

Key inspection report

Care homes for adults (18-65 years)

Name:	Thurston House
Address:	90 High Street Newport Pagnell Buckinghamshire MK16 8EH

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

Lead inspector:	Date:
Joan Browne	0 9 0 4 2 0 1 0

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

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

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

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

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

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

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

Outcome area (for example Choice of home)

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

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

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

This is what people staying in this care home experience:

Judgement:

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

Evidence:

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

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

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

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

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Thurston House
Address:	90 High Street Newport Pagnell Buckinghamshire MK16 8EH
Telephone number:	01908617173
Fax number:	
Email address:	thurstonhouse11@yahoo.co.uk
Provider web address:	www.minstercaregroup.co.uk

Name of registered provider(s):	Minster Pathways Limited
Name of registered manager (if applicable)	
Mr Jeffrey Walsh	
Type of registration:	care home
Number of places registered:	7

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	0	0
Additional conditions:		
The maximum number of service users to be accommodated is 7.		
The registered person may provide the following category/ies of service only: Care home only - (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).		

Date of last inspection									
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Brief description of the care home
Thurston House is a large end of terrace property with garden in Newport Pagnell. It is conveniently located for the amenities of the town centre. Shops, cafes and pubs are just a few minutes walk away. The nearest rail stations are Milton Keynes or Wolverton. The area is well served by buses. Bus links to Milton Keynes are good. During office hours short-term car parking is available in marked bays almost immediately outside the house or in a car park across the road. Long-term car parking is available in a designated area of the same car park. The home provides

Brief description of the care home

accommodation, care and support on a variable term basis for up to seven people with learning difficulties. The home is an older style three -storey house. It does not have a lift. It is not suitable for wheelchair users. All bedrooms are single and have en-suite WC, hand basin and shower facilities. Two of the bedrooms have a bath in addition to the shower. The service is staffed over 24 hours- usually four care staff during the day and two care staff at night. The home works closely with local health and social services providers to meet people's needs.

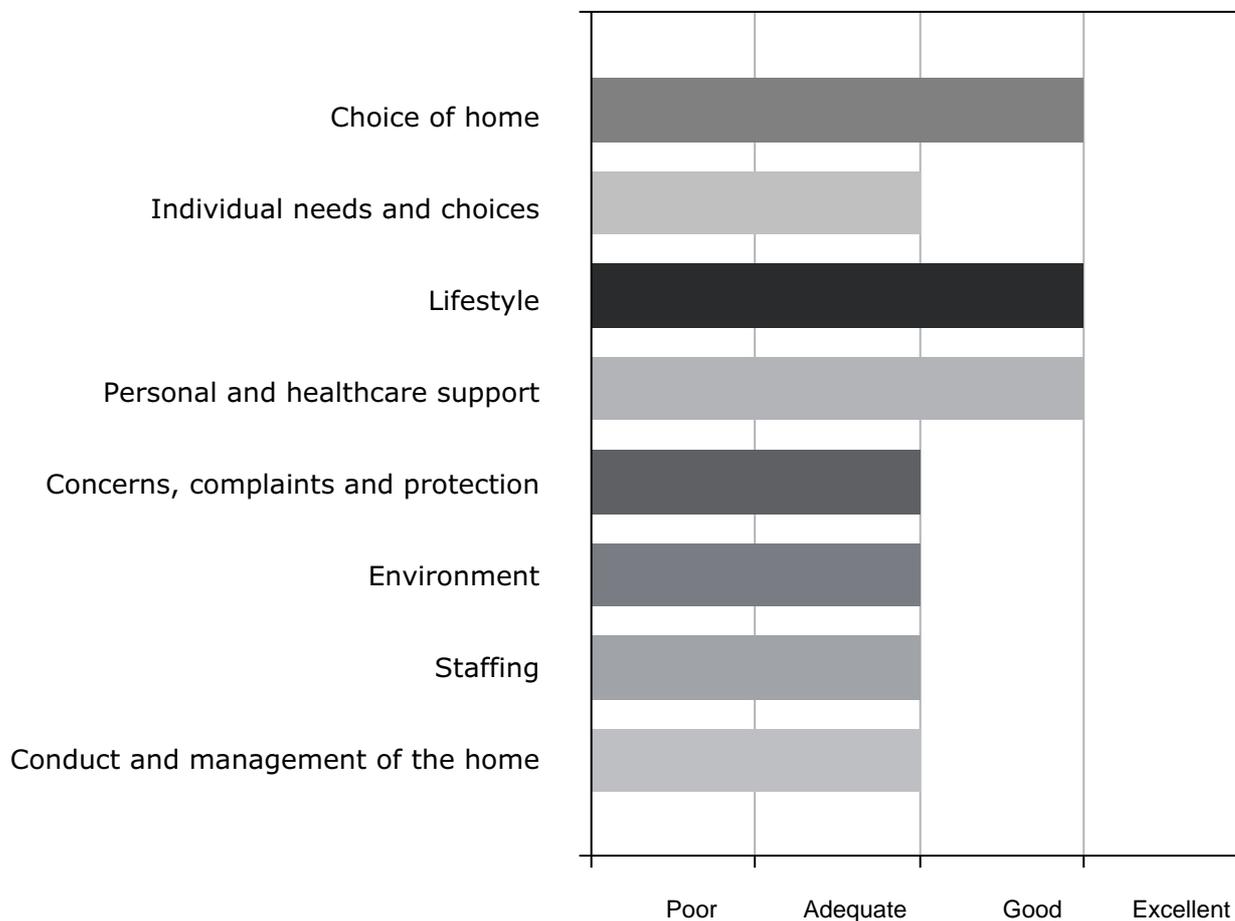
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

