health issues and the action that had been taken as a result. One man had a fall resulting in a fractured shoulder. This had healed well.

Ms Martin confirmed that each man has a Health Action Plan. A nurse had assisted in completing some of these. Known healthcare needs are included in their care plans. One man has been assessed as showing symptoms of dementia. Ms Martin said his Health Action Plan had not been changed to reflect the diagnosis. She was planning to add information the following week about this and include a nutritional risk assessment. She said she had not been able to find weight charts for each person so she had set these up. Some men are being supported to slowly lose excess weight. All men are having annual Well Man checks. One had recently been for over 75's screening and another had his booked for the following week. All had been for flu jabs and are going for swine flu vaccinations. Ms Martin had attended a conference and was planning to develop a swine flu emergency plan. One man has dental needs but he finds it difficult to cope with checkups and treatment. Ms Martin had arranged for him to go each month to build up trust with the dentist and become familiar with the environment. She said 'Best Interest' discussions are taking place about how the necessary dental work could be carried out. All professionals hope a good outcome can be achieved with the person's cooperation but Ms Martin has considered that an application for authority to act under the Deprivation of Liberty Safeguard may be needed if the person has to be sedated against their wishes.

Staff reported that one man can challenge them and the other men. They said he does respond to a verbal prompt to go to his room to calm down. No physical restraint is being used. Staff do attend training and said they felt able to appropriately manage any incidents. It is positive that 'as required medication' is not being used to manage people's behaviours.

The medication was being safely stored in a cabinet in the office and the keys held securely. Policies and procedures are in place and two staff are involved to help reduce the risk of errors. Information about medication is also provided for the men in picture format to aid their understanding, however, no one self medicates. A Monitored Dosage System is in use, and the charts were clear and up to date. Ms Martin said she has improved some of the recording systems recently. One man is taking Warfarin, doses are often changed after clinic appointments. There is a practice of two staff listening to the hospital telephone instructions to help avoid errors. Ms Martin said protocols are in place for any 'as required' medication. As reported in the last inspection report the emergency epilepsy medication is classified as a controlled drug (CD). Suitable CD storage has been provided in the last year, but this drug was not

being recorded in the CD register that had been obtained. Ms Martin completed the register up straight away and said she would inform staff of the need to use this recording system. Safe handling of medication training is provided for care staff.

Ms Martin reported that funeral wishes have been established for all but one man. She hopes to engage an advocate for this person so consideration can be given to a funeral trust fund being set up.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

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

Arrangements are in place to enable the men and their families or representatives to express any concerns. Staff training and company procedures are helping the men to be safeguarded against abuse. Those without representatives actively involved in their lives have not been supported to find a local advocate to act on their behalf.

EVIDENCE:

The AQAA stated that a suitable complaints procedure is in place. This is available in an Easy Read format to assist the men to understand it. House meetings are held to support the men to raise any concerns they have. The minutes from the August meeting showed that people had been reminded about their right to complain and encouraged to raise any issues with staff. Ms Martin reported that there has only been one complaint received since the previous inspection. This was from a relative about the telephones not working. She explained that once the problem was identified the fault was repaired. We have not received any complaints about the service. Feedback from residents showed they do feel able to tell Ms Martin and staff about any concerns.

Some of the men have representatives actively involved and Ms Martin reported that they are consulted when decisions are made, such as expensive personal purchases. She said advocacy services would be contacted if a

specific situation arose when a resident needed external support. One person has no one involved and for some others family contact is now limited. It would be positive if for these people a local advocate could be set up now.

A procedure is in place in relation to abuse and the protection of vulnerable adults. In the AQAA it was reported that this now reflects Worcester Council multi-agency procedures. All staff receive training as part of their induction process and some have attended a recent course run by the local authority. Discussions with staff showed they have an awareness of these issues, and they said they would report any concerns quickly to Ms Martin. No safeguarding concerns have arisen in the last year.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the 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 men live in a pleasant environment that is clean and comfortable. The house is not suited to accommodate so many people, particularly those who have special needs, however some improvements have been made in the last year.

EVIDENCE:

Mandeville House is a large detached property, situated in a quiet, residential area, approximately one mile from Kidderminster town centre. The home is within easy walking distance of several local amenities, and there is access to public transport, although the home also provides a vehicle. There are some car parking spaces at the property.