This unannounced key inspection was carried out on the 9 April 2010 and covered all of the National Minimum Standards for adults (18-65). The inspection lasted for approximately eight hours commencing at 10:30 am and concluding at 18:00 pm. The last key inspection of the service took place on 7 August 2009.

Prior to the inspection a detailed self assessment questionnaire known as the annual quality assurance assessment (AQAA) was sent to the home for completion and surveys were sent to staff members, service users and visiting professionals. The AQAA was returned by the due date. At the time of the inspection surveys had not been received. Any surveys received will be kept and considered at the next inspection.

The manager, service users and three staff members were involved in the inspection process and their responses and views of the home have been incorporated into the report. Further information was gained by observing staff's practice, examination of

care plan documentation, staff's records, health and safety records and a tour of the premises. Three requirements were issued on this visit. Please see individual needs and choices, complaints and protection and staffing for full disclosure.

Feedback on the inspection findings and areas needing improvement was given to the manager at the end of the inspection.

We (the Commission) would like to thank the service users and staff who made the visit so productive and pleasant on the day.

What the care home does well:

Staff support and enable service users to make decisions and choices for themselves. Contact with family members and friends is encouraged. The staff team support and encourage service users to take part in activities appropriate to their age and culture inside and outside the home. A health care professional who we spoke to said that 'the home's staff look after service users very well.' Service users who we spoke to were positive about the care offered at Thuston house.

What has improved since the last inspection?

The food menus have improved. Fresh fruit and vegetables are provided daily to ensure that service users receive a healthy and well-balanced diet. The front area of the home has been redecorated. Some bedroom and dining room furniture has been replaced and a new washing machine purchased to promote a positive environment for service users.

The home has appointed a new manager which should ensure that service users and staff benefit from continuity of care and a clear sense of direction and leadership.

What they could do better:

The care plans must be clear detailing the level of support service users require and how they wish to be supported by staff. Whenever possible the care plan must be signed by the service user or their representative and the keyworker to confirm their involvement and agreement in its development. Entries recorded in the daily progress sheets must be relevant and written clearly. Risk assessments must be reviewed within the agreed timescales stipulated to ensure that the identified risks are being managed appropriately and effectively.

Incidents that need to be reported to the local safeguarding team and the regulator must be done in a timely manner. Arrangements must be made for all staff to be provided with updated mandatory training. Other specialist training relevant to the service user group such as epilepsy, learning disability, mental health, mental capacity and deprivation of liberty safeguarding (DOLS) must also be provided to ensure staff have the right skills and competencies to support service users. The home's supervision framework must be consistently applied to ensure that all staff are provided with regular support to help them in their development and roles which should improve good outcomes for service users.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Choice of home

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

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

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

The home provides prospective service users with the information they need to enable them to make an informed choice about where to live. The home's admission policy ensures that service users are not admitted until a full needs assessment has been undertaken.

Evidence:

There had not been any new admissions at the service since the last inspection. The home's admission policy outlined the process to be used when prospective service users are being considered for a vacancy. The AQAA informed that the home provides a full pre-admission assessment followed by two to three visits and an overnight stay. This is to ensure that prospective service users are enabled with support to make an informed decision if the home is right for them.

The home has a statement of purpose which outlined the philosophy and aims of the service and contained useful information. There is also a service user's guide which was written in pictorial format. The manager was requested to update the guide to reflect changes in the Commission's details.

Individual needs and choices

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

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

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

The care plans do not take into account the full range of service users' goals, aspirations, skills and abilities which could mean that people's overall needs are not fully recognised and met. The system in place for monitoring service users' risk management plans needs to be improved to ensure that plans remain current and are effective.

Evidence:

The care of three service users was followed through. All had a care plan in place consisting of standard headings. The plans were not comprehensive for example, information detailing how service users' needs, goals and aspirations should be met was not always recorded. The level of support individuals required to assist them in making choices and to promote their independence was not detailed. In one care plan examined it was noted that the information recorded related to someone else. None of the plans seen were signed by service users, their representatives or the key worker to confirm any involvement in their development. We were told that one person had refused to sign their care plan. The manager said that the plans were reviewed

Evidence:

monthly with keyworkers during supervision. There was no audit trail of information to support this statement. Weaknesses were noted in the detailing of information in service users' daily record sheets. For example, some entries recorded were scribbled over. Statements used to describe people's daily activity and behaviour were contradictory.

Wherever possible the staff team support and encourage service users to make decisions about their lives. Staff spoken to said that service users who require assistance with their personal care make decisions on what they wish to wear. Each person has a weekly activity programme which the manager said was flexible and subject to changes by service users. There were instances when decisions had been made by others and the reasons why were recorded in the care plan.

Risk assessments had been produced for each person and covered areas such as accessing the community independently or with an escort, using the kitchen and laundry facilities. It was noted that one service user had been involved with an incident. A risk management plan had been put in place for staff to provide support and manage the identified risk. A date had been agreed for the plan to be reviewed but this had not taken place. Risk management plans are part of the care plan documentation and must be kept under regular review.

Service users' money was kept in locked facilities in the main office. Each person had a cash tin with individual financial transaction records. Receipts were in place to verify expenditure. Two of the service users' records were examined and records tallied with actual balances.

The AQAA advised that the home has a confidentiality policy which staff are made aware of. All staff spoken to were aware that information given in confidence should not be shared against the service users' wishes. The home provides facilities to ensure that records relating to the service user are stored securely.

Lifestyle

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

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

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

The home ensures that service users are able to participate in activities that meet their lifestyle. Contact with family, friends and the community is supported to maintain social links.

Evidence:

The AQAA informed that service users were being supported by staff to access the local and wider community. We were told that four people were attending a day centre. One person was attending a local college. There were no individuals in paid or voluntary employment.

Staff spoken with confirmed that they support service users with leisure activities such as outings to the local leisure centre, restaurants and football matches. Some service users were able to go out independently with the appropriate risk assessment in place to manage any actual or potential risks. The home has its own mini bus which makes

Evidence:

it convenient for service users to be transported.

No visitors came to the service during the inspection. We were told that some service users have good contact with their families. Staff facilitate one person to visit their family once a month and provided the transport.