The communal areas of the house include a kitchen, dining area and lounge. The lounge has been recently redecorated and the fittings and leather sofas

give a modern but comfortable look. The size of the communal space is standard for a family home but it cannot accommodate enough seating for all 7 men and staff. Fortunately some of the men prefer to spend quite a lot of time in their bedrooms. The dining area off the kitchen is also cramped so it is positive that a small table and three chairs has been purchased and placed at the back of the lounge. Staff reported that some men chose to eat in the lounge now giving everyone more room at meals. A meal was observed and the new arrangements seemed to work well.

There are five single bedrooms and one shared room within the home. Two single bedrooms are located on the ground floor and the other four rooms are on the first floor. There are no en suite facilities provided but each room has a sink. There are two shared bathrooms which are quite small and basic. There is no facility in the shared room for privacy to be provided when the sink is used so one of the men washes in the communal bathroom. As mentioned under the brief description of the service the number of people accommodated will be reduced to 6 when a vacancy occurs, as the shared bedroom is undersized. Ms Martin reported that the 2 men have shared for many years and like the arrangement. One showed us the room and confirmed he was happy to share with his friend.

The three bedrooms seen had all been personalised and people had chairs and televisions etc. One man had a double bed. Ms Martin confirmed that everyone had a mattress that was in good condition. People can lock their doors from the inside and those who can manage keys are offered one. Some adaptations have been made to the home in response to a resident becoming confused at times. These have helped reduce potential risks while discussions about additional staffing continue with the funding authority.

The gardens are not well used and have not been developed over the years to provide activities for the men. There is a narrow patio area on the back of the house high above the garden that is accessed via a concrete staircase. Improvements to safety in this area have been made since the last inspection with the addition of a gate, better access from the lounge door and the removal of trip hazards. The fallen wall at the bottom of the garden has not been repaired. The neighbour owns the wall which seems to be affecting this being addressed. There is a drop on the other side of the wall which could pose a risk but no measures have been taken to prevent residents from accessing this area.

The home was found to be clean. Care staff carry out the domestic duties and cleaning schedules are in place. Ms Martin confirmed that infection control facilities and systems are in place. She said an Environmental Health inspection in January 09 led to six recommendations. These have been actioned with the exception of the fitting of a hand washing sink in the kitchen. The laundry equipment was in working order. Staff said that the company is responsive to repairs. Recently new kitchen equipment has been provided

including cooker, fridge, freezer and dishwasher. A fire officer visited in August and made requirements as shortfalls were found with door closures, escape routes and the fire risk assessment. A second visit in September was carried out to confirm appropriate action had been taken by the company. The providers need to ensure that their Quality Assurance systems are revised to ensure that in future shortfalls such as these are identified internally.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the 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 men are being supported by a small staff team who they know and like. There is not enough staff to provide effective rota cover and support them to access the regular activities in the community. Training systems are in place but these have not been fully implemented. The men have not been fully protected by the recruitment practices.

EVIDENCE:

Feedback from the residents and observations on the day indicated that they like the staff and feel relaxed with them. Not all residents currently have a keyworker as these have not been reallocated since staff have left. The staff team is currently all female, which is very unbalanced as all the residents are male. Ms Martin reported that a male worker started in March 09 but he has already left.

Staff confirmed that there are usually two staff on duty. Some staff work long days and others shorter shifts. Staff surveys indicated that there have been

long standing staff shortages. This was confirmed on the day through staff discussions. Efforts to recruit have been ongoing but there was only four permanent staff. Ms Martin said there is always one permanent worker on duty and some cover is being provided through staff from the company's Domiciliary Care Service staff team. The manager had been covering shifts but her recent absence and then departure has left more shifts uncovered. Staff reported being tired but feeling under pressure to cover gaps on the rota.

One resident's relative also reported that more staff are needed to enable greater flexibility for activities. One man is paying fees of £1000 a week, which indicates that he needs a high level of staff support. The current arrangements indicate that he is not being provided with this as only two staff are supporting all seven men. Ms Martin confirmed that it would be preferable for a third worker to be on at peak times. Two of the men need two staff to support them when they go into the community so without a third worker outings are limited. Ms Martin reported that the funding authority for the man who has developed symptoms of dementia have reassessed his needs and are due to consider the request for funding for waking night staff.