We were told that each service user was provided with an activity timetable of their daily routines. The AQAA informed that individuals were encouraged as much as possible to be involved in the daily running of the home. Staff members supported service users to maintain their rooms to a suitable standard. It was noted on the day of the visit one of the service users assisted staff with cleaning the mini bus.

We were told that the home had introduced a revised four-week menu and service users were consulted on the revised menu. More fresh fruits and vegetables had been introduced. The kitchen had a good supply of food including fruit and vegetables. Service users were observed helping themselves to drinks. The evening meal on the day of the inspection was cottage pie with seasonal vegetables. All the service users that we spoke to said they enjoyed their meals very much.

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

The home's delivery of personal care is flexible, consistent and reliable ensuring that service users receive personal care and support in the way they prefer and that their emotional and health needs are met.

Evidence:

Discussion with the manager and staff confirmed that service users were encouraged to be independent and to take responsibility for their own personal hygiene with staff using verbal prompts if necessary. We were told that service users choose their own clothes and hairstyles. Their attire on the day of the visit was clean and tidy with attention to detail. Staff were observed providing nail care to some service users. The home operates a keyworker system to ensure consistency and continuity of support for service users.

We were told that service users were registered with a general practitioner of their choice and have access to health care screening such as the dentist, optician and chiropidist. On the day of the visit an urgent request was made for the community psychiatrist to visit a service user who appeared to be unwell. The request was actioned in a timely manner. Due to unforeseen circumstances the individual's

Evidence:

medication was reviewed in their absence.

We were told that none of the service users in the home on the day of the inspection were assessed as capable to self-administer their medication. The home uses a monitored dose medication system. There were no gaps noted on the medication administration record sheets examined. One MAR sheet had handwritten instructions for the medication dosage. It is good practice to have a second person (ideally the GP who has prescribed the medicine) to check and countersign any handwritten instructions in the home. If this is not possible, the member of staff who has written the entry should have it checked by a second staff member and countersigned. This is an additional safeguard to reduce the risk of mistakes and the potential for medication errors being made. This was discussed with the home's manager during the inspection. Staff spoken to confirmed that they had been trained in-house on the safe handling and administration of medicines by senior staff. The manager is advised to ensure that all staff undertake formal training in the safe handling and administration of medicines.

The AQAA stated that the home has policies and procedures in place for ageing and death and these were discussed with service users. However, none of the service users appeared to have made their preferences known to staff regarding growing older, terminal illness and death so that their wishes can be recorded in their care plans.

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.

The home has a complaints procedure which should enable service users to be confident if they raise a concern that it would be listened to and acted upon. The home's safeguarding procedure should be consistently applied to ensure that service users are protected from any potential risk of harm.

Evidence:

The AQAA stated that the home has not had any complaints since the last inspection. Examination of the complaints folder supported this statement. The home maintains a record of incidents and accidents that occur in the home. A service user spoken to on the day of the inspection was not confident that when concerns are raised that they are taken seriously by the staff team. This information was relayed back to the manager to be addressed.

The service has a safeguarding procedure in place which included the need for staff to notify Social Services who takes the lead in safeguarding of vulnerable adults and the Commission of any allegation or suspicion of abuse. A potential incident of abuse had taken place and it appears that the home had failed to notify the incident to the local safeguarding team and to the Commission in a timely manner. The training matrix reflected that not all staff had undertaken updated training in the safeguarding of vulnerable adults. The manager confirmed that work was in progress to ensure that all staff undertake updated training. The AQAA advised that staff would be provided with further safeguarding of vulnerable adult training either in-house or externally.

Evidence:

Staff spoken with at the inspection were fairly confident on the action they should take if they suspected or witnessed that a service user was the victim of abuse. Doors in the home were fitted with keypad locks. In one particular service user care plan it was recorded that they were not allowed to leave the home unless escorted by staff. There was no audit trail of information to confirm that this agreement had been discussed and agreed in a multi-disciplinary forum involving the service user. The manager was advised to ensure that any limitations to service users' freedom and choice is clearly documented and kept under review.

Environment

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

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

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

This is what people staying in this care home experience:

Judgement:

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

The premises are clean and adequately maintained to promote service users' independence and safety. Arrangements need to be made to ensure that all staff are trained in infection control to enable them to support service users from the risk of exposure to any infection.

Evidence:

The home is a large end of terrace house situated in Newport Pagnell town centre. It is conveniently located for the amenities of the town. Bus connections to Milton Keynes are good. Car parking facilities were available nearby. The nearest rail stations are Milton Keynes and Wolverton. The accommodation is over four floors- cellar, ground, first and second floor. The home does not have a lift and it is not conveniently set out for a wheelchair user. There are gardens to the rear and side of the house, which are appropriately maintained. We were told that some of the service users had recently planted flowers in the garden. Entries to areas of the home were controlled by staff through coded key pads.

The ground floor accommodation is comprised of the lobby which includes a small quiet area, hallway, living room, dining room, kitchen and two bedrooms. The cellar, which is locked when not in use, accommodates the laundry, freezers and storage areas.

Evidence:

Bedrooms are situated on all floors and have en-suite facilities with wash hand basins, WC, baths or showers. It was noted that the upholstery on one of the settees in the sitting room was torn. The manager advised that new furniture had been ordered and was able to demonstrate proof of the order. There was a large damp patch on the wall in the corridor next to the kitchen. We were told that the area had been treated however, the damp had returned. The manager was advised to investigate the area further so that the defect can be remedied. It was noted that there was some debris thrown on the roof top which could affect the roof if it was not removed. The manager was advised to make arrangements to clear the debris.

Standards of cleanliness in the home were satisfactory and the home was free from offensive odours. The training matrix indicated that five staff required training in infection control. The manager is required to make arrangements for staff to undertake training.

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

The staff have a good understanding of service users' support needs but they need to be provided with the appropriate training that is targeted and focused on improving good outcomes for the service users.

Evidence:

Review of the staff rota indicated that adequate numbers and skill mix of care staff were on duty over any twenty-four hour period to meet the needs of the service users. The AQAA informed that within the last twelve months no staff had left employment in the home. The training matrix reflected that seven staff had achieved a recognised national qualification which was NVQ at level 2 or 3. The staff team was a mix of male and female staff and a new manager was in place. Service users appeared to be comfortable in staff's company and staff were observed interacting with service users in a respectful manner. The training matrix indicated that a significant number of staff had not been provided with specialist training such as mental health, challenging behaviour, learning disability, dementia, mental capacity act 2005, deprivation of liberty safeguarding (DOLS) and epilepsy awareness. The manager said that the service was in the process of sourcing external trainers to provide this specialist training. A requirement is made for staff to be provided with training. The manager is required to submit an action plan detailing dates when training would be provided.

Evidence:

At the last inspection a requirement was made for two references to be obtained for staff members before they commence employment and for an experienced member of staff to be appointed to supervise staff members that commence work with a PoVA first check (this is now known as a ISA check). We looked at the files for three members of staff that had recently started working at the home. All had two references and two persons had an enhanced criminal record bureau check in place. The third person was working with an ISA (independent safeguarding authority) check. The manager said that arrangements were in place to ensure that the staff member was always allocated to work with an experienced member of staff. The manager was advised that it was good practice to have a written record of the names of the experienced staff members the staff member was allocated to work with. This was immediately actioned and the names of supervisors were highlighted on the staff rota. It is also good practice to have written conditions in place for the duration of these arrangements signed by both the employee and manager setting out restrictions on working practices until full and satisfactory clearance has been received. This provides an added level of safeguarding for service users. We saw evidence that the staff member had received supervision and a further session had been booked to take place on the day of the inspection. The manager said that he carries out checks to ensure that references were authentic. However, there was no written evidence of this recorded in the staff members' files examined and he was advised to maintain a written record of checks made.