A sample of two recruitment files were seen. Interview notes were scrappy and a recruitment checklist in place had not been used. Background checks had been applied for in both cases. One reference had no date on it to show when it was written or received. The other person had started before a second reference had been received. Although Ms Martin had been part of the interview panel she could not explain this as the manager who has since left had been responsible for starting the worker. In one case the person had started before the CRB had been returned. POVA clearance had been obtained but there was no risk assessment or any information on file about how they were supervised or whether a mentor was allocated. Ms Martin said it is the company policy to complete a risk assessment but she did not know if one had been done. She managed to find the March 2009 rota which showed the worker had been supernumerary when on duty until the CRB arrived.

Ms Martin could not find any evidence that an induction had been provided to the male worker who has since left or for another new worker. This person had been in post for three months and was on duty. She reported that she had not been given an induction. Ms Martin said the company forms were in the home so new staff should have been supported to work through these.

Ms Martin reported that the company have arranged for staff to start the Learning Disability Qualification in the New Year. This had been postponed because three staff are first completing a leadership and management course. Two staff are also due to start the NVQ 2 award in January 09. A training matrix showed that staff had attended most mandatory and specialist courses. Some significant gaps exist for example, only two staff have attended Autism Awareness although one man is severely affected by this condition.

Ms Martin said the senior staff need to have specific areas of responsibility delegated to them to strengthen the management systems in the home. She reported that staff are due a supervision again as these were last carried out at the beginning of September.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

People using the 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 people using the service are still being affected by a lack of continuity within the management arrangements. The men's health, safety and welfare are being promoted, however, there are still shortfalls in the quality monitoring systems which could leave them vulnerable if external organisations do not carry out inspections.

EVIDENCE:

Ms Martin, who is the Registered Manager of another local care home, has managed Mandeville House on a part time basis for significant periods in the last two years. Two managers have been appointed during this time but neither have been registered and for personal reasons both have left after only a few months in post. The most recent manager joined the team as a deputy

but then in April 09, when the previous manager left, she acted up with Ms Martin's support. After a period of time off she resigned in September 09. Feedback from staff was mostly positive about her influence. They reported that she had involved residents more in daily life in their home and consulted them more about decisions. The deputy post had not been backfilled so three weeks ago the company had again asked Ms Martin to split her time across two services. The Area Manager, Ms Parry, is also spending time at the service to oversee the management.

A requirement was made at the last inspection that a quality monitoring system be implemented. The company has a system of audits but at this time these were not being completed. Ms Martin reported that the monthly audits had been carried out by the last manager and only September had been missed due to her absence. Ms Martin was planning to hold a staff meeting as she had brought in new daily recording systems and new behaviour intervention plans. The outgoing manager reported in the AQAA, 'Regular meetings are held with the people that use the service in groups and individually; Quality Assurance questionnaires are forwarded to staff, people who use the service, families and other professionals involved with the service'. Ms Martin was not able to provide evidence of recent resident meetings. It was established that surveys had been forwarded to families and friends recently, and these would be returned to head office for analysis. A continuous development plan was found, which included the need to further expand activity choices for the residents.

As mentioned under the Environment section inspections from the Fire Officer and Environmental Health had resulted in the providers having to take action to raise standards. The company should consider how the Quality Assurance system can be improved so services are not reliant on external organisations to identify shortfalls. As mentioned under Care Planning, Ms Martin had identified gaps in care related risk assessments. She is working to address these and she had completed new COSHH assessments.

The outgoing manager had returned the AQAA to us on time and it contained sufficient information about the service. It confirmed that all company policies had been reviewed in 2009 and that appropriate checks have been carried out on equipment such as the electrical circuit. There was no Regulation 26 report on file for three of the months during 2009. These reports are a legal requirement and are important as they inform the company directors about the situation in the home. Examination of the visitors' book showed that Ms Parry had visited the home during these months so the acting manager had not been left unsupervised. Although the requirement had been met many of the recommendations made last year have been brought forward in this report as they are still relevant but have not been addressed.

The records for one person's money were sampled. A support plan was in place with an agreement about the money being kept in the office. Currently only

one person keeps their money in their bedroom. The records showed the person has his own bank account and receipts are kept along with a running balance. A reconciliation showed the cash in hand to be correct. Bank statements are received and signed off when all withdrawals have been checked as authorised. The person pays their fees to the company by cheque and invoices are kept. One man had not got his own bank account. Ms Martin said she found this matter had not been resolved when she returned to manage the home. She has now organised this and an account has been set up with suitable safeguards in place.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
<i>Standard No</i>	<i>Score</i>
1	2
2	3
3	X
4	X
5	X

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	2
7	2
8	X
9	3
10	X

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	2
12	2
13	3
14	2
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	3
19	3
20	3
21	2

CONCERNS AND COMPLAINTS	
<i>Standard No</i>	<i>Score</i>
22	3
23	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	2
25	2
26	X
27	3
28	2
29	X
30	3

STAFFING	
<i>Standard No</i>	<i>Score</i>
31	X
32	2
33	2
34	2
35	2
36	3

CONDUCT AND MANAGEMENT OF THE HOME	
<i>Standard No</i>	<i>Score</i>
37	2
38	X
39	2
40	X
41	X
42	2
43	X

No.

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

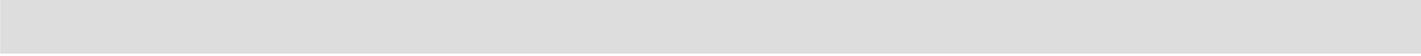
RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	YA1	Review the Statement of Purpose when a new manager is appointed. Expand the Service Users Guide so it includes clear information about the fees and any additional charges people living in the home will be expected to pay. Brought forward.
2.	YA6	Seek input from the Worcestershire Person Centred Planning team in the further development of a person centred service and care planning approach. Brought forward.
3	YA6	Hold full care reviews at least every six months and where possible join this process up with person centred planning sessions. Brought forward.

4	YA6	<p>Ensure clear guidance is in place for people who demonstrate complex behaviours and ensure staff are skilled enough to consistently implement these.</p> <p>Request local professional support in the development or approval of positive behavioural support plans and with other areas of care planning.</p> <p>Brought forward.</p>
5	YA12	<p>Opportunities for involvement in more activities in the local community should be provided to further increase people's quality of life.</p> <p>Brought forward.</p>
6	YA20	<p>The controlled drugs register should be used in regard to one medicine.</p> <p>Brought forward.</p>
7	YA21	<p>Training should be provided for staff on death and bereavement to ensure their understanding of the issues, and enable them to respond to the situation effectively.</p> <p>Brought forward.</p>
8	YA22	<p>Advocacy services for men without family members or other representatives actively involved should be arranged to ensure that any decisions are made in their best interest.</p> <p>Brought forward.</p>
9	YA24	<p>Fit a hand wash basin in the kitchen to meet the recommendation from Environmental Health.</p> <p>Develop the gardens so the men can use them more easily and benefit from them.</p> <p>Take positive action to repair or make safe the area in the garden where the neighbour's wall has collapsed exposing a drop on the other side.</p>
10	YA32	<p>All new staff should be supported to complete the company induction in a timely manner.</p>
11	YA33	<p>Provide three staff at peak times each day to enable a more flexible and personalised service to be provided.</p> <p>Provide evidence of how the significantly higher fee paid for one man are being used to provide him with a different service than the other residents.</p>

		<p>Provide waking night staff to meet the changing needs of some of the men.</p> <p>Try to fill any future vacancies with male workers to provide a gender balance to the team.</p> <p>Brought forward.</p>
12	YA34	Develop a system to ensure that all recruitment checks are in place before a new worker starts and the dates the information was received noted.
13	YA35	<p>All staff should attend training on the Mental Capacity Act, autism, aging, dying and bereavement and dementia to help them better support the men.</p> <p>Brought forward.</p>
14	YA37	<p>Appoint a manager promptly and ensure they apply to be registered in a timely manner.</p> <p>Establish a deputy post to make the management arrangements more robust.</p>
15	YA39	<p>Review the Quality Assurance systems to help ensure that in future shortfalls in Environmental Health or Fire Safety arrangements are identified without the need for external inspections.</p> <p>Develop a system to ensure monthly Regulation 26 reports are written and shown to the company directors.</p>



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