We were told that all new staff have an induction training. There was no evidence in staff members' files to verify that they had been provided with induction training. The manager said that staff were issued with induction booklets which they work through. One of the staff members was spoken to and they confirmed that they had been inducted. The manager may need to review the current system to ensure that there is a record in staff members' files verifying that an in- house induction had been undertaken to familiarise staff with procedures particular to Thurston House.

The training matrix that was made available for the inspection process identified gaps. Not all staff have had updated training in the safeguarding of vulnerable adults, basic first aid, food hygiene, fire awareness, health and safety, moving and handling, infection control and safe handling of medication. The manager informed that he was a qualified trainer and was responsible for facilitating all mandatory updated training. He confirmed that further training had been planned to take place within the next two weeks. A requirement is made for the home to submit an action plan detailing the dates of planned mandatory training including specialist training. This is to ensure that staff receive relevant training that is focussed on delivering improved outcomes for service users.

Evidence:

A requirement was made at the last inspection for the home to have a supervision framework in place. This requirement has not been fully met. Although staff spoken with during the inspection said that supervision is provided records indicated that the sessions have not been regular. Since the inspection the manager has agreed to submit an action plan to the Commission detailing dates of all planned supervision for staff.

Conduct and management of the home

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

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

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

Monitoring systems to assess quality of care could be improved to make sure that service users' needs are consistently met and adequate measures are in place to safeguard their safety and well being.

Evidence:

Since the last key inspection the home has had four managers. The present manager started work in December 2009. He has twelve years experience as a manager. He previously worked with service users living with substance misuse and mental health. He is a qualified trainer and an NVQ assessor. He has started the registration process with the Commission and was seen to be approachable to service users and staff. The AQAA informed that the manager was about to start his NVQ 4 and registered manager's award certificate.

The manager informed that service users and staff meetings were held. Minutes of staff meetings were made available for the inspection process. The manager confirmed that the provider carries out monthly monitoring visits. The home seeks the views of service users, staff, relatives and stakeholders at regular intervals which is

Evidence:

analysed and acted on to improve the service delivery.

The AQAA informed that the maintenance of equipment in the home was up to date. A sample of records relating to health and safety were examined and found to be satisfactorily maintained. We were told that the water test to control the risk of Legionella had been carried out but the certificate had not been issued. It was noted that the home's insurance liability certificate which was displayed in the home was out of date. The manager was advised to obtain a new certificate from the insurers.

All sections of the AQAA were not completed. The information gave a reasonable picture of the current situation within the service. There were areas where more supporting evidence would have been useful to illustrate what the service had done in the last year, or how it was planning to improve.

This inspection highlighted that as a result of the frequent changes to the management structure the home has not been able to meet its stated aims and objectives fully. The staff team have not been provided with the appropriate support and training to enable them to meet service users' diverse needs. The home's quality monitoring system may need to be developed further to ensure that the practice in the home reflects the policies and procedures.

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
1	36	18(2)	The home must have a supervision framework in place. This is to ensure that staff working at the care home are appropriately supervised.	25/09/2009

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	6	15	<p>The care plans must have sufficient information detailing the level of support service users require.</p> <p>This is to ensure that staff are provided with the clear guidance they require on how the needs of service users should be met.</p>	15/05/2010
2	23	37	<p>Any potential safeguarding incidents must be reported in a timely manner in line with the local safeguarding multi-disciplinary procedure.</p> <p>This is to ensure that service users' safety and welfare are promoted and protected.</p>	15/05/2010
3	35	18	<p>All staff must be provided with mandatory updated training including specialist training such as challenging behaviour, mental health, learning disability, epilepsy awareness, mental capacity awareness and deprivation</p>	15/05/2010

Statutory requirements

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

No.	Standard	Regulation	Requirement	Timescale for action
			<p>of liberty safeguarding (DOLS). An action plan detailing dates of planned training must be submitted to the Commission.</p> <p>This is to ensure that all staff receive relevant training to enable them to have the right skills and competencies to support service users.</p>	

Recommendations

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

No	Refer to Standard	Good Practice Recommendations

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